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Nigeria not yet qualified by WHO to produce vaccines - NAFDAC

-Lists factors preventing approval of herbal formulations

Temitope Obayendo, Director General, National Agency for Food and Drug Administration and Control (NAFDAC) Prof. Moji Adeyeye, has said Nigeria cannot manufacture or export vaccines, until NAFDAC attains the World Health Organisation's Maturity Level 3 (ML3) in the Global Benchmarking Tools (GBT). Stressing that vaccines manufacturing is a highly technical venture which involves a wide complexity of human and material resources, as well as technology, Adeyeye however assures Nigerians of the capability of NAFDAC to meet the global standard soonest, noting that the agency has made advanced preparations in readiness for WHO's GBT assessment. She further disclosed that the attainment of ML3 by the regulatory body is just the first step of requirements for manufacturers and investors

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L-R: Pharm. (Mazi) Sam Oluwabunwa, president, Pharmaceutical Society of Nigeria (PSN); Kehinde Eleja (SAN) and Dr Kingsley Amibor, immediate past national chairman AHAPN, at the 22nd AHAPN national scientific conference, held in Ilorin, Kwara State, recently.

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PHARM. ISMAILA KOLA SUNMONU

Pharm. Ismaila Kola Sunmonu is a community pharmacist, development practitioner and health information advocate, with a special interest in geriatric and reproductive health.

He had his elementary education at National Primary School, Akoka, Yaba, Lagos, from where he proceeded to St. Timothy's College, Onike, Yaba, Lagos, for his Junior Secondary School Certificate. He later enrolled at Ikeja High School, where he obtained his Senior Secondary School Certificate.

Sunmonu started his tertiary education at the Yaba College of Technology, where he had his National Diploma in Computer Science. He then proceeded to the prestigious University of Lagos for his B. Pharm. degree.

A current student of the West African Postgraduate College of Pharmacy, Sunmonu is the MD/CEO of Caratayah Pharmacy & Stores, with branches in Dopemu and Egbeda areas of Lagos. He is a certified pharmaceutical inspector of the Pharmacists Council of Nigeria (PCN) and merit award winner of PSN-Lagos.

Sunmonu has served in various capacities for both the Association of Community Pharmacists of Nigeria (ACPN) and the PSN. He was zonal coordinator, ACPN IDEA Zone, 2018-2021; publicity secretary, PSN-Lagos, 2017-2020; treasurer ACPN-Lagos, 2014-2017; editor-in-chief, ACPN-Lagos, 2011-2014; vice chairman, ACPN, IDEA Zone, 2015-2018; secretary, ACPN, IDEA Zone, 2013-2015; member, ACPN National Committee on PIC Matters, 2014; assistant secretary, ACPN, IDEA Zone, 2011-2013; and currently, secretary, PSN, Lagos State.

An advocate for good pharmacy practice, with a track record of assisting several pharmacists (especially the younger ones), in setting up retail outlets in line with the prevailing acceptable standards, Sunmonu has received several meritorious service awards to his credit. These include the PSN-Lagos Award of Excellence for Professional and Impactful Contributions to Pharmacy Practice.

He is happily married to Dr Oyebola Halimah Sunmonu, a doctor and consultant in obstetrics and gynaecology, and the marriage is blessed with three wonderful children.



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Inspiration

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“Whenever you want to achieve something, keep your eyes open, concentrate and make sure you know exactly what it is you want. No one can hit their target with their eyes closed.” — **Paulo Coelho**

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

“Achievement seems to be connected with action. Successful men and women keep moving. They make mistakes, but they don't

quit.” — **Conrad Hilton**

“If you keep working at it, if you keep moving forward, you will achieve what you want.” — **Leigh Shulman**

“You need God's direction before you can prosper in anything you do. However, it takes your choices to begin; it takes your passion to stay on; it also takes your integrity to finish it well!” — **Israelmore Ayivor**

“Great things happen to those who don't stop believing, trying, learning, and being grateful.” — **Roy T. Bennett**

“You have to be uncomfortable in order to be successful, in some ways. If you stay in your comfort zone! You would never do the things that you need to do.” — **Lights Poxlietner**

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2. PN has been published monthly without interruption since 1979.
3. PN is the widest circulating healthcare journal in Nigeria.
4. PN has the highest readership among health journals.
5. PN is available online as mobile App and PDF.
6. PN has about 6 million monthly website hits.
7. PN is the journal of choice for advertisers.
8. PN is the Winner, 2017, 2018, 2019 and 2021 Nigerian Healthcare Media Excellence Award. (NHEA)

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 Your Global Health Journal

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The latest industrial action embarked upon by the Nigerian Association of Resident Doctors (NARD) at such a critical time as this is another sad reminder of the deplorable state of the country's healthcare delivery system. More importantly, it reflects the government's habitual failure to prioritise the healthcare of the citizenry.

Strike actions by health professionals, which have become so commonplace in this clime, often arise from government's penchant for renegeing on its agreements with these essential workers. For instance, when NARD embarked on a similar strike action in April this year, the Federal Government called the members to a roundtable and made promises to the effect that all their demands would be promptly addressed. Unfortunately, the government, as usual, played the monkey's trick on the association by failing to implement most of those demands. Thus, the medics had no other option than to resort to another strike action, while appealing to Nigerians to bear with them, in the face of a ravaging COVID-19 third wave that is causing much trepidation around the world.

The Federal Government must demonstrate a sincere commitment towards swiftly ending this impasse, in the interest of the citizens who are always at the receiving end of such avoidable disruption in life-saving healthcare services.

Solving the recurring FG, NARD imbroglio

Putting the whole blame on NARD and threatening the members with sanctions, as the government is currently doing through the Minister of Labour, Senator Chris Ngige, will not solve the problem. Rather, the government must sincerely examine the issues of remuneration, insurance cover, as well as benefits for physicians who have paid the supreme price in the line of duty, as being presented by NARD.

It is unfortunate and demoralising that, at a time when most countries of the world have tripled their health sector expenditures due to the COVID-19 pandemic, the Nigerian government continues to gleefully give the impression that repositioning the nation's health system is the least of its concerns. It is totally unacceptable that in some government hospitals, even personal protective equipment (PPE) are absent or insufficient, while the available facilities are being daily overstretched and overwhelmed, in a country reputed to be one of the largest producers of oil in the world.

If nothing else jolts the Nigerian government to the appalling infrastructures and working conditions within the

health sector, then the massive brain drain and exodus of health professionals to other countries should. Presently, most young doctors, once they leave medical school, start processing their relocation to foreign climes, where conditions of service are inviting and encouraging. Many doctors who migrate to developed nations, especially Arab nations, are paid about the quadruple of the amount they would have been paid in Nigeria. This is in addition to a convenient working environment and a good insurance cover for themselves and their families.

We wish to emphasise that the grievances of NARD are not only legitimate but justifiable. There is no sane country in the world where the wellbeing of politicians supersedes that of medical professionals. Yet, while Nigerian politicians constantly smile to the bank with millions and billions of naira, health professionals are paid pittance as hazard allowance. These same politicians are typically the first to seek medical attention abroad, whenever they have health issues. Where is the nationalism in such attitude?

The common man whose hopes are hinged on government-owned hospitals

continues to wait in vain to have his medical expectations met. As things stand, many have resorted to self-help while others have fallen into the hands of quacks and other unlicensed caregivers. The consequences are not only catastrophic but embarrassing for a country of Nigeria's stature.

It must also be emphasised that the FG dragging NARD to the industrial court is tantamount to leaving the real issues and chasing shadows. Irrespective of the outcome of such a move by the government, the rot that has continued to degrade the operations of health professionals in Nigeria, especially in government-owned hospitals, may sooner or later reach a melting point where the entire system will collapse. We advise the government to make hay while the sun shines.

Moreover, acceding to the demands of resident doctors and other aggrieved health professionals, we urge the government to, as a matter of urgency and national pride, enact a law barring politicians from embarking on medical tourism abroad. Seeking medical attention overseas must only be for critical cases that cannot be handled within the country and must be by professional referral. This law should apply from the president down to the ward councillor. We also call on the honourable Minister of Health to always engage the federal government more than he has done so far during the current stalemate.

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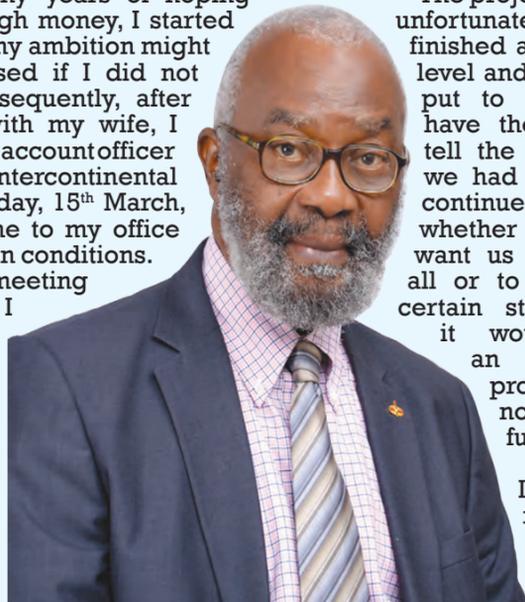
Building by faith

By Sir Ifeanyi Atueyi

After moving into our small house in Mende, Maryland, in December, 1982, I continued to pray for a bigger place. I also desired to move from my rented office space to my own place. However, my financial resources were not enough for my plans. Of course, borrowing was completely ruled out as it had been against my philosophy of life.

After many years of hoping to save enough money, I started fearing that my ambition might not be realised if I did not borrow. Consequently, after discussing with my wife, I contacted my account officer at the then Intercontinental Bank. On Friday, 15th March, 2003, he came to my office to discuss loan conditions. When the meeting

dragged, I asked him to allow me leave for Canaanland (Covenant University), Ota, for our Full Gospel Business Men's Fellowship



International (FGBMFI) Leaders Advance. The meeting was more important to me than discussing borrowing of money. As I drove to Ota, however, I was deeply burdened about the project.

The FGBMFI meeting was chaired by Barr. (Dr) Wole Olufon, the District Coordinator. The night started with prayers and the Spirit of God led him to call for special prayers. He said he felt that some members were having family problems and invited those concerned to come out for prayers.

Seven of us got out and lined up for the prayers. At that time I had no problem at all with my wife or children, but it was as if someone had pushed me out to join those seeking prayers. Barr. Olufon prayed for each individual and when he came to my turn, he hesitated and had a word of knowledge. He put it to me that something was disturbing me and had become a burden to me. Instantly, I confessed that it was my building project. He then relaxed saying that I had delayed that project for too long and God said I should go and tackle it. I summoned courage and told him that I didn't have enough money for it. Then he assured me that God would provide the money and I should go and start.

When I returned from Ota on Sunday, I narrated my experience to my wife and we agreed to act on faith, depending on our resources and not involving the bank. The

architect who drew the plans also agreed to construct the building. On 9th June, 2003, we got the Vicar of our church, Ven. Adeyeye, to come and pray over the foundation of the building.

At the next board meeting of the FGBMFI, I went to where Dr Olufon was seated and told him that we had laid the foundation for the building. He held my hands and prayed for me.

The project took off but unfortunately our money finished at the decking level and our faith was put to test. I didn't have the courage to tell the architect that we had no money to continue. I wondered whether God did not want us to borrow at all or to borrow at a certain stage. I knew it would become an abandoned project if I did not source for fund.

Reluctantly, I went back to my account officer to renew our discussion while applying delay tactics with the architect because I didn't want him to see me as someone not prepared for the project. One day, however, he came to my office as usual to discuss progress and I mentioned to him that I had seen the document my bank wanted. He was visibly shocked to know that I was planning to borrow from the bank.

He exclaimed, "Mr Atueyi, you must not borrow for this project as long as I am your architect and builder. From today, don't worry about money; just be discussing with me the features to make you comfortable. I have some money for this project and you can refund me at your convenience. But, please don't put yourself under financial pressure."

As if he wasn't sure I believed or understood him, he left me and went straight to my wife in the house and told her to warn me never to go any bank to borrow money for the project. This was beyond my imagination but that was how the work progressed without delay.

In December 2005, the ground floor was completed and my office was transferred to the new building. The work on the first floor was completed in December 2006 and we occupied it immediately. God used Architect Asunmo, an Ijebu man and a Muslim, to provide us a building of our heart's desire without borrowing.

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Do the right thing

By George O. Emetuche

"While others were dreaming about it – I was getting it done." - Nathan W. Morris

You must be intentional if you want to stand out in your life endeavours. You must be intentional about your thoughts and actions. You must be intentional about doing the right things at the right time.

In his book, *How the Best Leaders Lead*, Brian Tracy tells the story of General Schwarzkopf, a US Army General and his leadership experience at the pentagon. Here is an excerpt from the book:

"General Norman Schwarzkopf tells about his leadership at the pentagon. His senior told him that to do his job well, all he had to was to follow 'rule 13.' When he asked, 'what is rule 13?' His commanding general said 'when placed in a command, take charge!' When Colonel Schwarzkopf asked, 'But after I have taken charge, how do I make decision?' His commanding officer said, 'what is rule 14?' He was told, 'Do the right thing!' A man can bear any 'what' in his duty if he has a big enough 'why' to back his decisions up."

Doing the right thing makes the difference

Success and failure are somewhat interwoven. They are not totally disconnected; they are related! Let me explain this statement. The time it takes to succeed is the same time it takes to fail. The efforts you invested on your path to success is the same efforts someone make to fail. Success takes efforts; failure takes efforts too. The thing that makes the difference is doing the right thing.

Henry Ford was right when he said, "The man who thinks he can and the one who thinks he can't are both right." It takes effort to do the right thing or the wrong one. Any path an individual decides to follow is a choice but the truth is doing the right thing makes the difference.

The salesperson or professional who decides to play by the rules of his organisation will have a great career. Doing the right thing is an attitude. It is a decision. Societies that have more people who do the right things will be successful. This also applies to families and business organisations.

Sell the right way

When I train sales professionals, I teach them that real selling is not one-off. Successful selling is when you sell today and in the future. Successful selling is when you attract referrals. You don't achieve this status by selling the wrong way. You don't get to this position by taking advantage of the customer or buyer. You succeed in your selling by giving value and by sustaining a mutually beneficial professional relationship. You succeed in the sales world by achieving results and keeping your company's rules. This is how to do the right thing.

Companies that command a high level of influence in the marketplace are the ones that have consistently done the right thing over time. A salesman who has a *piece of his customer's mind* is the one who does the right things. It is not enough to win a prospect to start buying your product; you should get to the second stage of ensuring a repeat purchase and the third stage of receiving referrals from the customer.

The marketplace is for people who want to stand out

Doing the right thing in selling is about the **company**, the **salesman**, the **product** and the **strategy**. Everything rises and falls on the company. The company must assemble the right team. The company must decide on the product and services to launch in the market. The company must

decide the strategy to apply in their activities. The company determines their policies and how to implement them. Doing the right thing may seem simple but it's a broad concept that changes everything.

You must do the right thing in every segment of your work. The marketplace waits for organisations that give value. You must show the customers that your products and services have a competitive advantage. You must demonstrate that the customer or buyer cannot get a better offer out there. You should make sure that you have deposited enough in the *emotional and logical account* of the customer - which will speak for you whether you are with him or not. This is how to do the right thing. Doing the right thing is not a one-off act; it is a continuous action. It is a deliberate design that wins in the marketplace.

A salesman who knows his job will attract customers' confidence always. A footballer who knows how to play the game will catch the

attention of his club and spectators. Such a footballer would be sought after by other clubs for his service. What you know and how well you know it ensures trust and patronage, whether in a product or in an individual.

Doing the right thing may not be easy

Nothing great comes easy. It takes character to do the right things. You can train your mind to stand by the right things. This is a way of life, no matter your profession. I have seen people who will insist on the right thing, even if it means standing alone. Always stand on the right path.

The good news is that the time is always right to do the right thing. You can decide to get it right today. Yes, you can. Do the right things and attract people to your side. The more you do the right things, the more you succeed.

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Economic insecurity and family health

All over the world, the relationship between economic insecurity and family health is well-established. In developed countries of the world - where the standard of living is comparatively high - people are less prone to certain ailments, which have almost become the acquired destiny of citizens in developing nations, where good leadership is in abysmally short supply.

In Africa, most electoral processes are flawed with fraud and corruption. This sad reality has been responsible for the inept leadership that has remained a cancer to the soul of the continent. In most African countries, votes don't count as candidates are selected and imposed on the populace; while in some cases, leadership positions are bought by the highest bidders through the support of godfathers.

One grave implication of the foregoing is that, for a long time now, Africa has been at the crossroads of socio-economic prosperity because those at the helm of affairs are only exploiters who are ideologically disconnected from the masses. They do not feel the pains of the masses because

they were never voted into those positions; they only forced their ways to power. No wonder issues like food security and the provision of social amenities have remained a mirage.

The average Nigerian civil servant lives on a paltry 30,000 naira minimum wage, amidst a dilapidated primary healthcare system. The implication of this reality is that life expectancy in the country will continue to nosedive largely because the factors that support a good life are in very short supply.

This also explains why religion thrives most on the continent. When the failings of government at all levels become a norm, the masses are left to their fate. They begin to run after God that has already blessed them, not knowing that their leaders are their greatest enemies.

A country like Nigeria that is blessed with oil and other mineral resources is still groping in the dark in search of the light of economic prosperity, whereas God has blessed it abundantly. Its main problem is that its leaders are looting it to a state of coma. Monies meant for the betterment of the lot of the people are being looted

by politicians and their allies. Some of them own luxury properties in the best cities of the world while the masses find it extremely difficult to have a good meal.

Even the religious leaders who are supposed to offer spiritual and psychological succour are now buying private jets and building schools that their members cannot afford to send their children to. They blame everything on Satan whom they have been casting out since time immemorial.

The harsh economic realities that have become the norm in Nigeria and many other African countries will remain for a while until our leaders have a change of attitude. They are busy stealing our commonwealth and asking us to keep praying and studying the word of God. What a paradox!

Family life in Nigeria, unless you are a politician or privileged CEO, is hell. Cost of food and other essential commodities have gone beyond the reach of the common man and this has made him vulnerable to so many problems. Depression, alcoholism, drug abuse and suicidal tendencies are on the increase. Marriages are breaking down because husbands and fathers are no longer capable of taking care of their families. Common ailments like malaria and typhoid fever are sending many innocent children to their early

graves.

Family health in Nigeria, in the light of these precarious socio-economic indices, is at its lowest ebb. Even the resident doctors who are supposed to offer cheaper medical services to the masses are currently on strike as I write this piece. The government prefers to reward lawmakers with millions of naira, while doctors receive pittance as remuneration.

Government must rethink governance and get its priorities right. Most of the cases of mental health we have in Africa are hardship-related. Depression is chief amongst them. The inability of many a man to cater to the needs of their families has led to the collapse of their marriages. Many women have left their husbands for more financially buoyant men and there is no disgrace as big as this to a man. Some men even commit suicide when it gets to this point. Those who are emotionally strong enough to bear such experiences become shadows of their once vibrant selves.

So, whenever you see a man, walking on the road and talking to himself, just know that something is wrong with his state of mind. If he is a banker, he may make a lot of miscalculations and pay your money into another person's account. If he is a driver, I am sorry for the passengers. And if he is a teacher, we should be sorry for our children.

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Celebrating 41 Years of Uninterrupted Monthly Publication (1979-2021)

How to defuse the prostate bomb

By Chima Ejimofor

The prostate gland is a walnut-sized gland, located in the pelvic cavity; just under the male urinary bladder. It surrounds the urethra. Interestingly, the most important male sex organ is the prostate; not the penis.

Functions of the prostate gland

It is a part of the male reproductive system and is responsible for lubricating the urethra with a thin, milky, alkaline fluid (semen), which increases the motility of sperm and prevents infection.

It plays an essential role in production of seminal fluid.

It is vital for the sexual well-being of a man.

It plays a major role in fertility and can affect a man's capacity to impregnate a woman.

-It helps in controlling passage of urine from the bladder.

The major problems of the prostate gland all result in enlargement of the gland.

Testosterone is a sex hormone that plays important roles in the body. It naturally occurs throughout the life of the male. At puberty, a boy begins the process of transformation to a man. The release of testosterone brings about the visible characteristics of the male, such as deepening of the voice, increase in height, general hair growth - particularly on the face and in the armpits and pubic area. There is also growth of the penis and testicles, muscle mass (six packs) and physical strength.

In older males, from about age 40, this same hormone, testosterone, begins to reduce gradually (aka LowT).

Three major prostate issues

An infection called **prostatitis**, which is the swelling of the prostate gland - usually in younger adult males and could be caused by STDs.

Benign Prostatic Hyperplasia BPH, a non-cancerous enlargement of the prostate gland.

Prostate cancer, the Leading cause of death in adult males in Nigeria.

Causes of prostate issues

The Prostate has been described as a "time bomb" in men's bodies. From puberty to 40, this gland begins to increase in size progressively. A gradual drop in testosterone levels begins from age 50. In recent times, younger men are reporting these changes from their late 30s. Generally, 50 per cent of all men in their 50s, and 70 per cent of men above 70 will experience prostate enlargement issues. Therefore:

Education is necessary to recognise early signs of prostate enlargement and nip it in the bud.

Prevention is better and cheaper than cure.

Creating awareness of a looming danger is vital to men.

Teach men self-monitoring

Halt a crippling disease, which is assuming alarming proportions.

Reverse the growth of the gland at the earliest stage.

Signs and symptoms

If you are currently experiencing any of the following, you need to take immediate action.

Pain in lower abdomen/back between the scrotum and anus

Fever

Inability to control the flow pressure of urine

Frequent desire to urinate, especially at night

Blood or pus while urinating

Difficulty in urinating

Delay in start and stop

Multiple Streams of Urine (like shower)

Retention of urine in the bladder

Impotence

Erectile dysfunction

Premature ejaculation

Loss of libido

Shrinking of muscle mass, testicles and penis

If your father or grandfather has prostate complications or died of it, you are more susceptible!

We recommend:

Annual comprehensive health

check-up

Compulsory changes in diet and nutrition. There are foods to eat and to avoid. Also eat more fruits in season and vegetables.

Compulsory lifestyle adjustment (incorporate regular exercises eg brisk walking, swimming etc)

Adopt the culture of correct nutritional supplementation.

Other measures:

Correct posture.

Avoid straining during bowel movements

Regular body detoxification

Avoid the following:

Smoking, alcohol, refined sugar, saturated fats - butter, margarine, fatty meat. Food contaminated by pesticides. Meat from animals treated with hormones, processed food, junk food, skin of poultry etc.

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About the Author:

Mrs Chima Ejimofor is the Lead Partner of Infinite Health Consult, and is available for the purchase of these Nutritional Supplements, Health Talks and Wellness Seminars. She is based in Lagos, Nigeria. Telephone/WhatsApp: 07033179632, email: infinitehealthconsult@gmail.com



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Isa and Amina Odidi: Unstoppable dynamos of pharmaceutical innovations

By Ola Aboderin



Prof. Isa and Dr Amina Odidi
*"Two roads diverged in a wood, and I—
 I took the one less travelled by,
 And that has made all the difference."*
(Robert Frost, 1874–1963)

If there's any secret that has propelled Prof. Isa and Dr Amina Odidi to become the most productive "power couple" of the pharmaceutical world, it is their passion and courage to be different. It was recently in the news that their company, Intellipharmaceutics International Inc. (mark that name, please) became the first African-owned pharmaceutical company to have a plant in China. Many consider this an extraordinary feat - and indeed it is, considering the massive size of the plant and the stringent conditions required to own such in China's restrictive environment. Yet, to the Odidis, this is simply another milestone - among a multitude of others - that they have attained in the fulfilment of their mission in the fields of pharmaceuticals and pharmaceutical technology: Making a difference.

For nearly 30 years, the Odidis have invested the bulk of their time, acumen and resources in the research, development, manufacture and marketing of difficult-to-make drugs and drug delivery systems, as well as turning generics into supergenerics. Their specialty comprises new and generic controlled-release and targeted-release dosage drugs. They also advance the product development programmes for drugs taken multiple times a day by inventing once-a-day products, thus making it easier for patients to comply with their prescriptions.

Dr Amina describes the dynamism of the couple's synergy thus: "We complement each other. He is into equipment, I am into biopharmacy... We draw support from each other. We work ... plan ... fix ... he is the external face. And so I stay behind and manage the internal operations and take care of the children."

Life-changing impacts

To understand the tremendous impacts that the Odidis are making in the pharmaceutical industry with their ground-breaking works, it is important to know that the delivery system of any drug plays a critical role in controlling its pharmacological effect and pharmacokinetic profile. What these two world-acclaimed scientists and business moguls are doing therefore is to develop such optimal delivery systems that ensure that each drug is "intelligently coded" (remember Intellipharmaceutics?), so it can successfully reach the necessary site of action for the correct time and duration, and with maximum effect.

One need not think too far, as to why the Odidis chose this "less-travelled" path of the world of controlled-release formulations. When they began to do serious work on drug research and development, they observed that the generics space was crowded by those producing immediate-release drugs. According to Prof. Isa, "That was easy to do. So we decided to find a new niche, where we could be competitive...we decided to go for very difficult to-make-products. And these products have a technological barrier to entry, so there are very few competitors playing in this field. That was the reason we chose the field."

But it is not only in product development that the Odidis are making a difference. As should be expected, making complex products must require using complex technologies. In this, the two powerhouses of innovation have excelled beyond measure. They have invented, developed and patented a plethora of disruptive multidimensional controlled-release technology platforms that can be applied to the efficient development of a wide range of existing and new pharmaceuticals.

Based on these technology platforms, Intellipharmaceutics has developed several drug delivery systems and a pipeline of products (which have received FDA approval) and product candidates in various stages of development in therapeutic areas that include neurology, cardiovascular, gastrointestinal tract, diabetes and pain.

Perhaps the most notable of these technologies developed by the Odidis is the Hypermatrix technology, which is very pivotal in the manufacture of controlled-release drugs. According to Professor Isa, "Hypermatrix is a concept that is based on delivering drugs on hyperdimensionality. Basically, drug delivery systems work around matrixes, which are seen as three-dimensional entities. But with the Hypermatrix technology, we have added a fourth and a fifth dimension - space and time. After all, being in a timed-release business requires being in control of time."

Working for the common good

The Odidis are also making a difference through the amount of work they put into their goal of bridging the worlds of pharmaceutical design, science, technology, innovation and entrepreneurship. "This kind of business is for a very, very hardworking person," says Prof. Isa. "Both of us come from a very strong and hardworking background. We put in a lot of hours in what we do." According to Dr Amina, "The company has been able to make so much difference because we have a state-of-the-art facility, testing equipment, with personnel and manufacturing equipment. It's hard to get the equipment; it's hard to calibrate them and make them work; it's hard to maintain them. And above all, it's hard to research and design a product that you want to perform a certain function in the body and you want it to be released in a certain way."

Most importantly, the couple are making a difference in their definition of success, which significantly affects the kinds of products and innovations they specialise on. They are particularly concerned about formulating drugs in such a way as to prevent addiction and abuse. Prof. Isa explains that their goal is not just to have a company "contributing to the bottom-line and shareholders" but also making a difference for society. "We focus on developing products that will improve the lifespan of people and make them live healthy and happy lives," he says. His wife concurs: "That's what gives me the satisfaction. Making a difference, not just growing the company, but making these products available to the populace, to the market".

Background to greatness

Both Prof. Isa and Dr Amina obtained a B.Sc. in Pharmacy from the Ahmadu Bello University (ABU), Zaria. It was in the course of their programme between 1976 and 1979 that they met and later married. In 1982, the couple were sponsored by the Kano State government to attend Kings College, University of London to study for a Master of Science degree. Prof. Odidi graduated in 1984 with distinction in

M.Sc. Pharmaceutical Technology and was awarded the Abbott Laboratories Prize for best student. Dr Amina also graduated in the same year and obtained an M.Sc., degree in Biopharmacy.

In 1986, Prof. Isa was awarded the commonwealth scholarship to study for a Ph.D. degree and proceeded to the School of Pharmacy, University of London. That same year, Dr Amina was also sponsored by the Kano State government to undertake a Ph.D. degree in the same institution. Both of them graduated in 1990 with a Ph.D. in Pharmaceutics.

Prof. Isa further obtained an MBA from the Rotman School of Management, University of Toronto, Canada in 2007, before subsequently obtaining the Executive Education in Innovation for Economic Development (IFED) certificate at the Kennedy School of Government, Harvard University, in 2013. He was also awarded a Doctor of Science (D.Sc.) degree Honoris Causa from the University of Benin, in the same year.

The Odidis' phenomenal rise fully began with an invitation to Canada for a two-year contract to help the country's pharmaceutical firm, Biovail Corporation, set up its R&D department, in July 1995. That arrangement turned out to be such a resounding success and Biovail became so popular that the couple's stay was extended for more years. Within the period however, the smart-thinking Odidis had decided that while the husband worked for Biovail, the wife should start up their company, Intellipharmaceutics. Dr Amina's outputs and managerial efforts were so excellent and the company did so well, that her husband had to eventually quit Biovail in 1999, so they could concentrate on building their company together. That decision has continued to give the world a floodgate of unprecedented pharmaceutical innovations.

Awards and recognitions

The Odidis' company, Intellipharmaceutics, is publicly traded on two of the best international stock exchanges i.e., NASDAQ in the United States of America and TSX in Canada. History was made on 22 October 2010, when the couple were asked to ring the opening bell at the NASDAQ stock exchange in New York on the first anniversary of their company going public. They were the first Africans to ever do so.

The couple have also been honoured with several prestigious awards, including the Harry Jerome Award for Technology and Innovation; the University of Toronto Black Alumni Association Award for Professional Excellence in Science, Technology, Engineering and Mathematics; the Planet Africa Award for Science and Technology (2010); the Scientific/Medical Achievement Award for excellence in pharmaceutical research and technology and innovative research (ANPA, 2001); and the Nigerian Canadian of the Year Award (2007). They have also been featured on global media outlets such as the CNN, VOA, BBC, the World Wide Web, as well as several Nigerian media houses.

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

How to catch a liar (2)

By Dipo MacJob (Dr Write)

Research has shown, over the years, that many pharmaceutical organisations and community pharmacies that have hit the rocks or are gradually becoming a shadow of their former glory got entangled with a "virus" called deception. Quite a number of establishments, big conglomerates, multinationals and highly successful organisations with a track record of consistent growth year on year have dovetailed in productivity, while some have folded up, simply because of the infiltration of deception.

The situation is even worse at this time of COVID. Many individuals, out of the frustration, confusion and depression ushered in by the pandemic, have been pushed into desperation which has made deception a viable option, even in organisational settings, leading cracks. The reason for this is not really because there are no systems in place to serve as checks, but because those checks (human or electronic) are either not upgraded to pick deception cues or cannot identify them at all because, let's face it, humans are complex beings. We are not unlikely to get to a point where newer tools or techniques will be irrelevant in helping to unravel the mystery around human behaviour.

Unless and until there is some form of "immunisation" against this menace, every organisation or establishment is at risk of incalculable damages and losses with respect to investments, lives and properties from human errors.

In the last edition I did say we shall be examining some of the tools that can be leveraged in

bursting liars. Again, I need to stress that these tools do not discriminate between members of staff or friends or spouses; so being circumspect may not be out of place as regards their deployment at the home front. The key to deception detection is being acutely "observant," says Janine Driver.



A. Baseline

This is arguably the most powerful technique used by deception experts. This is because establishing a person's baseline behaviour is essential to allowing us determine when there is a deviation from the default behaviour. It involves observing and taking note of the verbal and non-verbal gestures that are part of the general demeanor and the social norms of the individual. It is also called Norming. It's the basic behavioural pattern under normal stress conditions.

For example, if a member of staff is known for his comic relief every single working day, the day he does not appear this way a question should be raised. Baseline is what separates a

professional deception expert from the mediocre. If you do not get a baseline, everything you do from that moment is in error, just like building a skyscraper on a foundation that is shallow.

Generally, investigators during interrogatory sessions, do what we call priming. This helps the suspect to become relaxed in order for them to get a good baseline. Typically, they ask sundry questions not related to the criminal investigation. They ask such private question as "What is your best colour?" or "What is your best T.V programme (or movie star)?" etc. While asking these questions, they pay keen attention to the way and manner of response of the suspect.

Some times, the sessions are recorded in order to be afforded the opportunity of playing back the interview and scrutinise for deception gestures. The moment the suspect adjusts his body language as a deviation from the norm after a probing question is asked signals a need for more attentiveness because the truth is somewhere around the corner.

B. Monosyllabic responses

This is of great importance, especially when a suspect is asked an open-ended question, using open ended words such as "what", "who", "when", "why" and "how". Naturally, it is unlikely that anyone answers an open ended question with a "yes" or "no". So, when a person responds in a short abrupt manner, using words like "yep", "nope", "yeah", "no", "yes", two things are involved. It is either he or she is impatient and does not really have the luxury of time for any form of engagements with you or he or she is withholding information that



may be implicating. When someone is miserly with his or her responses to a question or query, something is definitely fishy, provided that the baseline considerations have been sorted.

Please note as a rule that this principle or technique works best after you have obtained a baseline. As a caution, the fact that someone who you consider as a healthy conversationalist starts using monosyllabic words despite asking him or her open-ended questions does not necessarily mean that the person is lying. However, it does imply that he or she is holding back information that may be of relevance to you.

All you need from this is that, there is smoke somewhere and the fire will soon be found. Don't miss the next edition.

(Culled from the book "How to catch a liar without polygraph")
Instagram (@dipomacjob)
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Celebrating 42 Years of Uninterrupted Monthly Publication (1979-2021)



Inertility

Erectile Dysfunction (ED) is one of the major diseases among the menfolk. In some cases, men who are experiencing ED are casually referred to as impotent. Experts' findings have shown that many men are ashamed to tell others that they have the disease and only a few share it with others and look for medical solutions.

As one of the major worrying disease among men, erectile dysfunction is the difficulty in achieving or maintaining an erection of the penis. Simply put, ED is the inability to keep an erection firm enough to have sexual intercourse. Erection, in itself, is the hardening of the penis, which occurs when sponge-like tissue inside the penis fills up

with blood and causes the penis to enlarge, thereby standing away from the body. Erectile dysfunction is therefore a malfunctioning of the penis.

Infertility is a situation in which a couple are unable to achieve pregnancy after, at least, a year of regular and unprotected sexual intercourse. ED is one of the major causes of infertility among couples. This is because when there is no erection, penetrative sexual intercourse becomes impossible. When there is no penetrative sexual intercourse, ejaculation and releasing of the sperm into the vagina becomes impossible and without this, pregnancy becomes a mirage.

According to the World Health

Teaching Hospital (LASUTH), a man with ED either cannot get an erection at all, or sometimes manages to get an erection which does not last long enough to have sexual intercourse.

Omisanjo, who is also an associate professor of surgery at the Lagos State University College of Medicine, Ikeja, added that sometimes, the problem of the man is a total absence of the desire to have sexual intercourse.

Causes of erectile dysfunction

ED is usually caused by low blood flow to the penis or a problem with the nerves that control erections. This is a result of other conditions, such as hardening of the

arteries, high blood pressure, and high cholesterol or diabetes. The World Health Organisation (WHO) said erectile dysfunction may have a physiological or psychological basis, but the most common cause is thought to be related to vascular abnormalities of the penile blood supply and erectile tissue often associated with cardiovascular diseases and their risk factors.

Indeed, there are many possible causes of erectile dysfunction and they can be categorised in to physical and psychological causes.

Physical causes of ED

Decreased blood flow has been cited as a major cause of ED. If the vessels that supply blood to the penis have narrowed, it often causes erectile dysfunction (ED) in older men; whereas, emotional issues are the common cause for younger men. The common physical causes of ED include cardiovascular disease; diabetes; hypertension or high blood pressure; high cholesterol levels; obesity; low testosterone levels or other hormone imbalances; kidney disease; consuming too much alcohol; using tobacco products; certain health conditions, such as Parkinson's disease or multiple sclerosis (MS); damage to the pelvic area through injury or surgery, as well as Peyronie's disease which causes scar tissue to develop in the penis; certain prescription medications, such as those used to treat high blood pressure or depression, sleep disorders; drug use, among others.

While speaking on the physical causes of ED, Dr Sylvester Ikhisemojie, a senior consultant

continued on page 13

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Social life was equally great at Ife. I tried to associate as much as possible. I joined an exclusive and popular social club called Dollar Club, which enabled me to have a closer relationship with some of my peers like Bona Obiorah, Eugene Okonkwo, Frank Effanga, Paul Ndukwe, Pius Ogwueleka, Sylvester Onwuka, Felix Anazodo, Felix Agwaniru (from my town) and Mutanda Anohu (also from my town).

With regard to my uncle, I must say that as was typical of him, he indeed made good his promise to support me all the way, even without me studying Medicine, which he would have preferred. In fact, within the first few months of my arrival at Ife, he wrote me a letter that could well be described as "Wisdom Manual for Every Fresh Undergraduate". Extracts from it read:

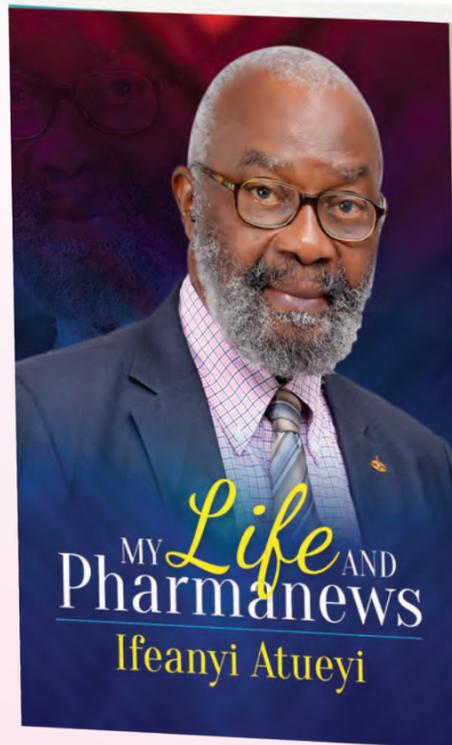
My Dear Christopher,

I am glad you are pleased with the college and also with the B.Pharm course, as well as with its prospects. What is the standing of the firm that is sponsoring you and what are the contents and the conditions of your scholarship? And what is the course like? What inspiration so far have you found in it? Which type of pharmacist are you inclined to become – dispenser, businessman, salesman, technical adviser or drug manufacturer?

One of the duties of a youngster with great educational opportunities is to lift his community higher than he found it. You cannot do that well without

MY HIGHER EDUCATION 6

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



them even when you are away at a university.

When I talk of home, I do not mean just Okija. My household is one of the places you can count upon as home.

One thing a father longs to do for his child, or a guardian for his ward, is to help him find a good livelihood. Another is to see that his character and outlook on life are good. If at the end of school or university education one does nothing but takes a lucrative job and enjoys oneself in a quiet corner, the education has largely failed.

You must take part in a number of extracurricular activities and so widen your education. For the same reason, you must find time to read elementary books of a literary nature; and you should play an active part in one or two societies. While at the university, I had some of your present advantages. I was not a star at societies but my interest in the relation between science and philosophy, and science and religion was shown in the number of books I bought and read on them. I also attended all types of conferences. On looking back, I discover that I owe as much to this broad reading and conferences as to my academic course in Chemistry and Zoology...

a deep understanding of the community – its people and their problems, and the surest way of knowing your community is to live in it. One reason teachers and traders are responsible for 99.5% of the new light and welfare that enters every village in eastern Nigeria is that they are rarely isolated from home. If you are to have the satisfaction of a family or community you will call your own in the deepest sense, you must continue to be one with

The content of that letter, as can easily be guessed, had a profound effect on me and guided some of my decisions afterwards.

Apart from the Department of Pharmacy, The Nigerian College of Arts, Science and Technology, Ibadan, which metamorphosed to University of Ife and later changed its name to Obafemi Awolowo University, had departments of Public Administration and Accountancy as well as departments of Arts & Science, which prepared students for university admissions. I met people like Mike Okeke, Olusegun Oshunkeye and Greg Ughanze in the Department of Public Administration. It was Mike Okeke who would later introduce me to Full Gospel Business Men's Fellowship International (FGBMFI) in 1989. I also lived with Greg Ughanze in the same block of flats at 45 Sunmola Street, Mende, Maryland around 1980. I worshipped with Chief Oshunkeye at Bishop Vining Memorial Church Cathedral before I left the Cathedral in 1993 to join St. Jude's Church, Mende, Maryland.

The campus in Ife had a chapel used by Protestant and Catholic students. As an Anglican, I attended church services occasionally, especially the Sundays I didn't have much academic work to do. Going to church was like a social activity. I was just a church-goer, with no commitment.

continues next edition

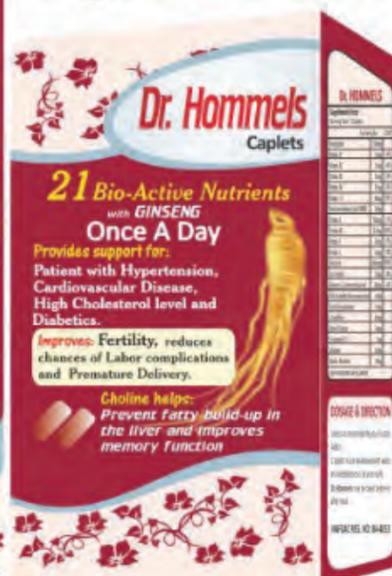
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Treatment of erectile dysfunction and infertility

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at the Lagos State Health Service Commission, pointed out that in men who are older than 50 years of age, the problem has more to do with factors that interfere with adequacy of blood flow into the penis. He noted that disease conditions, such as atherosclerosis, in which there is both narrowing and hardening of the blood vessels supplying blood to the penis, would often reduce the volume of blood that goes into the penis. When this volume fails to reach a certain threshold, an erection cannot occur.

"As for the men who have diabetes, there is progressive damage to the endings of the nerves which supply sensation to the blood vessels in the penis. Because of this, the muscles in the wall of those vessels fail to get the proper signals they need to initiate the process of erection. In some other people, erection may fail to occur because there is a faulty vein which removes blood too quickly from the erect penis such that, the erection is not long lasting enough to ensure penetrative sex. The era in which doctors used to think that erectile dysfunction was caused by advancing age has changed a lot and many cases can today be attributable to various causes", Ikhisemojie said.

Psychological causes

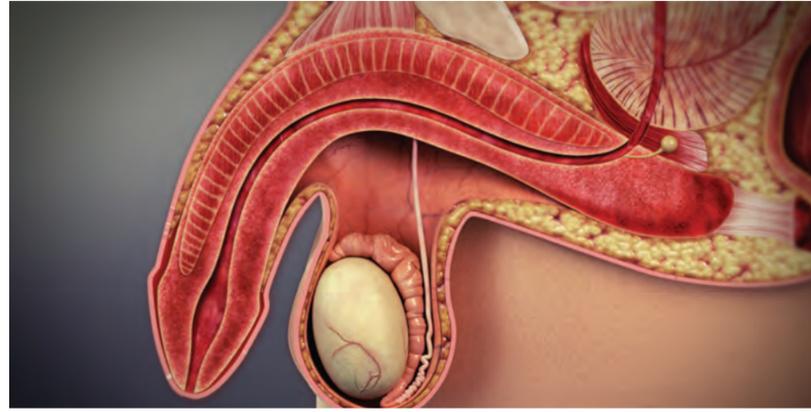
Some of the psychological factors in ED include stress, anxiety, depression, relationship problems among others. Speaking on these issues, Ikhisemojie explained that the causes of ED are very different in different sides of the 50th year of life. According to him, in younger men for example, the problem is usually associated mostly with issues of a psychological nature where stress brought about by a variety of causes is a leading cause of this condition. He explained that rejection by peers and or parents, fatigue, depression and a history of sexual abuse in childhood can also cause ED in young men. He also stated that sexual fears and general feeling of inadequacy, difficulties encountered within a relationship could also cause erectile dysfunction in men younger than 50 years.

Meanwhile, Omisanjo is not ruling out the never ending traffic gridlock in some cities in Nigeria, especially Lagos, as a major factor in ED.

He said: "Psychologically, for an instance, if a man is in stressful condition, tired, nervous, anxious or not having things going well for him at home, office, business or any form of psychological problem, it can have an effect on his desire for sex and also affect his erection negatively. So it is expected that spending hours in traffic, as we do have it in Lagos, with all the pressure and tension attached to it, will cause erectile dysfunction. Even when it doesn't cause it, it can make the existing ED case worse."

Diagnosis of ED

While in some men, a physical examination and answering questions (medical history) are all that's needed for a doctor to diagnose erectile dysfunction and recommend a treatment, a doctor may recommend further tests or a consultation with a specialist if the he or she suspects chronic health conditions or an underlying condition might be involved. The



tests for underlying conditions might include:

Physical examination: This might include careful examination of the penis and testicles and checking the nerves for sensation.

Blood tests: A sample of blood might be sent to a lab to check for signs of heart disease, diabetes, low testosterone levels and other health conditions.

Urine tests (urinalysis): Like blood tests, urine tests are used to look for signs of diabetes and other underlying health conditions.

Ultrasound: This test is usually performed by a specialist in an office. It involves using a wandlike device (transducer) held over the blood vessels that supply the penis. It creates a video image to let the doctor see if the patient

has blood flow problems. This test is sometimes done in combination with an injection of medications into the penis to stimulate blood flow and produce an erection.

Psychological exam: The doctor might ask questions to screen patient for depression and other possible psychological causes of erectile dysfunction.

Treatment and remedy for ED

Talk therapy

Many psychological factors can cause erectile dysfunction. These include anxiety, post-traumatic stress disorder, depression and stress. In view of this, talk therapy will be much beneficial to a patient who is suffering from psychological erectile dysfunction. Experts have recommended that the patient and his therapist need to discuss major stress or anxiety factors that may include the patient's feelings around sex as well as subconscious clashes that could be affecting the patient's desire for sex.

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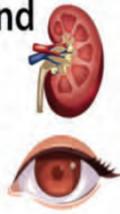
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The Heart Outcomes Prevention Evaluation Study Investigators. Effects of an angiotensin-converting-enzyme inhibitor, Ramipril, on death from cardiovascular causes, myocardial infarction and stroke in high-risk patients. New Engl J Med 2000;342: 145-153



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Modification of lifestyle

While some men need talk therapy, what others need is slight modification of their lifestyle. Omisano said, "Sometimes, all you need to do to address ED is just some forms of behavioral modification; for instance, a modification as simple as losing weight can cure ED, because obesity can also cause ED. For some men, they only need to exercise by increasing the rate of their physical activities to make them fit. The fitter a man is, the better his erection.

"Sometimes, it is just dietary habits. When a man eats in a healthier way, he will not only be healthier, his erection is also better. Consumption of lot of alcohol and tobacco or illicit drugs is never good for the erection of a man. So reducing intake or stopping it completely will help to treat ED for such men. For those whose ED is caused by use of medication, switching to other medication or stopping the medication will cure their ED."

Medications for ED

In treating ED, according to Dr. Seladi-Schulman, the doctor may prescribe medication to help manage the symptoms. He however said one may need to try several medications before finding one that works. According to urologists, the oral medications that stimulate blood flow to the penis to help treat ED include avanafil (Stendra), sildenafil (Viagra), tadalafil (Cialis), vardenafil (Levitra, Staxyn).

Alprostadil (Caverject, Edex, MUSE) is another medication that can be used to treat ED and it can



be administered in two ways - as a penile suppository or as a self-injection at the base or side of the penis. Testosterone therapy (TRT) may also be recommended if the patient has low levels of testosterone.

Vacuum pumps

According to Seladi-Schulman, this treatment uses the creation of a vacuum to stimulate an erection where blood is drawn into the penis as the device is used, leading to an erection. Meanwhile, a vacuum pump device, according to doctors, consists of a few different components which include a plastic tube which is expected to be placed over penis; a pump, which works to create the vacuum by drawing air out of the plastic tube; an elastic ring, which will be moved to the base of the penis as the plastic tube is removed. The elastic ring functions to maintain the erection, holding the blood in the penis and preventing it from returning to

circulation.

Penile implant (surgery)

Penile implant, according to Omisano, is the last resort for ED. Patients can go for surgery, known as penile implants, but that must be based on recommendation. The penile implant surgery, also referred to as a prosthesis, can be fixed in the penis where an inflatable implant allows a man to use a pump to make his penis larger, while a malleable implant allows the man to adjust the position of the penis manually.

Giving more explanation on the penile implant surgery, Omisano said: "It means that an implant will be done on the man's penis, but while doing that for the man, a size that is suitable for the man and usually the size of his penis is considered. The implant is fixed into the penis in a deflated form within the erection chamber and also put a reservoir within the part of the belly; there is also a vibe that will be fixed around the scrotum, so when the man needs erection, he presses the vibe which moves freely from the reservoir into the implant and then distends it and the man will have erection.

"When the man is done with sexual intercourse, he presses the vibe again and it goes back into the reservoir and deflated. So it is not as if he's carrying about an erectile penis up and down. The good thing

about penile implant is that nobody will know that the man has done an implant unless he tells someone because the implant is inside. Most men will not end up with implant because for some men, all they need to do is to stop smoking.

"For some men, they only need to change their lifestyle. And in some other men, what they need to do is more exercise. Some men only need to eat better food or sleep more. However, when all these don't work, that is when they will be moved to pill, to injection, to suppository and vacuum pump. And like I said, implant is the last resort and that is to tell you that irrespective of the cause, erectile dysfunction always has a cure."

Side effects

Medication for ED, according to medical experts may have side effects, depending on the individual's system. Dr Seladi-Schulman pointed out that the medication is likely to have side effect on patients. Dr Ikhisemojie on his part pointed out that the medications vary in dosage and have their possible side effects which may include flushing, nasal congestion, headache, visual changes, backache and stomach upset. The doctor however advised patients who experience unpleasant side effects to contact their doctor for possible recommendation of different medication.

Is ED avoidable?

While it is true that ED has remedy, irrespective of the level it is, it is always better to avoid it. Medical doctors say the disease is avoidable to some extent, though

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COMPOSITION: Each film-coated tablet contains Sildenafil Citrate Ph. Eur. equivalent to Sildenafil 50 mg or Sildenafil 100 mg. DESCRIPTION: SILDENAFIL CITRATE TABLETS contains sildenafil citrate which is a potent and selective inhibitor of cyclic guanosine monophosphate (cGMP) specific phosphodiesterase type 5 (PDE5). Sildenafil is an oral therapy for erectile dysfunction. INDICATION: Sildenafil citrate is indicated for the treatment of erectile dysfunction. DOSE AND METHOD OF ADMINISTRATION: The recommended dose is 50 mg tablet, as needed, approximately 1 hour before sexual activity. However, sildenafil may be taken anywhere from 4 hours to 0.5 hour before sexual activity. Based on effectiveness and toleration, the dose may be increased to a maximum recommended dose of 100 mg or decreased to 25 mg. The maximum recommended dosing frequency is once per day. USE IN SPECIAL POPULATIONS: not indicated for use in women or children. Healthy elderly volunteers (65 years or over) had a reduced clearance of Sildenafil, a starting dose of 25 mg should be considered. CONTRAINDICATIONS: Sildenafil was reported to potentiate the hypotensive effects of nitrites, and its administration to patients who are using organic nitrates, either regularly and/or intermittently, in any form is therefore contraindicated. Sildenafil is also contraindicated in patients with a known hypersensitivity to sildenafil or any other component of the tablet. WARNINGS AND PRECAUTIONS: There is a potential for cardiac risk of sexual activity in patients with preexisting cardiovascular disease. Therefore, treatments for erectile dysfunction, including sildenafil, should not be generally used in men for whom sexual activity is inadvisable because of their underlying cardiovascular status. The evaluation of erectile dysfunction should include a determination of potential underlying causes and the identification of appropriate treatment following a complete medical assessment. Before prescribing sildenafil, it is important to note the following: caution is advised when Phosphodiesterase Type 5 (PDE5) inhibitors are coadministered with alpha-blockers. PDE5 inhibitors, including sildenafil, and alpha-adrenergic blocking agents are both vasodilators with blood pressure lowering effects. When vasodilators are used in combination, an additive effect on blood pressure may be anticipated. STORAGE: Store at a temperature below 30°C, protected from moisture. Keep all medicines out of reach of children.



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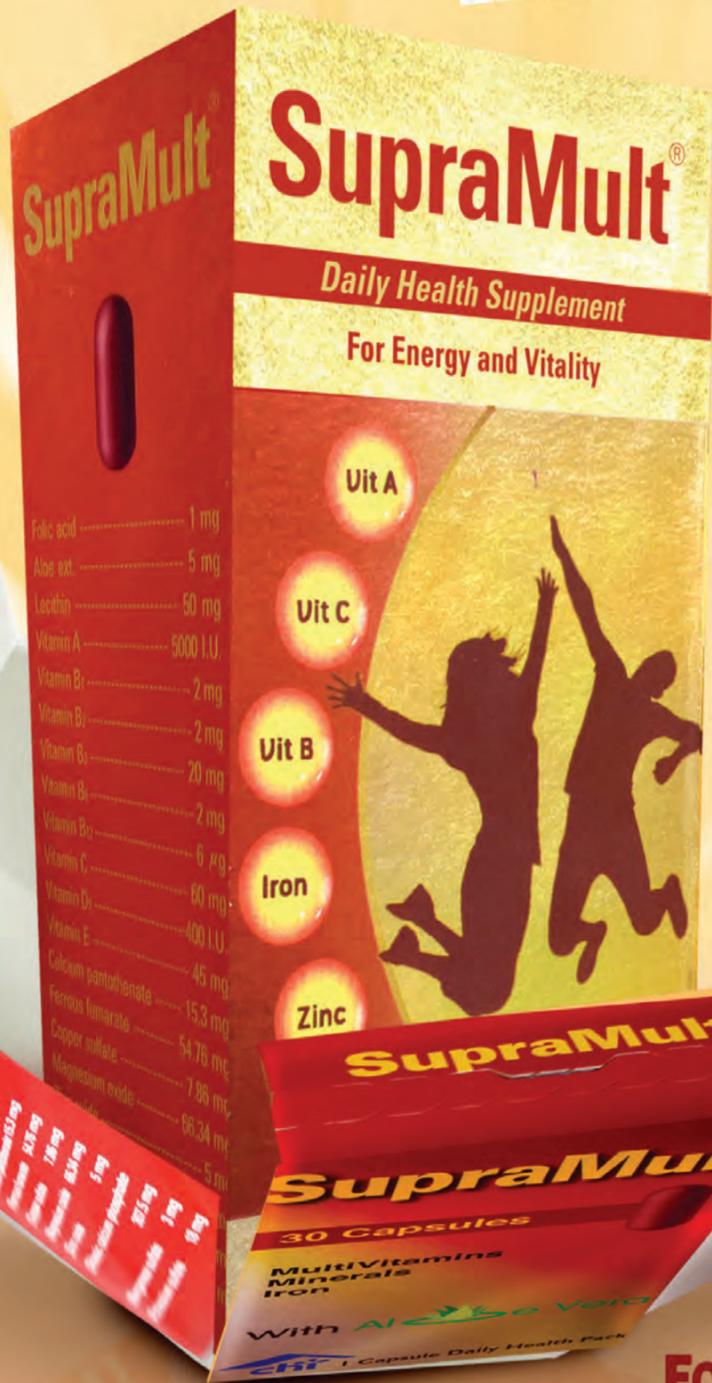
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Treatment of erectile dysfunction and infertility

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there is nothing one can do about the one that has to do with age.

“For the one connected to lifestyle, living a healthy lifestyle will help you to avoid it. Avoiding smoking, alcohol and drugs can help you to avoid erectile dysfunction. Maintaining a normal weight will also help you to avoid ED. Regular exercise is another thing that can help you to avoid ED. Adequate treatment of any chronic condition will also help to avoid ED. Meanwhile, I need to say that it is always good for any man to talk as soon as he’s having some feeling of ED. For instance, the fact that a man notice erectile dysfunction may be a sign that something is wrong within the heart or any part of the body, or that an ailment has developed in the body like diabetes; so it is always good for every man to complain immediately he notices ED”, Omisanjo explained.

More tips on infertility

While giving a vivid explanation on infertility, Dr Alima Olalere, a consultant obstetrician and gynaecologist at the Lagos state University Teaching Hospital (LASUTH), who is also a lecturer at the Lagos state University College of Medicine, explained that “When a couple are having regular unprotected, penetrative ejaculatory sexual intercourse for at least three times in a week, and the man is releasing the semen into the woman’s vagina and the woman is aware of her fertile period, having regular menstruation and the woman is not using any contraceptive and despite all these, there is no pregnancy for a year, we can say the couple have infertility.”

Types of Infertility

Primary infertility: infertility can be regarded as primary for a couple who have not become pregnant after at least one year having sex without using birth control methods.

Secondary infertility: Secondary infertility refers to when a couple who have been able to get pregnant at least once, are now unable.

The Society of Gynaecologists and Obstetrics of Nigeria in its reports posited that most infertile couples globally suffer from primary infertility, but in Africa, secondary infertility predominates, owing to a high incidence of sexually transmitted disease, complications of unsafe abortions, and puerperal sepsis.

Causes of infertility in men

Erectile dysfunction (ED)

As earlier stated, erectile dysfunction is one of the major causes of infertility in men. The Reproductive Partners Medical Group, disclosed in one its findings that sexual dysfunction is present in about 20 to 25 per cent of infertile couples. The group noted that adequate sexual function can contribute to the success of fertility treatments, adding that sexual dysfunction can be a source of stress and conflict within the couple’s relationship. The group noted that the stress itself can reduce the chance of a successful outcome.

Low sperm count

Semen is the milky fluid that a man’s penis releases during



orgasm. Semen consists of fluid and sperm. The fluid comes from the prostate gland, the seminal vesicle, and other sex glands. The sperm is produced in the testicles. When a man ejaculates and releases semen through the penis, the seminal fluid, or semen, helps transport the sperm toward the egg. However there could be problem when the “count” of the sperm is low and this is called low sperm count. In low sperm count, the man ejaculates a low number of sperm. According to gynaecologists, a sperm count of under 15 million is considered low and about one third of couples have difficulty conceiving due to a low sperm count.

Sperm mobility and shape

Low sperm mobility is another cause of infertility among couples. It is an instance when the sperm cannot “swim” the way it should to reach the egg. Similar to low mobility is abnormal sperm, in the sense that the sperm may have an unusual shape that makes it difficult to move and fertilise an egg. If the sperm does not have the right shape, or cannot travel rapidly and accurately towards the egg, conception may be difficult.

Hormonal Imbalance

According to Healthline, a man should have an X and Y chromosome but if he has two X chromosomes and one Y chromosome, as in Klinefelter’s syndrome, the testicles will develop abnormally and there will be low testosterone and a low sperm count or no sperm.

No sperm cases

According to Dr Olelere, while some men do not have quality sperm, others have no sperm at all. “Some men are fond of putting laptop on their lap and very close to their manhood, so the heat generated by the laptop will be heating up the testes and

then affect the spermatozoa. Heat from vehicle engine can also affect those who do long driving. Obesity can also affect the sperm count of a man. Alcohol consumption and drug substances can also affect sperm. Chronic medical conditions, such as diabetes or hypertension can also cause infertility. These are some of the causes of infertility that have been discovered through investigation among married men,” Olalere said.

Causes of infertility in women

Ovulation disorder

Healthline has identified ovulation disorder to be the most common cause of infertility in women. Ovulation is the monthly release of an egg. But according to Healthline, the eggs may never be released or they may only be released in some cycles. Ovulation disorders can be due to premature or ovarian failure when the ovaries stop working before the age of 40 years. Also, there is polycystic ovary syndrome (PCOS) where the ovaries function abnormally and ovulation may not occur. Another cause of ovulation disorder is hyperprolactinemia. If prolactin levels are high, and the woman is not pregnant or breastfeeding, it may affect ovulation and fertility.

Old age

The mere act of waiting to get pregnant contributes to infertility. According to Healthy Women, a US based organisation that focuses on women education, many women are waiting until their 30s and 40s to have kids. About one-third of couples in which the woman is over 30 have fertility problems. The organisation added that time and biology are on the side of women in their 20s.

“A younger woman’s eggs are less likely than an older woman’s to have genetic abnormalities that cause health conditions like Down syndrome. The risk of miscarriage is also lower. When you’re older, your ovaries have a smaller number of eggs left, and your eggs aren’t as healthy”, Healthy Women said.

Endometriosis

With endometriosis, the tissue lining the uterus starts to grow in other places like behind the uterus, in the fallopian tubes, in the abdomen, in the pelvis or the ovaries. This causes irritation and scar tissue development. Some women with endometriosis have no symptoms. Others have painful intercourse or periods, heavy bleeding or unusual spotting and general pelvic pain. Endometriosis can make it difficult to get pregnant because the condition can cause

blocked fallopian tubes, disrupt implantation, cause inflammation in the pelvis and perhaps impact egg quality.

Unhealthy bodyweight

Keeping an inactive lifestyle and being overweight or obese can raise risk of infertility and increase risk of having miscarriage, Healthy Women warned. According to the organisation, if you have an eating disorder like anorexia or bulimia or you follow a very low-calorie or restrictive diet, you’re at risk for fertility problems.

Abnormal cervical mucus

Cervical mucus, a fluid secreted by the cervix when oestrogen stimulates production, allows sperm to survive in the hostile, acidic environment of the vagina. Healthy Women pointed out that abnormal cervical mucus can prevent sperm from reaching the egg. Unfortunately, treatments to improve the cervical mucus are unproven, but bypassing the mucus with intra-uterine insemination is effective.

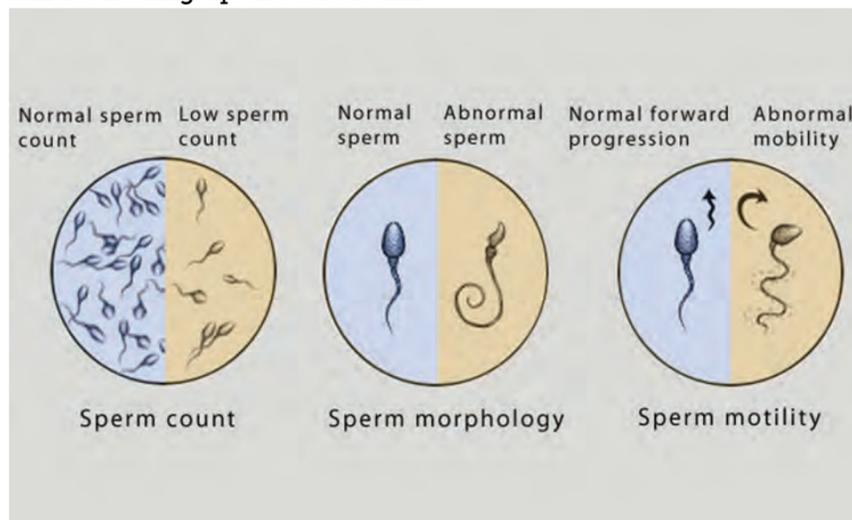
Tubal issues/blockage

Damaged or blocked fallopian tubes can prevent sperm from getting to the eggs and prevent the fertilised egg from getting to the uterus. Some common causes of tubal problems include sexually transmitted infections like chlamydia and gonorrhoea, which can lead to Pelvic Inflammatory Disease (PID), a generalised infection of the pelvis that can cause scarring and blockage of the fallopian tubes; or endometriosis. According to Dr Olalere, tubal blockage sometimes plays a key role in women infertility. She said, “For some ladies, when they have any issue like vaginal discharge or unwanted pregnancy, they just use any drug or herbal concoction (*agbo*) that can end up causing tubal blockage”.

Fibroid / uterine abnormalities

Dr Olalere also averred that some women have fibroid and if the fibroid is inside the womb, it will prevent the implantation of the fertilised egg in the womb. She however said it is not every woman that has fibroid that cannot get pregnant, stressing that some fibroids are on the wall or side of the womb and some outside the womb, noting that if the fibroid is on the side or wall of the womb, the woman can get pregnant.

Giving more explanations on fibroid, Healthy Women said “Fibroids may interfere with the implantation of the fertilised egg, but usually, they are noncancerous masses of muscular tissue and collagen that can develop within the wall of the uterus. Fibroids may be associated with reproductive problems depending on the number of fibroids you have in your uterus and on their size and specific location. Fibroids near the endometrial lining may cause very heavy periods and problems with an embryo implanting or pregnancy complications. Most fibroids, since they are not in the lining of the uterus, don’t impact your pregnancy or create a high-risk pregnancy, but you may have a higher risk of miscarriage or infertility”.



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

Treatment of erectile dysfunction and infertility

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Diagnosing infertility problems in men

There are various ways to diagnose or investigate the cause of infertility in men, which include the following:

General physical examination and medical history. This includes examining a man's genitals and asking questions about any inherited conditions, chronic health problems, illnesses, injuries or surgeries that could affect fertility. Your doctor might also ask about your sexual habits and about your sexual development during puberty.

Semen analysis: Semen samples can be obtained in a couple of different ways. You can provide a sample by masturbating and ejaculating into a special container at the doctor's office. Because of religious or cultural beliefs, some men prefer an alternative method of semen collection. In such cases, semen can be collected by using a special condom during intercourse. The semen is then sent to a laboratory to measure the number of sperm present and look for any abnormalities in the shape (morphology) and movement (motility) of the sperm. The lab will also check the semen for signs of problems such as infections.

Scrotal ultrasound: This test uses high-frequency sound waves to produce images inside your body. A scrotal ultrasound can help your doctor see if there is a varicocele or other problems in the testicles and supporting structures.

Transrectal ultrasound: A small, lubricated wand is inserted into the rectum. It allows doctor to check the prostate and look for blockages of the tubes that carry semen.

Hormone testing: Hormones produced by the pituitary gland, hypothalamus and testicles play a key role in sexual development and sperm production. Abnormalities in other hormonal or organ systems might also contribute to infertility. A blood test measures the level of testosterone and other hormones.

Post-ejaculation urinalysis. Sperm in the urine can indicate that sperm are traveling backward into the bladder instead of out of the penis during ejaculation (retrograde ejaculation).

Genetic tests: When sperm concentration is extremely low, there could be a genetic cause. A blood test can reveal whether there are subtle changes in the Y chromosome — signs of a genetic abnormality. Genetic testing might be ordered to diagnose various congenital or inherited syndromes.

Testicular biopsy: This test involves removing samples from the testicle with a needle. If the results of the testicular biopsy show that sperm production is normal, the problem is likely caused by a blockage or another problem with sperm transport.

Specialised sperm function tests: A number of tests can be used to check how well the sperm survive after ejaculation, how well they can penetrate an egg, and whether there's any problem attaching to the egg. These tests aren't often used and usually don't significantly change recommendations for treatment.

Treatment of Infertility in Men



There are treatments for every cause of infertility in men and the treatment may include:

Surgery: Problem like varicocele can often be surgically corrected or an obstructed vas deferens repaired. Prior vasectomies can be reversed. In cases where no sperm are present in the ejaculate, sperm can often be retrieved directly from the testicles or epididymis using sperm retrieval techniques.

Treating infections: Antibiotic treatment might cure an infection of the reproductive tract, but doesn't always restore fertility.

Treatments for sexual intercourse problems: Medication or counseling can help improve fertility in conditions such as erectile dysfunction or premature ejaculation.

Hormone treatments and medications: The doctor might recommend hormone replacement or medications in cases where infertility is caused by high or low levels of certain hormones or problems with the way the body uses hormones.

Assisted reproductive technology (ART): ART treatments involve obtaining sperm through normal ejaculation, surgical extraction or from donor individuals, depending on patient's specific case and wishes. The sperm are then inserted into the female genital tract, or used to perform in vitro fertilization or intracytoplasmic sperm injection.

Diagnosing infertility problems in women

To diagnose infertility in women, doctors generally check

the female hormone system and ovarian reserve, the female pelvis, the vagina and cervix, and the semen. The following test may be carried out:

Endocrine system tests: The endocrine system includes all the hormone-producing glands in the body that regulate the body's growth, metabolism and sexual development. Sometimes infertility is due to problems in the endocrine system, and the fertility specialist may perform various tests, which may include: basal body temperature charting, endometrial biopsy, testing for luteinizing hormone, ultrasonography, testing the health of the ovaries, laparoscopy.

Tests for pelvic disorders: The fertility doctor may suspect a problem within the pelvis or the tissue that lines the abdomen, uterus, bladder and rectum (peritoneum). Some of the tests likely to be used may include: ultrasonography and sonohysterography, hysterosalpingogram, hysteroscopy, magnetic resonance imaging (MRI) and laparoscopy.

Tests related to the cervix: Very occasionally, infertility in women is related to difficulty the sperm encounters in moving from the vagina to the inside of the uterus and fallopian tubes. This can occur because the woman's cervical mucus (which is a sticky fluid made by the endocervical canal that connects the vagina to the inside of the uterus) may not function normally as a result of surgery or other problem, or that not enough sperm are deposited at the cervix by intercourse at the right time to get pregnant. To determine if there

is a problem with the cervical factor as this is called, a fertility doctor may run some tests that will include: history of sexual intercourse, tests for sexually transmitted disease, post-coital test as well as antisperm antibody tests.

Treatment of infertility in women

Treatments of infertility in women can either attempt to restore fertility through medication or surgery. Some of the various treatments are:

Stimulating ovulation with fertility drugs

Fertility drugs are the main treatment for women who are infertile due to ovulation disorders. Fertility drugs regulate or stimulate ovulation. Fertility drugs generally work like the natural hormones — follicle-stimulating hormone (FSH) and luteinizing hormone (LH) — to trigger ovulation. They're also used in women who ovulate to try to stimulate a better egg or an extra egg or eggs.

Surgery

Several surgical procedures can correct problems or otherwise improve female fertility. The surgeries can remove or correct abnormalities to help improve chances of getting pregnant. Surgery might involve correcting an abnormal uterine shape, removing endometrial polyps and some types of fibroids that misshape the uterine cavity, or removing pelvic or uterine adhesions.

Reproductive assistance

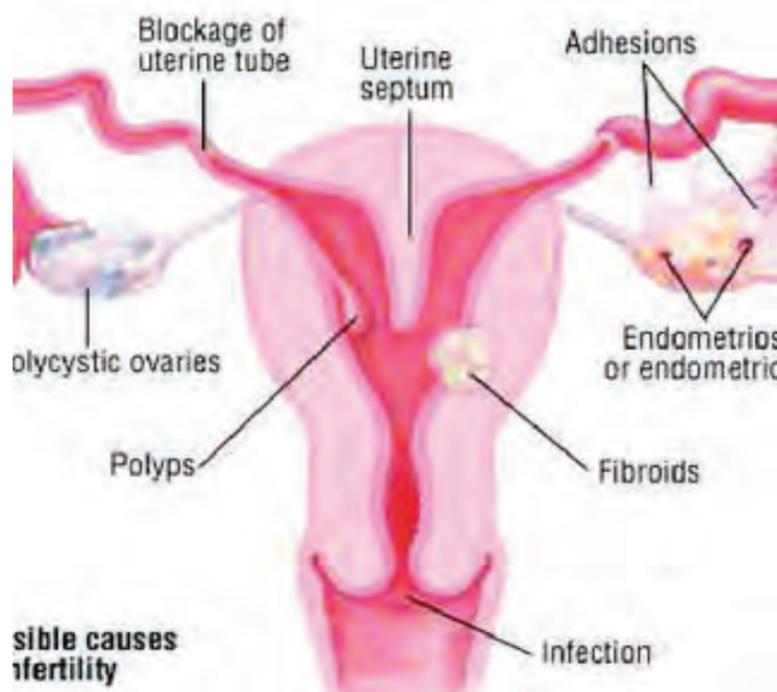
The most commonly used methods of reproductive assistance include:

Intrauterine insemination (IUI): During IUI, millions of healthy sperm are placed inside the uterus close to the time of ovulation. Another form of reproductive assistance is through the use of assisted reproductive technology which involves retrieving mature eggs from a woman, fertilising them with a man's sperm in a dish in a lab, then transferring the embryos into the uterus after fertilization. Meanwhile, IUI is commonly done when the man has a low sperm count, decreased sperm motility, or when infertility does not have an identifiable cause. It can also help if a man has severe erectile dysfunction.

In-vitro fertilization (IVF): Medical experts have described IVF as the most effective assisted reproductive technology. Its cycle, according to medical experts, however takes several weeks and requires frequent blood tests and daily hormone injections. In IVF, sperm are placed with unfertilised eggs in a petri dish, where fertilisation can take place. The embryo is then placed in the uterus to begin a pregnancy. Sometimes the embryo is frozen for future use.

IntraCytoplasmic Sperm Injection (ICSI): in ICSI, a single sperm is injected into an egg to achieve fertilisation during an IVF procedure. The likelihood of fertilisation improves significantly for men with low sperm concentrations.

Report compiled by Ranmilowo Ojalumo with additional reports from Webmed, Mayo Clinic, Society of Gynecologists and Obstetrics of Nigeria, World Health Organisation, Reproductive Partners Medical Group, Heathline and The Punch, Arc fertility, Healthy Women, Medicine Plus.



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

BUK pharmacy faculty soon to establish drug manufacturing unit, information centre – Dean

- Urges PCN to make DMU compulsory for accrediting faculties of pharmacy

Ranmilowo Ojalumo

The Faculty of Pharmacy, Bayero University, Kano, has concluded plans to establish a Drug Manufacturing Unit (DMU) within the school premises, so as to advance the quality of students' training.

Disclosing this to *Pharmanews* in an interview recently, the Dean of the Faculty, Dr Malami Sani, said the faculty is also working to set up a Drug Information Centre (DIU) that will be accessible to students, as well as the general public.

According to Sani, the DIU will serve as a centre for training and research for the PharmD students to acquire entrepreneurial and pharmaceutical care skills for the purpose of advancing pharmacy practice and self-sufficiency after graduation.

The dean added that the DIU will function as a pivotal public pharmacy hub to provide evidence-based drug information to the public, including healthcare professionals, across the country.

He also disclosed that the management of the university had given approval for the commencement of the projects, adding that work would begin any moment soon.

Sani further stated that the university is leaving no stone unturned to raise the bar of pharmacy education in the country.

He said: "In addition to the approval for the commencement of the Drug Manufacturing Unit and the Drug Information Centre, the university has approved an additional building facility to the faculty as pre-incubation centre for phytomedicine research and development. Also, to support preclinical drug discovery and development, the university facilitated creation of standard Animal House facility towards ensuring availability of animals for biomedical researches within Bayero University and beyond."

He pointed out that the major strength of the faculty is the idealisation and internalisation of the concept of Research and Development (R&D) as an index for effective and impactful nation-building and development in all aspects.

According to the dean, a research team in the faculty recently identified, validated, standardised and documented the profile of a selected plant remedy useful in the treatment of malaria, saying funding is currently being sought towards its development to a suitable dosage form.

Speaking further on the research works in the faculty, Sani said: "Currently, two major researches are being conducted in the area of malaria and diabetes, funded by TETFund, through National Research Fund (NRF). The former is looking at the challenges in the chaotic supply and distribution of antimalarial drugs (ACTs) in northern Nigeria, with a view to provide evidence-based scientific explanation for the currently observed treatment failures by the use of ACTs, as the approved treatment option for malaria."

"The one on diabetes is aimed at product development of plant origin in the treatment of diabetes mellitus. Additionally, there are three other works being funded by the university through local TETFund research intervention; they are focusing on the therapeutic potential of different medicinal plants with an aim to provide scientific information on their efficacy and safety."

The dean urged the government and other relevant stakeholders in

the country to support Research and Development (R&D) towards pharmaceutical production and phytomedicine development from the available and untapped local contents of natural origin.

"Government agencies, such as National Agency for Food and Drug Administration and Control (NAFDAC) and the National Institute for Pharmaceutical Research and Development (NIPRD), should collaborate more with academia towards achieving formidable development in the pharmaceutical industry in Nigeria. This will strengthen the university training and make it more impactful and problem-solving. Local contents of pharmaceutical relevance, especially from natural sources, should be explored maximally", Sani said.

He also lamented the nation's

overdependence on imported drugs, pointing that the situation has been a serious challenge to accessibility, availability and affordability of essential medicines in the country. He added that this has also been responsible for the proliferation of counterfeit and substandard drugs in the country.

According to the dean, one of the necessary measures in curtailing the overdependence on importation of drugs in the country and ensure availability of genuine drugs is to change the dynamics of the present pharmacy education and training.

He said: "Students should be exposed to hands-on skills and all necessary tools as part of core modules in their professional training. This was one of the reasons the Faculty of Pharmacy at BUK, under my leadership, proposed the creation of the Drug Manufacturing

Unit (DMU) to serve as a production outlet of some basic and essential pharmaceutical products. The vision of this DMU is to target the pharmaceutical distribution chain in northern Nigeria and beyond.

"It is with respect to this that I recommended to the Pharmacists Council of Nigeria (PCN), as the professional regulator of pharmacy training and practice, to consider making drug manufacturing outlet a mandatory accreditation requirement for all faculties of pharmaceutical science in Nigeria.

"To achieve this, the faculties need the support of all stakeholders, especially NAFDAC, to view such initiative as training hub for pharmacy students, with initial limited resources and therefore requiring incubation time for it to grow. Thus, necessary and possible waivers are needed to actualise this mission".

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

NARD strike: government must stop the deceit

By Patrick Iwelunmor

The perennial industrial disagreement between the Federal Government and the Nigerian Association of Resident Doctors (NARD) has continued to be both a national and an international embarrassment to Nigeria, a nation blessed with innumerable human and material resources. While the demands of NARD are germane and legitimate, one wonders why the government seems to be playing the ostrich. It is a shame that in an age when more serious nations are placing very high premium on healthcare, Nigerian doctors are still bemoaning their fate, in terms of salary, insurance benefits and facilities.

Coming at a time when the country is facing the threat of a third wave of the COVID-19 pandemic, it is very unfortunate that government has allowed the situation to get out of hand, as many patients are now stranded in government hospitals. The threat is fatal owing to the fact that those with terminal illnesses may not survive the imbroglio. Government needs to urgently do the needful and deploy persuasive rather than coercive tones in discussing with the aggrieved doctors.

The Minister of Labour, Dr Chris Ngige has not stopped pitching tent with his employers, the federal government of Nigeria, in terms of reasoning and attitude to the very important matter. He has always supported the government, making it look as if NARD is making outrageous demands whereas what they are asking for are things that are automatically granted in more organised climes of the world. His utterances concerning the matter suggest that he either does not understand the plight of resident doctors or he is just trying to massage government's ego.

During a recent event, Ngige had chided the striking doctors for misusing the power given to them by God while lamenting the dangerous situation that the health sector is currently experiencing. He said: "At no time in the history of NMA and the medical association was I seeing our association and our profession ever being in danger as I am seeing them now. Many people will not see it, but from where I am sitting and standing, I can see danger ahead. We are one of the oldest professions on earth, metamorphosing from natural and traditional healers to take away pain from people and consequentially save lives. We don't create lives, God creates. We only preserve people's lives through the act of God. In doing so, God has given us some powers."

He added that "...there is something God does not want. God does not want when He gives you powers and you use it to try to say that you are like Him or you are competing with Him. God loves you to do that which He has asked you to do; to use that power with humility."

Interestingly, in a recent television interview, Ngige claimed that the conditions of service of Nigerian doctors were among the best in the world - a claim that got even the presenter rattled. If Ngige's claim was true, why then was President Buhari receiving medical attention in London, as of the time of that interview he had with a leading national television? Many argued that it is embarrassing for Buhari to be flying overseas for treatment, when he had told Nigerians he was going to transform the health sector. Six years after, doctors are still crying for basic necessities.



Dr Uyilawa Okhuaihesuyi

Unending cycle

The prevailing circumstances in the country, in respect of the demands of resident doctors, have since become a recurring trend. Each time there is an industrial action by any aggrieved sector, government, rather than being sincere and facing the core issues, always adopts a defensive approach. The Minister of Health who is also a medical doctor should have known better and would have been the champion of the cause of the striking doctors but he has chosen not to "offend" his employers.

Issues such as good conditions of service are universally sacrosanct privileges enjoyed by doctors who are saddled with the arduous task of safe-guarding the health of the public. Unfortunately, for reasons known to successive governments in Nigeria, investing adequately in the health sector has been a problem. It is a sad paradox that a country blessed with oil wealth cannot attend to the professional needs of its doctors.

Since the outbreak of COVID-19, NARD has lost many of its members who were on the frontline of duty. It is sickening that most of the bereaved families have not received any benefits in terms of insurance. According to the National President of NARD, Dr Okhuaihesuyi Uyilawa, the federal government has not been forthright in its approach to the crisis on ground. While apologising to Nigerians for not being there to attend to their medical needs, he blamed government's failure to honour reached agreements as the main cause of the industrial crisis.

The body of resident doctors had embarked on industrial action in April - a development that led to the scarcity of expert medical care across many government hospitals in the country. Even though they suspended the action 10 days later, after a virtual meeting with members which lasted about 15 hours on April 10, the damage their action caused cannot be quantified in monetary terms. But were they to be blamed?

Bone of contention

Some of the issues raised by the medical practitioners included the immediate payment of all salaries owed to all house officers, including March salaries (regardless of quota system) before the end of business on 31 March. They also demanded an upward review of the hazard allowance to 50 per cent of consolidated basic salaries of all health workers and payment of the outstanding COVID-19 inducement allowance, especially in state-

owned-tertiary Institutions.

The doctors also clamoured for the abolishment of the exorbitant bench fees being paid by their members on outside postings in all training institutions across the country. Appearing to be sympathetic to their cause, government made promises that facilitated the suspension of the April strike, only for it to renege on them, leaving the doctors with no other option but embarking on another strike.

On why the on-going strike became inevitable, Uyilawa said: "You can recall we had a memorandum of action on 31 March, 2021, and had an addendum to it on 9 April, and since then, we still have had irregularities in the payment of salaries to the house officers. We had issues with them being non-regular payment and as part of the memorandum of action, it was said that they should be captured back into the IPPS platform."

"You are aware that we lost 19 members to COVID-19 and death in service insurance was supposed to be paid to their next of kin. The last time we met the Minister of Labour and the Minister of Health, we were told that our members were part of those to be given the insurance benefit, but we found out that their names were not even there."

As of the time of writing this piece, the federal government had dragged NARD to an industrial court, seeking arbitration on the matter. Senator Chris Ngige, through a document sent to the court, said: "Whereas, trade dispute has arisen and now exists between the Nigerian Association of Resident Doctors and the Federal Ministry

of Health/Federal Government and whereas, efforts to promote settlement through conciliation were on-going but had now failed.

"And considering the facts that members of NARD, who are classified as essential services workers/employees had embarked on strike on Monday, August 2, 2021, over the issues under conciliation, contrary to the provisions of section 18 of the Trade Disputes Act CAP T8, Laws of the Federation of Nigeria (LFN) 2004, after attending a Conciliation and Agreement Review meeting on July 22, 2021, and further considering that the Federal Ministry of Health claims to have and produced evidence to have met most of their demands based on the various Memorandum of Action reached during past conciliations especially that of July 22, 2021.

Now, therefore, I, Senator Dr Chris Nwabueze Ngige, the Minister of Labour and Employment, in the exercise of the powers conferred on me by section 17 of the Trades Disputes Act, CAP T8 Laws of the Federation of Nigeria, hereby refer the matter for consideration, and the issues in dispute to the National Industrial Court of Nigeria for adjudication."

While awaiting the decision of the court, come 15 September - as adjourned - the federal government must unconditionally grant the demands of the doctors, especially bearing in mind the fact that COVID-19 is still firing on all cylinders. Without the doctors, Nigerians would be in unimaginable peril!



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Nigeria not yet qualified by WHO to produce vaccines - NAFDAC

continued from front page



Prof. Mojisola Adeyeye
NAFDAC DG

hoping to go into vaccines production in the country, as such are also required to have a GMP-compliant facility and register the vaccine with NAFDAC before they can proceed to express interest for WHO's prequalification of their vaccines.

The NAFDAC boss made the disclosure to *Pharmanews* in an exclusive interview, while expressing confidence in government's support to aid the agency in securing the GBT approval in no distant time.

She said: "We are positively hopeful of that attainment, as government has assisted us in many ways to reach that goal. When that

happens, an investor hoping to go into vaccine production would have to have a GMP compliant facility; the vaccine must first be registered by NAFDAC before those manufacturers can express interest for WHO's prequalification of their vaccine.

"It is quite a long process that has to do with WHO, but as a National Regulatory Authority (NRA), we will guide the industry in the areas of capacity-building for the submission of documents called Common Technical Document (CTD) dossier preparation, Good Manufacturing practices (GMP) principles, and Corrective Actions, Protective Actions (CAPA) implementation."

Asked about the percentage of pharmaceutical companies which can produce viable COVID-19 vaccines in Nigeria, she said despite the economic situation in the country, there are still about 15 to 20 percentage of manufacturers with the capabilities to produce COVID-19 vaccine.

"But of course, more can be achieved with the provision of appropriate infrastructure and reasonable investment by public and private sectors in the pharma industry," she said.

Adeyeye further hinted on the efforts of NAFDAC to upscale local manufacturing and discourage over-dependence on drug and vaccine importation, through generation of data from survey to enhance the formulation and implementation

of government policies in favour of local manufacturers.

According to the DG: "A GMP roadmap was conducted to assess the level of GMP compliance of each pharmaceutical manufacturer in Nigeria and work with them in meeting their needs towards reaching WHO certification.

"The impact of the GMP roadmap exercise has been tremendous. With our current efforts at ensuring that quality standards related to Good Manufacturing Practices are enforced, our local manufacturers are taking up the challenge of erecting new facilities that will meet GMP requirements."

Speaking on why several herbal preparations submitted to the agency have not been approved, Adeyeye mentioned inability of manufacturers to conduct clinical trials, failure to adhere to good clinical practice, failure of manufacturers to submit necessary documents along with their applications, and lack of ethical clearance, among others.

She, however, noted that two applications made it through screening and one has been given approval to conduct clinical trial while the second was given compliance directives which the company was yet to respond to.

According to her, "To establish efficacy of herbal medicines for treatment of diseases, they have to conduct clinical trials, which is an international quality assurance

procedure for studies carried out on human participants. This means that Good Clinical Practice (GCP) must be applied at all stages of clinical trials to ensure that quality and ethical requirements for clinical studies are met.

"The first step is the application to conduct the trial for which we have published all guidance documents on our website to guide the clients on a stepwise approach. That aside, we also carried out many trainings on GCP.

"Unfortunately, some clients just submitted samples of their products without the accompanying necessary documents, like the protocol, which is a document that gives description of how the trial will be conducted, the objectives of the study, design, methodology, safety considerations, sample size, integrity of data collected and so on.

"Many others were rejected because of safety-related issues of their products. Part of issues key to the assurance procedure in the conduct of trials is ethical clearance for the study, which assures that the trial subjects are protected throughout the study conduct. Many of the applicants did not have ethical clearance.

"Notwithstanding, two applications made it through screening and one has been given approval to conduct clinical trial while the second was given compliance directives which the company is yet to respond to."

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

New AHAPN leadership: Our administration will be all-inclusive, says Ogunjemiyo

- As association inaugurates committee of past national chairmen

By Temitope Obayendo

The newly elected National Chairman of the Association of Hospital and Administrative Pharmacists of Nigeria (AHAPN), Pharm. Olabode Ogunjemiyo, has assured that he and his team of executives will run an all-inclusive administration, which will benefit every member of the association.

He gave the assurance at the swearing-in ceremony of the new national executives of AHAPN, which held at the closing banquet of the 22nd Annual National Scientific Conference of AHAPN, Ilorin, Kwara State, recently.

Ogunjemiyo emerged chairman, after gathering more votes than his opponent, Pharm. Ameh Abdullahi, from the elections. Others elected were Pharm. Elechi Oyin, vice-chairman; Pharm. Ayodeji Obikoya, secretary; Pharm. Joseph Oladele, assistant secretary; Pharm. Kehinde Oyinlade, treasurer; Pharm. Zainab Olaitan Alabi, as publicity secretary; Pharm. Olarenwaju Saheed, financial secretary; Pharm. Abdulai Hassan Ahmed, as internal auditor; Pharm. Margaret Eze, unofficio member (II) and Pharm. Francis Odigie, unofficio member.

The association also inaugurated a committee of past national chairmen at the occasion. It included Pharm. Abdulaziz Idris, Pharm. Yakubu Maji-Isah, Pharm. Martins Oyewole and Dr Kingsley Amibor, the immediate past chairman. They are to serve as an advisory body to the National Executive Council of AHAPN, in resolving conflicts and related matters.

In his acceptance speech, Ogunjemiyo appreciated the Almighty God for making the day a reality in the lives of all elected members, as he cited the scriptural



Immediate Past National Chairman of AHAPN, Dr Kingsley Amibor, handing over to the newly elected Chairman, Pharm. Olabode Ogunjemiyo, at the closing banquet.

passage which says "there is a time for everything under the sun".

He narrated that when he initially heard the result of the elections, he was hit with mixed feelings - excited for winning, but sober because it was call to service.

"When I was told the result of the elections, I initially wanted to start jubilating, but it later dawned on me that it was a call to service. I'm encouraged by the array of elected leaders in the team that we are going to sail through successfully, even beyond our imaginations. By the grace of God, we are not going to let down AHAPN and PSN, as we are going to put in our best, and by

God's grace, we will succeed.

"It is going to be an inclusive administration because there are no losers; it's just certain that one person must emerge as the winner. We are going to work with everyone, including those aspirants who couldn't scale through. On behalf of AHAPN, I say thank you all", he said.

Dr Amibor, while delivering his valedictory speech, expressed gratitude to God and all members who had supported his administration to its successful conclusion. He noted that collaboration is key to achieving great heights, as no one is an island

of knowledge.

Amibor urged the new executives to collaborate and work as a united body to the growth of the association.

He recalled how the journey began three years ago for his administration, with an 8-point agenda to rebrand and reposition hospital and administrative pharmacy practice in the country, adding that almost all the goals had been accomplished.

"Three years ago, we did promise to rebrand and reposition hospital and administrative pharmacy practice, for which we set up an 8-point agenda. Then, core dispensing was the order of the day in our health institutions. Today, I am glad to report that virtually all of the 8-point agenda have been fulfilled.

"Consultancy pharmacy practice, pharmaceutical care, specialisation and sub-specialisation are now the order of the day. This feat was not just achieved by a solo effort, but through collaboration with other stakeholders," he said.

Amibor further appreciated the chairman and members of the Conference Planning Committee, as well as the Local Organising Committee for a successful conference. He also expressed his profound gratitude to some notable persons in the profession towards the success of his tenure. They included, President, Pharmaceutical Society of Nigeria (PSN) Pharm. (Mazi) Sam Oluabunwa; Pharm. Paul Enebeli; Dr Daniel Orumwense, former head of Federal Health Institutions in Nigeria (COMHFHI); Pharm Ifeanyi Atueyi, Pharmanews publisher; Pharm. Olumide Akintayo, former PSN president; and Dr Lolu Ojo.

APF lists benefits of technological innovation to pharmacists

-Calls for regulation of online pharmacy practice

By Temitope Obayendo

The need for pharmacists in the West African region to upscale their service delivery technologically took the centre-stage, at the recent African Pharmaceutical Forum (APF)'s Regional Workshop, with the Forum highlighting various opportunities available for pharmacists and pharmacy practice through newly developed digital applications for better patients' outcomes and satisfaction.

APF, an umbrella body of the FIP forum of national pharmaceutical associations of countries in the World Health Organisation's African region (Afro), x-rayed a number of effective digital applications deployed during the COVID-19 lockdown across the region vis-a vis their productivity level, stressing that most of the technologies can enhance the growth of pharmacists and pharmacy practice in no mean measure.

The hybrid workshop, themed, "Technological innovations for Pharmacy in Africa amidst the COVID-19

pandemic", also harped on the importance of having strict regulations of online pharmacy practice in member countries, noting that the digital age is fraught with different fraudulent practices, which could hijack an organisation's total data system, and expose patients' privacy to cyber thieves.

The event was well attended by international and national figures, including the FIP President, Mr Dominique Jordan; APF President, Dr Prosper Hiag; PSN President, Pharm. (Mazi) Sam Oluabunwa; President, Industrial Pharmacy Section of FIP, Pharm. Sola Solarin; Vice-President, Industrial Pharmacy Section of FIP, Didier Mouliom; Vice-president, APF, Pharm. Jocelyn Chaibva; Dr John Serbe Marfo, keynote speaker; Registrar, Pharmacists Council of Nigeria (PCN) Dr NAE Mohammed; former President, APF, Pharm. (Sir) Anthony Akhimien; Inaugural President of APF, Pharm. Mabel Torongo; past President of APF and PSN, Pharm. Azubike Okwor; Prof.

Cyril Usifoh, subtheme speaker and Prof. of Pharmaceutical Chemistry, UNIBEN; Ms Jackie Maimin, subtheme speaker and CEO, Independent Community Pharmacists Association, ICIPA; Dr Arinola Joda, asst. general secretary/editor in chief, APF; Dr Sena Awitty, secretary, Pharmaceutical Society of Ghana, among others.

In his keynote speech, titled "Technological Innovations for Pharmacy in Africa amidst the COVID-19 pandemic", Dr Marfo highlighted the essence of technology in advancing pharmacy practice in the region, while outlining the digital apps that aided communication and service delivery between pharmacists and patients in the heat of the COVID-19 lockdown, when physical meeting was restricted.

He asserted that pharmacists must not allow lessons learnt in the pandemic, especially digital knowledge obtained, to slip away, as they have come to stay in moving the profession

forward.

The Ghanaian scientist acknowledged the impact of technological innovations in the pharmaceutical space, saying the survival of pharmacists and pharmacies from the pandemic depends largely on how best they can leverage technology for their growth.

He added that, due to these innovations, there is need for regulation of online pharmacy practice to ward off fraudulent practices from the system.

He said: "There is potential online growth for pharmacies willing to adapt to technological innovations, as it has the power to attract new customers and reach a wider audience than physical consultation.

"Online Pharmacy practice also offers patient-centric supply chain, driven by technology, easy online payment for patients and it enables virtual consultation and prescription."

Marfo further said innovative apps and platforms offer a wide-range of opportunities, noting however it is only the pharmacist that chooses to

continued on page 31

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APF lists benefits of technological innovation to pharmacists

continued from page 29

be involved that will remain relevant in the pharmaceutical space in the nearest future.

Fielding questions from journalists at the workshop, APF President, Dr Hiag, shared the same opinions with the keynote speaker, stressing the urgency required for pharmacists to latch on to the usage of new applications for electronic payment apps, such as the Mbaza used in Kenya; as well as e-commerce pharmacy, and home deliveries.

He also identified language barrier among pharmacists in the region as a challenge that needs to be tackled headlong, saying membership cuts across francophone and anglophone countries.

He stated: "Since it is one of our missions to bring people together from different countries, this challenge will be resolved gradually."

The PCN Registrar, Dr Mohammed on his part, disclosed the recent activities of the Council in favour of online pharmacy, saying the PCN and NAFDAC are set to facilitate seamless online pharmacy activities, while awaiting the policy statement from the Ministry of Health, before swinging into action.

He also noted the partnership between the Council and Interpol, which doubles as an agency for tracking any pharmacist or non-pharmacist



L-R: Registrar, Pharmacists Council of Nigeria (PCN), Dr NAE Mohammed; Pharm. (Sir) Anthony Akhimien, former president, APF; and APF President, Dr Prosper Hiag, at the workshop.

who attempts to defraud clients from their website.

Mohammed also threw his weight behind technological innovations in the industry, saying information technology is no longer a futuristic term, as different sectors of the economy are being disrupted daily with technology, Pharmacy inclusive.

He said it is therefore imperative for pharmacists in all aspects of the practice to quickly adapt to the new realities of

improved practice, through the application of these innovations.

Prof. Usifoh and Pharm. Jackie Maimim insightfully dissected the sub-themes, "Setting up an African Association of Faculties of Pharmacy" and "Vaccination through Pharmacy", respectively.

In his vote of thanks, Mouliom, who also doubles as the general secretary of the association, appreciated all participants for being a part

of the programme. He listed the current projects of the APF to include: improving and encouraging communication and cooperation within the region, between member associations and especially overcoming language barriers; establishment of the African Association of Faculties of Pharmacy; access to quality medicines, devices and services; as well as vaccination training in Africa.

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The coffee side of life

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



Coffea arabica

Coffee is a drink made from coffee beans, which are the roasted fruits of the *Coffea arabica* (Fam. Rubiaceae). It is called *kofi* in Hausa, Igbo and Yoruba. It is also called *kobi* in Yoruba.

Constituents

The coffee beans contain vitamins, such as thiamine, riboflavin, niacin, pantothenic acid and folate; minerals like manganese, potassium, magnesium and phosphorus; and plant chemicals like polyphenols (including chlorogenic acid and quinic acid), and diterpenes including cafestol and kahweol. Decaffeinated coffee (coffee without caffeine) also contains the same vitamins and minerals as the regular coffee.

Preparations

Coffee may be available as ground roasted coffee beans, tea, granules, powder alone or mixed with milk with or without sugar. It is an ingredient of some beverages and medicines. Coffee is packed in tins, regular and mini sachets.

Pharmacological actions and medicinal uses

Coffee is reported to cause a feeling of alertness by a mechanism that releases firing neurons. Several studies show that coffee can increase fat burning and boost metabolic rate, thereby promoting weight loss. Coffee can increase adrenaline levels and free fatty acid from fat tissues leading to significant improvement in physical performance.

Several observational studies show that coffee drinkers have a much lower risk of type 2 diabetes, Alzheimer's disease, Parkinson's disease and cirrhosis. Some studies report that coffee appears to lower the risk of developing depression and may dramatically reduce suicide risk. It appears to be protective against liver and colorectal cancer.

Several studies show that coffee drinkers live longer and have a lower risk of premature death. In fact, coffee may even boost longevity. The antioxidant effect of coffee may be attributed to chlorogenic acid and polyphenols that also have anti-diabetic, anti-carcinogenic, and anti-inflammatory properties and decrease the risk of developing certain diseases such as

Alzheimer's.

When newer studies adjusted for such factors, they found a possible association between coffee and decreased mortality.

Coffee may offer some protection against heart attack and stroke.

Adverse effects

Coffee has potential risks, mostly due to its high caffeine content. It may lead to increased blood pressure or adverse foetal outcome, nervousness and restlessness, stomach upset, nausea and vomiting, increased breathing rate, irregular heartbeats and other side effects. It may increase bedwetting in children.

Addiction is a potential and well-known risk for coffee drinkers. Withdrawal symptoms include headaches, fatigue, drowsiness, and irritability in the case of extended periods without coffee. Coffee can interact with many drugs.

Economic uses and potentials

It has been reported that at least 20 to 25 million families around the world make a living

from growing coffee. With an assumed average family size of five people, more than 100 million people are dependent on coffee growing. In 2016, reports have it that global coffee exports were \$19.4 billion. The roast coffee market in Nigeria was equal to \$681.60 million (calculated in retail prices) in 2015. The coffee market in Nigeria is estimated to reach \$4.62 billion (in retail prices) by 2025.

The demand for good coffee is high. Though coffee is cultivated in some states in the country, most of the coffee consumed in Nigeria is from imported brands. Government intervention is necessary for the development of coffee business in Nigeria.

Investment in Nigerian coffee has potentials for the future in terms of cultivation, processing, distribution and exportation.

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Tips for enjoying good health

By Pharm. Sesan Kareem

Health is wealth. We all know this. However, health is more than wealth; it is the foundation of a good life. Enjoying good health can lead to a successful, peaceful and joyful life. Below are 10 tips that will help you to enjoy optimum health and wellbeing.

1. Periodic health screening: Make it a duty to regularly check your blood pressure, blood sugar level and body mass index (your weight in proportion to your health). Have scheduled laboratory tests to know your health status. Periodic health screening can help you detect any illness quickly and save you from a lot of emotional and practical pains.

2. Proper diet: Eat well, eat right. You are what you eat. Your diet contributes so much to the state of your health. Eat food rich in protein, vitamins, minerals, and fibre but stay away from high starchy foods and unsaturated vegetable oil. Always make sure you drink clean water and stay hydrated. Eating the right proportion of food at the right time, filled with needed nutrients for your body, will help you to stay healthy and avoid obesity.

3. Adequate exercise: Live an active lifestyle and avoid staying at one place for a long time without any movement.

Create time regularly to take a walk, swim or cycle. Physical activities give your energy, boost your immune system, and help you to sleep better. It improves your life expectancy and quality of life. Design activities that will help you to become fitter and stronger into your daily life.

4. Healthy weight: Manage your weight effectively. Overweight can lead to obesity, which can predispose people you to high blood pressure, high cholesterol in the body, diabetes and other health conditions. Proper diet and exercise will help you to stay fit and avoid obesity. Make sure you monitor your body mass index on a regular basis.

5. Controlled alcohol intake: Alcohol intake affects major organs of the body. Therefore, heavy drinking of alcohol can predispose your body to various health conditions including organ failure. Be disciplined; stay away from alcohol. But if you must consume alcohol, drink it responsibly.

6. Avoid smoking: As the manufacturers warn, smokers are liable to die young due to various damages smoking does to the body and mind. Stay away from smoking. And if you presently smoke, work hard to quit this habit. Smoking can lead to various health conditions and

it can also shorten lifespan. Be disciplined.

7. Sleep well: Make it a habit to have a restful sleep every night. Rest and sleep rejuvenate your body and mind. Having up to seven hours nightly sleep will help your body and mind function optimally. Don't joke with your sleep. Also strive to take afternoon nap to rejuvenate you during the day.

8. Manage stress: Take life easy and be proactive in regulating your emotions. Distress is not good for your optimum wellbeing and health. Create time to relax, have fun, and do what makes you happy. Surround yourself with positive influences, connect with your loved ones and stay happy. Work at your workplace. Relax when you at home. Don't overburden yourself to the extent of burnout. Be smart.

9. Befriend a doctor: Make sure you have a good relationship with a doctor or a pharmacist that you can easily ask questions and receive professional advice from concerning your health and medicines. Do not engage in self-medication. Always reach out to your doctor or pharmacist for professional advice.

10. Positive thinking: Always focus your thoughts on your blessings and good aspects



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

of life. Count your blessings each and be grateful for them. Think positively about your future. Strive to have pleasant thoughts. Remember as a man thinks in his heart, so he is. Pleasant thoughts lead to a pleasant life.

Life is in stages. However, for every stage we are, we must take good care of our health to enjoy life to the fullest. Applying the above tips will help you to achieve a healthy lifestyle and enjoy all the benefits that come with it.

ACTION PLAN: Turn the above health tips into daily practice. Develop the habit of sleeping adequately, exercising regularly, creating positive thoughts and staying away from smoking and alcohol consumption.

AFFIRMATION: I am a health conscious person. I am blessed and highly favoured.

Sesan Kareem serves as Regional Manager at Pharmaplus, www.pharmaplus.com.ng, and the Principal Consultant at Sesan Kareem Institute, www.sesankareem.com.ng.

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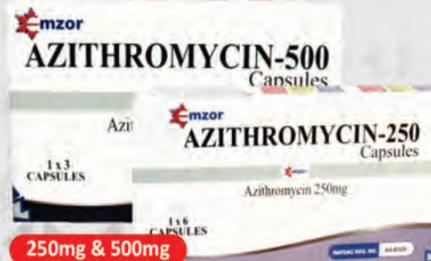
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Building a high-performance pharma sales team

No business can exist without customers. In the same vein, no successful business exists without sales people. Salesmanship, looking at it from the perspective of revenue/customer acquisition and management is a role that must exist in a business-oriented concern. The sales and marketing function of any organisation is the only revenue-generating function in a commercial set up. It means, from the foregoing, that for the firm to survive, grow and thrive, its sales personnel must perform well above the break-even point, consistently.

Building an high performance team is primarily the responsibility of the CSO, that is, chief sales officer of the organisation; and to some extent, the CSOO, the chief sales operating officer. In my opinion, the CSO is the CEO, while the CSOO is the head of sales, also known as national sales manager, or national marketing manager or national sales and marketing manager and other similar nomenclatures. You see, this function is too important to be outsourced by the chief executive officer.

Unfortunately, few CEOs pay enough attention to sales, limiting their participation to shouting and piling pressure on their national sales manager to do the magic without adequate support and resources. Not all those who are concerned have adequate understanding of sale management and leadership.

Now, 10 per cent or so of most sales teams are "A" players who bring in most of the sales. About 60 per cent of a sales team are "B" players who do a good job but never reach greatness. The remaining "C" players (about 30 per cent of the team) are dead weight players. The fastest way to improve the team therefore is to transform

(or a few) action(s) that will transform a mediocre team to a HPST. It is often a series of actions, activities, strategies, culture, people, attitude, leadership competences, resources, etc. - combined and re-combined in ways to drive and achieve the short-and long-term sales and profit objectives of the company, with necessary adjustments along the journey. And the time frame ranges from a few years to a decade. Also, eternal vigilance, continuous improvement and adaptation are critical, as success today doesn't necessarily translate to success tomorrow.

The following is my list (not necessarily in any order) of the recipes for building and sustaining a HPST:

Set and communicate clear objectives. No salesperson should be allowed a day without communication about what is expected of him in terms of sales, collection, coverage, daily/monthly activities, market development, awareness creation/demand generation, etc. This must be reduced to SMART figures (and quality

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objectives. It is said that what gets done is what is rewarded. Therefore your reward (and sanction) system must drive your objectives. It must also be clear, fair, open and consistently applied. It is not just about what was set in the "official policies and SOPs", but actually plays out in reality. I have seen companies saying that their future lies in everyday detailing and demand generation, in writing; but what gets rewarded by way of commendation, incentives and promotion is sales/cash collection.

Many sales people will thus become "short-termism" in their actions, neglecting hospital promotion which takes time to translate to sales, and begin to engage in activities and actions that will generate sales/collection in the short term, like dumping, territory-crossing, payment-for-prescription, or dumping. Of course, these will eventually

create problems like fall in revenue, short-dated products, returns, poor relationship with the trade, unstable prices for the company in the medium term, as well as long-term problems like low market share, sluggish growth, loss of market share, low profitability, poor sales, etc. Nothing is entirely wrong with focus on sales and cash collecting, if this is your chosen

strategy. It is just that you cannot skew your reward system towards demand generation/awareness creation activities like CME, clinical meeting, hospital promotion, detailing, etc.,

tell them because they don't need it themselves or tell them but not in a way that is explicit enough for their salespeople to hear it. I know of a sales leader who thought that he always gave praise to his staff yet they thought that he never said anything to them and therefore did not appreciate the work that they did on a daily basis. What he usually said was actually, "So what's next then?" In his head, that meant, "Job well done. Now we can feel good and move on!" Unfortunately, what his staff heard was, "I'm never happy with anything you do, I always want more out of you!"

Real-time performance tracking. Just as athletes should always know the score of a game so they can make the right play, every member of the sales team should know their score and the team's score. When team members don't have a vision of where they are going and don't know where they stand in relation to their goals, they're less likely to consistently produce quality results.

On the other hand, when reps are able to quickly get a view of their performance, they're more motivated to maintain or increase their velocity, even if it requires adjusting their strategy on the fly. Always make sure data is kept in real time and displayed in a way that allows reps to view and determine in five seconds or less exactly where they are and where they need to be. This real-time visibility enables your reps to track the score and the time left for them to achieve their goals.

Think "time and score" and how it comes into play in sports. It's the same concept in sales. How many times has your team focused the majority of its time on closing deals but neglected the pipeline? If your team members can't see time and score, they will see it at the end of the month when it's too late. It is a waste to wait for your team to fail.

Tunde Oyeniran, a Sales/Marketing Strategist, Selling/Sales Management Trainer and Personal Sales Coach is the Lead Consultant, Ekini White Tulip Consulting Limited, Lagos. We deliver Training, Recruitment, Online Medical Communications Service and Field Force Management Solutions Feedback. Channels 080-2960-6103(SMS/WhatsApp) /ekiniwhitetuliptraining@gmail.com or check out https://fb.me/EkiniWhiteTulipConsulting



"B" players into "A" players. Before we proceed, let me emphasise that there is no talisman that produces a High-Performance Sales Team (HPST). Neither is there a single

standard).

Professional salespeople are driven by clear targets, communicated without ambiguities. It sign-posts destination and standard arrival time. If you don't know a destination, then you won't even know you have arrived or failed to arrive. It is also the basis for appraisal, reward and sanction system.

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COVID-19: The dynamics of a third wave

By Patrick Iwelunmor

The world is yet to be free from the coronavirus pandemic which had shut down the economies of many nations amid the trepidation and angst of an uncertain future. When it appeared as though the noisome pestilence was being obliterated from the surface of planet earth, a resurgence that has defied logic seems to be in the offing, with the highly contagious Delta variant already confirmed in 132 countries. Coupled with this resurgence, the Delta variant proves to be a fatal constellation that may deal the world a deadly blow.

Unfortunately, the third wave is coming at a time many nations of the world have already relaxed the restriction guidelines they had imposed on account of the first and second waves of the virus. And humans, being social creatures, are finding it extremely difficult to return to the shackles of self-isolation and other social restrictions that followed the outbreak of the virus. The world is therefore dealing with an even more precarious situation – one in which the hopes brought about by the discovery of vaccines seem to be waning.

One of the factors threatening the world's chances of winning the war against this third wave is the issue of vaccine inequity, with its attendant socio-economic implications, especially in low-income countries where vaccination rate is awfully low. Experts have warned of very dire consequences. For instance, it has been estimated that low-income countries could have added as much as \$38 billion to their GDP forecast for 2021, if there had been an accelerated scaling up of manufacturing and distribution of vaccine doses by high income countries.

According to **Dr Tedros Adhanom Ghebreyesus, Director General of the World Health Organisation**, "Vaccine inequity is the world's biggest obstacle to ending this pandemic and recovering from COVID-19. Economically, epidemiologically and morally, it is in all countries' best interest to use the latest available data to make lifesaving vaccines available to all."

The WHO leader understands the imminent dangers the world would have to grapple with, if the trend of politicising the vaccine distribution process continues. Privileged countries that have been able to come up with vaccines must intensify efforts in making such vaccines available



to other countries, especially the low-income ones. Closing the vaccine distribution gap will undoubtedly help in curbing the spread of the virus, particularly the Delta variant, in the wake of the third wave. It has been established that those who have not been vaccinated are more likely to contract the variant, compared to those who have already received their first jabs.

Even though the European Union had, in May 2021, in Rome, Italy, announced that it planned to invest 1 billion euros (about US\$1.2 billion) to build COVID-19 vaccine manufacturing hubs in Africa, there were concerns that their intention may not make the desired impact, especially with a country like Nigeria (with its massive population advantage) not put in the picture. The EU had considered Ghana a possible manufacturing hub for COVID-19 vaccines in Africa.

But in defending the choice of Ghana by the EU, Consultant Virologist and Chairman, Expert Review Committee on COVID-19, Prof. Oyewale Tomori, told newsmen: "Ghana will always have an edge over Nigeria. People will go to where it is easier to do business, where honesty, truth integrity, accountability and transparency are second nature."

In many countries in Africa, a greater percentage of the citizens are yet to receive their first jab and this has been largely due to several factors, including shortage of the vaccines, sheer apathy - fuelled by religious beliefs and doctrines - as well as government's failure to create the enabling environment for the storage of these vaccines.

In Nigeria, most people who received their first jab of the AstraZeneca vaccine are yet to receive the second dose because India had suspended exports, until recently. That suspension threw spanners in the wheel of the progression of the vaccination process in many countries in Africa and beyond.

Although authorities in Abuja have said they would commence the administration of the second dose of the vaccine on 10, August 2021, it remains to be seen how consequential this process would be to the fight against the third wave headlined by the Delta variant.

Going by the procedural bottlenecks and protectionist tendencies that define international relations, it is also left to be seen how those mighty nations of the world will heed the WHO's call to make their vaccines available to the world, in the spirit of equity without, any appeal to nationalistic sentiments.



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My vision is to fill critical gaps in community pharmacy practice – Oladigbolu

By Adebayo Oladejo

Pharm. Adewale Aderemi Oladigbolu is the immediate past chairman, Pharmaceutical Society of Nigeria (PSN), Rivers State, and managing director, Droffilc Healthcare Limited. He is also the chairman, TopTee Pharmacy Limited and managing pharmacist, Sodaton Pharmacy Limited. A Fellow of the PSN, he is an aspirant for the position of national chairman, Association of Community Pharmacists of Nigeria (ACPN), in the election scheduled to hold at the 2021 national conference of the association, holding in Abeokuta, Ogun State, in September.

In this interview with Pharmanews, Oladigbolu, who holds a Bachelor of Pharmacy degree from Obafemi Awolowo University, Ile-Ife, Osun State, and a postgraduate diploma in Business Management from the then Rivers State University of Science and Technology (now Rivers State University), speaks on his vision for the ACPN. Excerpts:

You have been very active in the activities of organised pharmacy groups for years especially that of the ACPN, but how did this interest in ACPN leadership start for you, and what actually prompted it?

In terms of practice, I have been in community pharmacy practice for over two decades. I run TopTee Pharmacy Limited and Droffilc Healthcare Limited. I have been involved in pharmacy activities for quite some time, and I have had the opportunity to serve as secretary of ACPN and PSN in Rivers State. I have had the opportunity to serve as chairman, ACPN, as well as PSN in Rivers State.

At the national level, I have had the opportunity to be part of committees for conference planning, committees on drug reduction services and I have been part of committees for PSN national programming.

Particularly for the ACPN, I served very well in the committees of pharmacy practice that birthed the ACPN NEXUS of blessed memory, and I have had the opportunity to serve in several other committees, too numerous to mention. So I have always been a participant in several ways to make the ACPN and the PSN better.

Were there some major awards given to you in recognition of contributions?

It is very important to note that the positions I mentioned above have been great opportunities to serve the people and drive value for them and as a result of this, I have won numerous awards. To start with, the highest and the most cherished one for me was being made a Fellow of PSN. I cherish it a lot and I think it's a mark of what I have done over the years for Pharmacy in general.

Also, I 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 outstanding contribution to the development of ARV refill in community pharmacy in Nigeria from USAID. I am also a recipient of ACPN national award of outstanding service.

You are a contender for the position of the national chairman of ACPN at the next national conference of the association holding in Abeokuta, Ogun State. What are your motivations for coming out and what are your objectives if elected to pilot the affairs of community pharmacists in Nigeria?

I tagged my manifesto a manifesto of "Unity for Posterity".



Pharm. Adewale Aderemi Oladigbolu

I want to be the next national chairman of ACPN to contribute my quota to the development of our practice. There are too many gaps in the practice space of community pharmacy in Nigeria. These gaps have existed for a very long time and it's beginning to appear that some of us that came into this profession with these gaps may retire from the profession with the gaps, if care is not taken. There are gaps in various areas of our practice - from the regulatory authorities to the practice space, as well as in the depth of what we do.

Some of the examples of these gaps are found in the distribution of pharmacy practice across Nigeria. You would recall that, recently, we have been clamouring for the official designation of community pharmacies as primary healthcare provider centers. And the question is, where are these primary healthcare services needed most, if not in the underserved areas?

Of interest and connected to this is the fact that, as of 2019, there were 4,460 registered community pharmacies in Nigeria and 80 per cent of them are located in FCT, Lagos and Rivers State. So, if the government must listen to us and if we must create a future for community pharmacy practice in Nigeria, then it is important for us to expand our reach to the underserved areas.

We are beginning to see symptoms of distress in our sector.

For example, pharmacy graduates are beginning to find it difficult to find internship placement and if care is not taken, this may nose dive into complete unemployment and serious underemployment in our sector. So, this poor distribution of community pharmacies across Nigeria is a challenging problem for the value the community pharmacists have for Nigerians.

Close to 70 per cent of Local government headquarters in Nigeria do not have a community pharmacy. In recent years, migration to foreign countries has declined and the primary challenge for Nigeria is inadequate and inequitable distribution of health workers. Consequently, public health programmes with pharmacy components suffer; demand for primary healthcare centres designated pharmacies across the country suffer, due to poor pharma density. The Nigerian pharma space suffers an acute shortage of internship centres and current underemployment in the industry may give way to unemployment, as Nigeria ranks 187 of 195 member countries on WHO ranking.

It will also be of interest for us to note that the collapse of the drug distribution system is affecting community pharmacy practice adversely. It is limiting our growth, limiting the number of things we have to do in the community and it's a minus to the image of the healthcare system entirely.

There are also gaps in the content and context of our practice as many community pharmacists in Nigeria have abandoned extemporaneous preparations. There is no adequate support from the government of Nigeria on vaccine administration in community pharmacies. The problem with the National Health Insurance Scheme still persists, and there are also gaps in the number of people who are practising.

I am also in the race to offer leadership - transparent and accountable leadership; leadership that has a focus on the unity of all pharmacists across the nation for the growth of Pharmacy. If we are focused and united, many of our challenges and gaps would be closed within a very short period of time.

As the next national chairman of ACPN, my objectives are encapsulated in a concept that I called "The Dream". It is a dream that has to be fulfilled in order to enhance the growth of community pharmacy practice in Nigeria. The first part of it is the "Community Pharmacy Expansion Scheme". The second is the "Clean Medicine Initiative", that has to do with the drug distribution system in Nigeria. The third is what I have termed the "Depth and Growth of Pharmacy Practice". The fourth is the "Leadership Trust Project".

I believe that if we achieve these objectives, then the community practice will have a new look in Nigeria to the satisfaction of the people that we serve, the professionals and the pharmacy profession itself.

Under the Community Pharmacy Expansion Scheme project, we will aggregate 100 million funds for community pharmacy expansion (CPES Fund) for onward lending to young and few experienced pharmacists, who will establish pharmacies in underserved areas and undergo training under our "Build to Win" programme. We will also promote the implementation of electronic health programmes, with good community pharmacy input. This will include group access to hardware at discounted rates and provision of software at no added cost, with advocacy to the Pharmacists Council of Nigeria for regulatory support.

We are going to have the community pharmacists annual award for best graduating students in six of the schools of pharmacy in Nigeria, while we are going to have an annual award for prospective pharmacy students with the highest mark in JAMB.

Under the Clean Medicine Initiative, we will start a clean medicines campaign with a focus on rational medicines distribution system. We will advocate for an IT-based supply chain platform for medicines in Nigeria, and also have a dedicated, working team on proper drug distribution systems. We will provide support to active NGOs, with clear and related objectives on medicines logistics, and commission studies on quality of medicines within the loop. We will also fund researches on the implications of the chaos in medicines logistics.

Under the project for the "Depth and Growth of Community Pharmacy", we will have extemporaneous preparations

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My vision is to ensure better empowerment and recognition for pharmacists - Olubowale

By Adebayo Oladejo

Pharm. Gbenga Olubowale is a former national secretary, Pharmaceutical Society of Nigeria (PSN); and former chairman, PSN-Lagos. He is the managing director, Golby Healthcare Limited, a community-based pharmacy, which he founded in 1999; as well as being a director at both Pharmforte Network Limited and Healthy Alliance Stores Limited (HEALS).

A Fellow of the PSN, with over 20 years of experience in organised professional practice, Olubowale is a contender for the position of ACPN national chairman in the election scheduled to hold at the 2021 national conference of the association, holding in Abeokuta, Ogun State in September. In this interview with **Pharmanews**, Olubowale, who has held several leadership positions within and outside the pharmaceutical industry, speaks on his vision for the ACPN. Excerpts:

You have been very active in the activities of organised pharmacy groups for years, especially that of the PSN and ACPN, but how did this interest in pharmacy leadership start for you?

For me, service has always been my second nature. Even right from when I was in secondary school, I had been a class monitor, prefect, and many others. Also, when I got to the university before I travelled out – and even when I travelled out - I became like the chairman of the Nigerian students in the school where I studied. So it has always been a part of me.

When I came back to the country, I realised that I needed to be a part of the system; so I did not think twice before I joined what was going on then. I started attending meetings in my zone, which was the Ikeja Zone of ACPN; and as far back as the year 2000, I was secretary for the Ikeja Zone, which was under the leadership of Sir Ike Onyechi of Alpha Pharmacy, before I became the secretary of ACPN-Lagos in 2003. Prior to that, I had been a member of several committees, from Continuing Education, to Conference Planning, Pharmacy Week, and many others.

This is what I love to do. I create that time and I do it in such a way that it does not affect my practice. I have always had pharmacists working with me so that when I am not there, there are people covering up at the back end.

From being secretary of ACPN, I moved on to become the chairman from 2006 to 2009. So, for six years, I was an active member of the ACPN National Executive Council, and that was the period we had a transformation of the Nigerian Association of General Practice Pharmacists (NAGPP), as it was called then, to the National Association of Community Pharmacists (NACP), and later to ACPN.

In 2008, I went on to become the national secretary of PSN for another three years (2008 to 2011), which gave me further exposure because, as the national secretary, which is the engine room of the society, I was involved in policy and decisions that affected our society. We did a lot of things and it was not an easy job but we thank the Lord for seeing us through.

Meanwhile, when I thought I had seen it all and needed to sit back and take a rest, another responsibility beckoned again in 2014 when I became chairman, PSN-Lagos, for another three years, after which I sat back. In-between this, in 2016, I was the chairman of the planning committee of the PSN national conference in Minna, Niger State. So it's been service upon service.

Were there some major awards given to you in recognition



Pharm. Gbenga Olubowale

of your service?

I have won several awards, but of note is the merit award of PSN-Lagos, the PSN fellowship, several awards from PANS, and quite many from other arms of the Society, too numerous to mention.

You are a past chairman, ACPN-Lagos, and now an aspirant for the position of national chairmanship of the association. What prompted your decision to vie for this exalted position and what are your goals for community pharmacy practice in Nigeria, if elected?

Gbenga Olubowale has been part of community pharmacy activities for about 20 years now and I tell people that, right from the time of Sir Anthony Aikhimien - when he was the ACPN national chairman from 2000 to 2003 - I have been part of the NEC because I came into that NEC in 2003, and up till now I have worked practically with all the national chairmen. I have been able to notice how well they have worked and the gaps that need to be filled up.

Community pharmacy in Nigeria is not where it is supposed to be, as there is still much more to do. It saddens my heart when I see people say the older you grow in this profession, the poorer you become. I say it is not supposed to be so, as we need to look at how things could be done better. So, one of the things we are bringing to the table is empowerment - empowerment through the practice environment, as we need to improve upon the hostile environment in which our

member's practice.

Of course, we cannot achieve this alone. We will collaborate with our regulators so that proper things could be put in place and our colleagues can begin to breathe and experience prosperity in their areas of practice.

Also, we are talking about capacity building of the average community pharmacist. Although we were not taught business while in school, whether we like it or not, community pharmacy has two edges: one is the humanitarian service, which is the practice; but the other is the business. We cannot survive solely on the practice; so there has to be a balance, otherwise the practice is heading for the rocks.

We are also looking at finance. We believe that if our colleagues have easy access to finance, preferably single digit interest loans, it will be easy for many of us to approach the financial institutions, access these loans, and put in our businesses. Beyond that, we also need to know whether what we are running is a good business or a bad one; so we are going to assist our colleagues in this aspect of access to loan.

We are also talking about the Rural Pharmacy project. It has been said severally but I believe that now might be the appropriate time to bring it to reality, more so with the Pharmacy Bill before the National Assembly. If the bill eventually becomes a law, it has a lot of benefits, as it will make the PCN more effective because there are presently so many limitations to

their efforts. Once the bill becomes operative, the Council would have no excuses to move faster than it is moving presently.

Collaboration is also another important thing that has to be enhanced. We have to enhance relationships with our regulators, and we also need strong collaborations within the PSN technical groups and interest groups, including the NGOs and other allied bodies. The media are also important so as to make our yearnings heard and our activities known. I see no reason why one should be blinking in the darkness.

Also, I believe in visibility and recognition, such that the activities of the ACPN need to be well reported. Our pharmacy emblem needs to be promoted appropriately so that every adult and everyone out there will begin to know who a pharmacist is and what a registered pharmacy represents, so that it can go into the consciousness of everybody. We shall pursue this vigorously.

Also, we have a Drug Information Centre (DIC), which I think can be rejigged so that everything we are doing will be well documented. The DIC will be like our research centre, where we will churning out information to both the public and practitioners. It will be a constant activity - not waiting for WHO Health Days alone - churning out figures and statistics; and with these statistics, we can lobby the government and other stakeholders.

Kudos however must be given to the current administration because they are doing so much in the aspect of reaching out, but we shall improve on this. And this can only be achieved when we start having evidence-based practice; it is then they will take us seriously.

We will engage the public on key health issues regularly and we must give adequate recognition to community pharmacists, just like PSN is doing with the conferment of fellowship when an individual has done well in the practice. I believe that in community pharmacy practice, we can also have a form of recognition for our members who have done so much in the practice with an appropriate award, showing that such a person has attained the zenith of the profession and it will be a morale booster for the practitioners. We will pursue this and ensure that our people get adequate recognition, even while they are alive.

We will also pursue continuity, in the sense that the fantastic projects and ideas of the immediate past chairman will be followed appropriately and implemented, without being abandoned in pursuit of another new project.

Currently, we have the "Transgenerational Pharmacy Concept" being promoted by the outgoing administration, which cannot be finished under one administration. We shall pursue such and ensure it's implemented. Let us begin to create structures -not supermen - so that when their structures are in place, it will be "soldiers come, soldiers go, barrack will remains."

What have you identified as

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Identify practice areas for urgent technological intervention, expert tasks hospital pharmacists

-As AHAPN holds 22nd Annual National Scientific Conference in Ilorin

By Temitope Obayendo

A Professor of Clinical Pharmacy and Pharmacy Practice, Patrick O. Erah, has accentuated the need for members of the Association of Hospital and Administrative Pharmacists of Nigeria (AHAPN) to examine critical areas of their practice that require technological inputs, in order to remove impediments to good patient outcomes and better healthcare delivery.

Prof. Erah, from the Department of Clinical Pharmacy and Pharmacy Practice, University of Benin, Benin City, underscored the effective usage of digital applications in resolving perennial challenges in the hospital setting, arguing that it is not good enough to acquire technological devices at exorbitant prices, without leveraging them for an improved healthcare system.

Presenting his keynote address at the 22nd Annual National Scientific Conference of the AHAPN, held at the De-Peace Hotel & Suites, Tanke, Ilorin, from 2 to 6 August, 2021, the clinician pinpointed difficult areas of Pharmacy practice that need technological intervention to include: chaotic drug distribution system; taking control of pharmacy practice; improving impact of pharmacists in patient care; and follow-up of patients medications. He urged the participants to add to the list, saying it is a step forward in securing solutions to the challenges.

The erudite scholar also extended the call to deploy technologies in resolving pharmaceutical challenges to the leaderships of the Pharmaceutical Society of Nigeria (PSN); the Pharmacists Council of Nigeria (PCN) and the Association of Community Pharmacists of Nigeria (ACPN), charging them to embark on the development of a national database for Electronic Health Records (EHRs).

He said this will ease the usual problem of missing files and records in the hospital, adding that the process should be followed by decision-support systems to improve the screening of prescriptions and select patients suitable for pharmaceutical care interventions.

According to him, "Technological innovations have the potential to improve the practice of Pharmacy, as well as the effectiveness, safety and efficiency of healthcare. New technologies have allowed pharmacists to have more time work with other health professionals. This helps to improve operational, compliance, clinical, regulatory, and financial performances. In some developed countries, such as the USA and the UK, close to 100 per cent of hospitals and community pharmacies have access to patients' care records.

"Digital health technology is transforming every aspect of pharmacy practice, whether it deploys roboticstofillprescriptions, uses analytics to track medication data, or offers access to digital therapy. Pharmacists in hospitals and retail settings are using recently developed technologies to prevent adverse drug effects, monitor the use of antibiotics,



PSN President, Pharm. (Mazi) Sam Ohuabunwa (right) presenting an award plaque to the keynote speaker, Prof. Patrick O. Erah, for a well delivered address. He is flanked by the immediate past national chairman, AHAPN, Dr Kingsley Amibor, and others.

modify unhealthy behavior, and promote medication adherence. Not only can technology make a pharmacist's day more efficient by automating repetitive tasks, but new digital health products are providing more insight into data and the opportunity for real-time patient interaction.

"With AI, serialisation of medicines can cut off non-professional practice, while electronic dispensing records and Apps can easily address follow-up of patients."

Earlier in his address at the event, AHAPN National Chairman, Dr Kingsley Amibor, appreciated all members for their cooperation from the inception of his tenure, which was about to be over. He also went down memory lane, to recap his 8-point agenda of rebranding and improving pharmacy practice in the hospital settings, which, he said, had all been achieved.

Amibor listed some of his achievements to include approval of consultancy cadre for pharmacists; production of a new set of specialised pharmacists by the West African Postgraduate College of Pharmacists (WAPCP);

production of the maiden directory of AHAPN members; introduction of annual pharmaceutical care service competition; approval obtained from the Federal Ministry of Health for all federal health institutions to commence compounding and manufacturing units in all pharmacy departments; extension of retirement age of civil servants in the health sector from 60 to 65, and that of health from 65 to 70; as well as expediting of action by the FMOH on DRF, and several others.

The outgoing AHAPN leader further urged the incoming national chairman to raise the bar digitally from where he would be stopping, noting that "we are in a technological age, and it will best for all members to fly on the wings of technology, for the advancement of the association. I am using this opportunity to challenge our members to embrace technology in our practice, in line with global practices."

Amibor also commended the efforts of AHAPN members in bracing up to tackle the COVID-19 pandemic. He noted that although the disease claimed 12 members

of the association, others took the challenge, as they produced millions of doses of hand sanitizers, disinfectants and detergents for use by the hospital community as part of preventive measures to mitigate the spread of the infection.

President of the Pharmaceutical Society of Nigeria (PSN) Pharm. (Mazi) Sam Ohuabunwa, also charged the pharmacists on living up to the expectations of their roles in the hospital.

He emphasised the need for them to be more caring and compassionate, saying patients expect solution to their problems.

"Before I knew a community pharmacist, an industrial pharmacist and pharmacists in the academia, I had known a hospital pharmacist, because he is the window of hope to patients. You occupy a very unique position in the society; therefore the onus is on you to justify your position to the world," he charged.

The occasion witnessed a massive turnout of dignitaries who graced the ceremony, among whom were the Governor of Kwara State, Abdulrahman Abdulrasaq,

ably represented by Dr Abukakah Ayinla; PSN President, Pharm. (Mazi) Sam Ohuabunwa; Director General of NAFDAC, Prof. Moji Adeyeye; Registrar, Pharmacists Council of Nigeria (PCN) Dr NAE Mohammed; Emir of Ilorin, Alhaji Ibrahim Sulu-Gambari, ably represented by Alhaji Aliyu Balogun Gambari; Commissioner for Health, Kwara State, Raji Razaq, ably represented by Dr Abukakah Ayinla; AHAPN National Chairman, Dr Kingsley Amibor, and others.



A cross-section of participants at the opening ceremony of the 22nd Annual National Scientific Conference of AHAPN, held at the De-Peace Hotel & Suites, Tanke, Ilorin

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LEADERSHIP INITIATIVES FOR EXCELLENCE (LIFE) SERIES CONTINUED

Leadership principles for strength in hard times

By Prof. 'Lere Baale

(Contd from last edition)**You must love yourself too.**

One of the most painful things in life is losing yourself in the process of loving someone too much, and forgetting that you are special too. When was the last time someone told you that they loved you just the way you are, and that what you think and how you feel matter? When was the last time someone told you that you did a good job, or took you someplace, simply because they know you feel happy when you're there? When was the last time that "someone" was YOU?

Don't let others make decisions for you.

Sometimes you just have to live, not caring what others think of you, shake off the drama, and prove to YOURSELF that you're better than they think you are.

Resentment hurts you, not them.

Always forgive people and move on, even if they never ask for your forgiveness. Don't do it for them – do it for you. Grudges are a waste of happiness. Get that unnecessary stress out of your life right now.

You're not alone. Everyone has problems.

To lose sleep worrying about a friend. To have trouble picking yourself up after someone lets you down. To feel like less because someone didn't love you enough to stay. To be afraid to try something new for fear you'll fail. None of this means you're dysfunctional or crazy. It just means you're human, and that you need a little time to right yourself.

You are not alone. No matter how embarrassed or pathetic you feel about your own situation, there are others out there experiencing the same emotions. When you hear yourself say, "I am all alone," it is your mind trying to sell you a lie.

You still have a lot to be thankful for.

Although the world is full of suffering, it is also full of brave people who are over-coming it. Sometimes you have to forget what's gone, appreciate what still remains, and look forward to what's coming next. Henry David Thoreau once said, "Wealth is the ability to fully experience life."

Even when times are tough, it's always important to keep things in perspective. You didn't go to sleep hungry last night. You didn't go to sleep outside. You had a choice of what clothes to wear this morning. You hardly broke a sweat today. You didn't spend a minute in fear. You have access to clean drinking water. You have access to medical care. You have access to the Internet. You can read. Some might say you are incredibly wealthy, so remember to be grateful for all the things you do have.

21. Consciously nurture your inner hope.

A loss, a worry, an illness, a dream crushed – no matter how deep your hurt or how high your aspirations - do yourself a favour and pause at least once a day, place your hands over your heart and say aloud, "Hope lives here."

It's better to be hurt by the truth, than comforted by a lie.

You must see things how they are instead of how you hoped, wished, or expected them to be. It's always better to be slapped with the truth than kissed with a lie.

It's hard to tell exactly how close

you are to success.

Connecting the dots going forward is nearly impossible, but when you look backward it always makes perfect sense. Success is often closer than it seems, and arrives suddenly, when you least expect it.

Not getting what you want can be a blessing.

Not getting what you want is sometimes a wonderful stroke of good luck, because it forces you re-evaluate things, opening new doors to opportunities and information you would have otherwise overlooked.

Laughter is the best medicine for stress.

Laugh at yourself often. Find the humour in whatever situation you're in. Optimism is a happiness magnet. If you stay positive, good things and good people will be drawn to you.

Mistakes are important to make.

We've all made mistakes. We've let people take advantage of us, and we've accepted way less than we deserve. But if you think about it, we've learnt a lot from our bad choices, and even though there are some things we can never recover and people who will never be sorry, we now know better for next time. We now have more power to shape our future. Remember, failure is not falling down; failure is staying down when you have the choice to get back up. Get back up! Oftentimes good things fall apart, so better things can fall together.

Worrying is literally a waste of energy.

Worry will not drain tomorrow of its troubles; it will drain you of your strength today.

Even when it's hard to move, take small steps forward.

Especially in trying times, it's important to continuously push yourself forward. Be-cause momentum is everything! As long as you keep the momentum positive – even if you're moving at a snail's pace – you'll eventually get to the finish line. So, celebrate every step you take today, no matter how small. Because every step will lead you farther away from where you were yesterday and closer to where you want to be tomorrow. Be it a better life or a dream we long to realise, we reach our destinations by taking many, many small steps in the same direction, one at a time.

There will always be people who dislike you.

You can't be everything to everyone. No matter what you do, there will always be someone who thinks differently. So, concentrate on doing what you know in your heart is right. What others think and say about you isn't all that important. What is important is how you feel about yourself.

You are better off without some people you thought you needed.

The sad truth is, there are some people who will only be there for you as long as you have something they need. When you no longer serve a purpose to them, they will leave. The good news is, if you tough it out, you'll eventually weed these people out of your life and be left with some great friends you can always count on.

You are ONLY competing against yourself.

When you catch yourself comparing yourself with a colleague, neighbour, friend, or someone famous, stop! Realise that you are

different, with different strengths – strengths these other people don't possess. Take a moment to reflect on all the awesome abilities you have and to be grateful for all the good things in your life.

You can't control everything that happens to you.

But you can control how you react to things. Everyone's life has positive and negative aspects – whether you're happy or not depends greatly on which aspects you focus on. For instance: Did you catch a head cold? At least it's only

a temporary virus and nothing life-threatening. Did you lose a basketball game? Thankfully you got to spend the afternoon with friends doing something fun and healthy. Did your stock market savings go down? It'll bounce back in the long-term. And besides, it's great that you've been diligent and fortunate enough to save a nest egg of savings when many people are barely making ends meet. You get the idea.

Life is NOT easy.

If you expect it to be, you will perpetually disappoint yourself. Achieving anything worthwhile in life takes effort. So, start every morning ready to run farther than you did yesterday and fight harder than you ever have before. Above all, make sure you properly align your efforts with your goals. It won't be easy, but it will be worth it in the end.

Your future is spotless.

Regardless of how filthy your past has been, your future is still spotless. Don't start your day with the broken pieces of yesterday. Don't look back unless it's a good view. Every day is a fresh start. Each day is a new beginning. Every morning we wake up is the first day of the rest of our life. One of the very best ways to get beyond past troubles is to concentrate all of your attention and effort on doing something that your future self will thank you for.

You are not trapped; you just need to re-learn a few things.

We all have doubts that make us feel trapped at times. If you doubt your ability to make a life-altering decision, to take on a new chapter in your life, or to fend for yourself after years of being overly-fostered, consider this: Surely if a bird with healthy wings is locked in a cage long enough, she will doubt her own ability to fly. You still have your wings, but your muscles are weak. Train them and stretch them slowly. Give yourself time. You'll be flying again soon.

Everything in life is two-sided.

There is good reason why we can't expect to feel pleasure without ever feeling pain; joy without ever feeling sorrow; confident without ever feeling fear; calm without ever feeling restless; hope without ever feeling despair: There is no such thing as a one-sided coin in life, with which one can buy a pain-free, trouble-free existence.

You always have a choice.

No matter what, there are always at least two options. If you can't physically change something, you can change the way you think about it. You can sit in the dark, or you can find your inner light and discover powerful pieces of yourself you never



knew existed. You can view a crisis as an invitation to learn something new, viewing the shake-up in your outer world as an enlightening opportunity to wake-up your inner world.

Let others in when you're in a dark place.

No, they won't always be able to pull you out of the dark place you're in, but the light that spills in when they enter will at least show you which way the door is.

If you ask negative questions, you will get negative answers.

There are no positive answers to, "Why me?" "Why didn't I?" "What if?" etc. Would you allow someone else to ask you the demoralising questions you sometimes ask yourself? I doubt it. So, stop and swap them for questions that push you in a positive direction. For instance, "What have I learnt from this experience?" "What do I have control over?" "What can I do right now to move forward?"

The end is a new beginning.

Say to yourself: "Dear Past, thank you for all the life lessons you have taught me. Dear Future, I am ready now!" Because a great beginning always occurs at the point you thought would be the end of everything.

You are not a victim; you are a victor.

Remember always that you are not a victim but a victor. You must never allow yourself to be the centre of pity and sympathy. The Creator has created you in His own image and He is capable of turning your mess into a message, your test into a testimony and your trial into a triumph.

Run after your destiny daily.

Desire to run after your destiny daily. Do not stroll, do not walk, do not meander, do not wander, but always run after your destiny on a daily basis. The proof of desire is pursuit. Pursue that goal that destiny has handed over to you daily. Today may be hard, tomorrow could be worse, but there will be sunshine in the day after tomorrow, according to Jack Ma. Make each day count on the pursuit of your life goals.

Don't work hard, work smart.

It is not enough to know what to do as a leader, also strive to know how to do it better. Be prepared to do the right thing to fuel effectiveness, do things in the right way to fuel efficiency and be flexible enough to adapt to changes in the ecosystem.

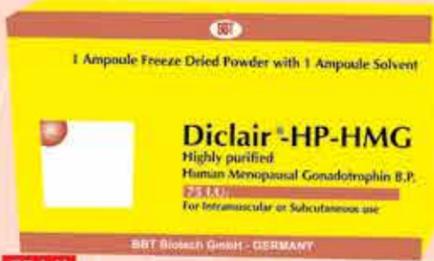
Lere Baale is a Director of Business School Netherlands International www.bsn-mba.net and a Certified Consultant with focus on Agile Organization Transformation at Howes Group www.howesgroup.com

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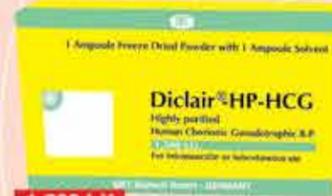
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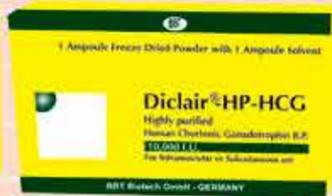
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How pharmacists can improve practice, command better recognition - Prof. Uzundu

Prof. (Mrs) Akueyinwa Lovet Uzundu is an eminent scholar and pharmacy teacher who has worked in several universities in Nigeria. She was, at different times, dean of the Faculty of Pharmacy, Madonna University, Elele, in Rivers State; and Faculty of Pharmacy, Delta State University, Abraka, Delta State. She was also pioneer dean of the Faculty of Pharmaceutical Sciences, Chukwuemeka Odimegwu Ojukwu University, Igbariam, Anambra State, Nigeria. In this exclusive interview with **MOSES DIKE** Prof. Uzundu, now retired, reminisces on her career as a teacher, while also baring her mind on many issues affecting pharmacy practice in Nigeria. Excerpts:



Prof. (Mrs) Akueyinwa Lovet Uzundu

(Continued from last edition)

What would you say the Nigerian pharmaceutical industry lacks?

History has it that the pharmaceutical industry evolved from local apothecaries that expanded from their traditional role of distributing botanical drugs, such as quinine and morphine, to wholesale manufacture in the mid-19th century. The primary objective of the industry is to research, develop, produce and market drugs or pharmaceuticals for use as medications. It also aims to produce safe and effective medicines, with cost efficiency and productivity, to the manufacturer. How far the pharmaceutical industries in Nigeria are meeting these objectives remains to be seen!

Meanwhile, it is obvious that pharmaceutical industries, like other industries, are going through many challenges. Inadequate capital and lack of government support and patronage are very common. Heavy machines and equipment are needed in the industry, and these are mostly manufactured overseas, and therefore, imported. Pharmaceutical companies lack capacity for primary manufacturing of Active Pharmaceutical Ingredients (API) and even raw materials. These are imported from developed countries.

Primary manufacturing may involve either chemical or biological processes, requiring different types of production facilities, technologies, skills and knowledge. The manufacture of active ingredients is the most expensive aspect of pharmaceutical production because of the necessary investment in capital equipment, process development and quality assurance system. The more sophisticated the production, the greater the capability and skills required to develop and maintain the production processes.

The COVID-19 pandemic has further affected the already dwindling economy. Here in Nigeria, most of the pharmaceutical industries are involved with secondary production of products. Secondary production is the large scale processing of finished

dosage forms - such as tablets, capsules, liquids injections etc. - from raw materials or intermediate products. Most of these raw materials are being imported. This stage of production must be completed to precise specification, though it is less technically demanding.

It requires modern, high-speed, precision equipment to produce tablets, capsules and liquid in large quantities and at very low unit costs. Small facilities find it difficult to achieve the set standards, while also meeting international GMP standards. As if the above challenges were not enough, both the primary and secondary industries cannot function without the ancillary or support industries - that is, the tertiary industries, such as the engineering or tool industries, as well as the paper, plastic, glass and metallic packing unit industries. The tertiary industry includes packaging and labelling finished products from primary and secondary sources into bulk packs, smaller dispensing packets, bottles or individual therapy units.

Lack of highly-trained production pharmacy personnel is another challenge to pharmaceutical industries in Nigeria and even the ability to sustain such staff. Inability of developing countries to tap the results from their basic or applied scientists leads to brain drain to foreign laboratories. There should be inter-sectoral collaboration to bring out the best for the pharmaceutical manufacturing industries.

Partnership of pharmaceutical industries with hospital, community and academic pharmacists is needed for meaningful development. The pharmaceutical companies are likely to tap information from the results of researches from the academia and buy into drug development and manufacture. The drug needs of the patients, especially in the face of drug resistance (what new drugs should be produced to counter the drug resistance) should be obtained from hospital and community pharmacists.

Permit me to give personal example here. During the course of my PhD research at the University of

Benin, Edo State, I made a discovery of the use of the common seed of "ogbono" in preparing tablets, and preserving the active ingredient. After presenting the paper on this research at Freetown, Sierra Leone, one of the captains of industry met me and demanded that I enter into a partnership with the company for the development and subsequent production of the said research material. I did not agree with him because the work was then at its rudimentary stage.

Report has it that the biggest challenge in the pharmaceutical industry players is to devise market forecasts and enhance their customer service levels. Demand forecasting is an essential component for the pharmaceutical companies to stay ahead in the competition and match the supply with demand.

Are pharmaceutical companies in Nigeria following this step?

In developed countries of the world, US, UK, Canada, China and India, recent analysis of the pharmaceutical industries shows that many big players in the industries are poised to witness tough times, if they fail to adapt to healthcare analytics and other data analytics in the healthcare industry trends. Recently, the pharmaceutical industry is in need of proper techniques to analyse pricing structures to boost their margins.

Analysing the shifting customer behaviour and fluctuating prices is one of the biggest challenges in the pharmaceutical industry. Quantzig is a global analytics and advisory firm with offices in the overseas countries aforementioned. For more than 15 years, they assisted their clients across the globe with end-to-end data modelling capabilities to leverage analysis for prudent decision making. The Nigerian pharmaceutical industry sector should take note of this for future service outcome.

For the pharmaceutical industry, their supply chain is highly complex and more regulated than other industries. With multiple suppliers chain in multiple locations, strong collaborative relationships are necessary for supply chain success, but the pharmaceuticals' complex supply chain is challenged with the need to create end-to-end transparency - and digital transformation aims to bring all together in one place. I doubt whether digitisation can be seen to be applied in most Nigerian pharmaceutical industries.

Pharmaceutical manufacturing companies should shift to technology advancement that not only presents a full picture of the supply chain but offers insight into cost-savings opportunities and smart inventory solutions.

The first step to adopting new processes and technology is developing a strategic vision. Start small and create a plan to accelerate adoption as your business grows. Collaboration is needed between all parties involved, including the supply chains for designing, manufacturing and distributing pharmaceuticals and medical devices plus those providing healthcare services. Very important Integration and clear communication will help all parties see the full picture, and help plan ahead more accurately and cost

effectively. Digitisation enables the pharmaceutical industries to harness the full potential of processes-from the labs to the factory floor to the executive level.

Merger appears to be absent in local pharmaceutical industries. Companies that undergo a merger or acquisition often inherit new and updated processes and technology systems, making them more agile and scalable for future growth. In fact, in a 2019 survey, (the Thomas small business manufacturing survey), 22.9 per cent of business owners are planning on selling their company to an outside party. Nigerian pharmaceutical companies should borrow a leaf, in case of very low profit or deficit!

Clean rooms are a crucial part of pharmaceutical and medical manufacturing. If the clean room design does not support the new processes and is not up to industry standards, it can cause major inefficiencies. By putting technical and procedural advances together with quality risk-based approaches, many industry leaders are improving process equipment systems, reducing capital and operating costs, and even product costs.

Also, manual processes and spread sheets are still prevalent in many Nigeria pharmaceutical industry processes, and this unfortunately may lead to guess work, inaccurate data and error-prone outcomes. Customer-vendor relationships may be affected and will likely move to other competitors. Pharmaceutical manufacturing companies that have invested in upgraded solutions benefited from better inventory management, solved data challenges, increased workforce productivity, optimised fulfilment processes and improved customer and vendor experience.

What of risk management? Managing risks in the drug manufacturing process and quality systems is of great importance. It becomes important to maintain product quality. Hence, it becomes challenging for pharmaceutical industries to identify possible risks associated with a product or processes involved in manufacturing, development and distribution of the product.

Nigeria pharmaceutical industries lack differentiation in product manufacture, and this has led to strong competition among the industry players. The players, in order to excel, should delve into specific new product manufacture and development, and expand into new markets. It is not easy to simply wave a magic wand and improve drug discovery and release productivity. The discovery of new drugs is as much an art as it is science.

The pharmaceutical industry sector also lacks national distributors, who are supposed to distribute drugs throughout the country. A survey revealed that there are 300 drug importers in the 36 states of the country, and financially strong distributors are importers. They flood the market with products imported from overseas to wholesalers, the retailers buy the products from the wholesale market, importers also supply directly to big retailers and hospitals. In addition, the pharmaceutical industries have to contend with unregistered herbal remedies that flood the market, brought into the country by these unscrupulous business men.

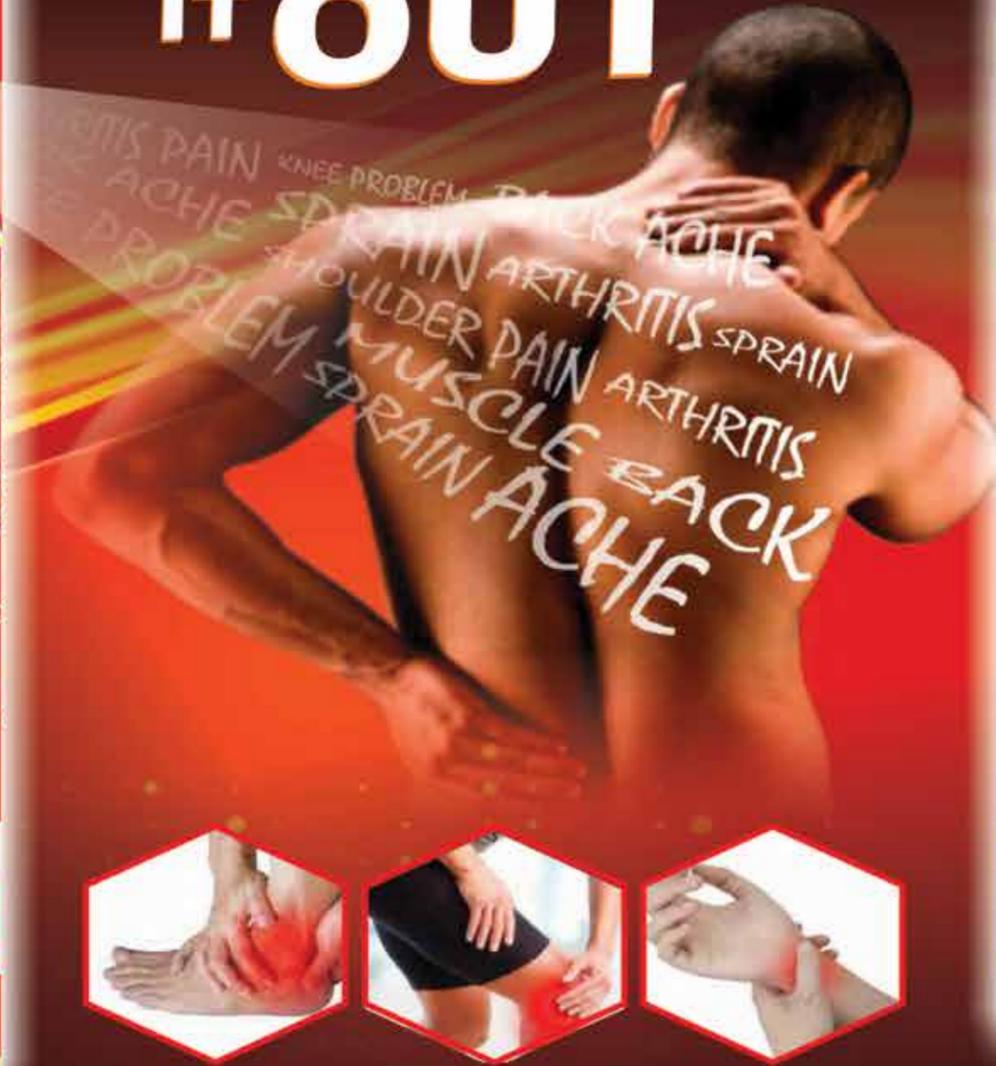
Finally, the pharmaceutical industries lack enough government policies and support; implementation of government policies is rarely visible. There is inability on the part of government to check illegal importation, manufacture and sale of fake, adulterated, substandard

continued on page 62

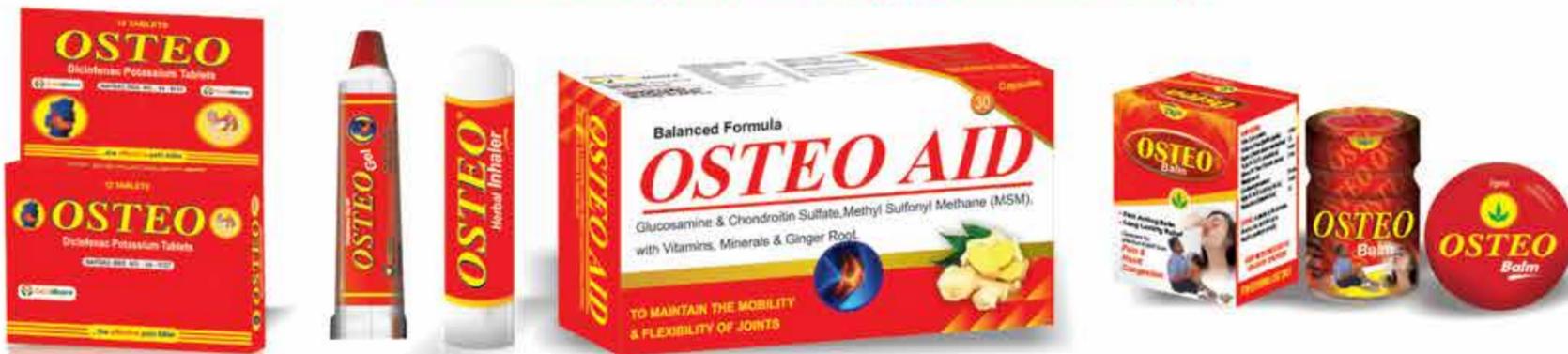
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UI upsets OAU, wins Sir Ifeanyi Atueyi Debate & Essay Competition again

By Adebayo Oladejo

The Faculty of Pharmacy, University of Ibadan (UI), has pipped two-time winner, Obafemi Awolowo University (OAU), to emerge champion of the 6th Annual Sir Ifeanyi Atueyi Debate and Essay Competition, while the debutant University of Ilorin (UNILORIN) came third.

The keenly contested competition, which took place at New Faculty Building, Faculty of Pharmacy, Obafemi Awolowo University, Ile-Ife, Osun State, on 4 June 2021, witnessed a massive turnout of notable dignitaries, professors, pharmacy students, and a panel of judges, comprising legal icons, public speakers and linguists.

Seeking to garner maximum points through their arguments, the scholars from the participating institutions debated on two topics – “Should Nigeria divide to survive?” and “Inadequate funding of Nigeria institutions, should students pay more?” They also had an oratory session on “Suicide, is it an option?”

At the end of the sessions, the judges, led by Dr Oluwatoyin Daniel, head of department, Pharmacology; Pharm. Ochuko Orere of the Department of Clinical Pharmacy and Administration; and Mrs A. Abuloye, from the Department of Business Law, declared UI as the winner of the debate competition, having garnered the highest points; while the host, OAU, and the debutant, UNILORIN, emerged first and second runners-up consecutively.

In other categories, Olalekan Ayomide, a representative of UNILORIN, won the “best orator” award, while Joy Adegoke of OAU clinched the “best debater” award.

Also, in the category of the essay competition, out of the 97 entries from 21 pharmacy schools across the country, Samuel Tolu Komolafe from OAU, emerged the winner with the highest score; while Ngozi Esther Ifoko, from the University of Nigeria, Nsukka (UNN), and Anthony C. Ofojebe from OAU, emerged first and second runners-up consecutively.

While explaining the criteria deployed by the judges to decide the winner of the debate competition, Dr Daniel, the lead judge, explained that the panelists considered several factors, including the number of points garnered, manner of presentation, dress code, composure and stage management.

Praising the contestants, Prof. (Mrs) Margret Afolabi, dean of the Faculty of Pharmacy, OAU, said they were setting a good precedent for other pharmacy students to follow, adding that the contest would undoubtedly improve their communication skills.

While applauding the patron of the initiative, Sir Ifeanyi Atueyi, the dean, who assumed office a week ago, described him as a great personality who had brought so much honour to the faculty and the institution at large.

She said: “It would be recalled that he graduated in 1967, a time when none of you had been born. Even I was still in primary school; so it is noteworthy to see that he has always given back to the



Prof. (Mrs) Margret Afolabi, dean, Faculty of Pharmacy, OAU, presenting the first prize award plaque to Adedayo Raji of UI - alongside Mr Patrick Iwelunmor, editor, Pharmanews, and Dr Oluwale Adeyemi, vice-dean, Faculty of Pharmacy, OAU, at the sixth Sir Ifeanyi Atueyi Debate and Essay Competition, held at OAU, Ile-Ife, Osun State



A cross-section of students at the programme.

faculty in several ways.

“What we are witnessing today is part of his gesture towards giving back to the profession, as one of the aims and purposes of this event is to improve students’ communication skills. Communication skill is an integral part of the profession. Moreover, the occasion also allows us to have a little freedom away from the traditional students-to-lecturers relationship and interaction. So it gives us the opportunity to be lively in a relaxed atmosphere.

“I also want you to have this question at the back of your mind: ‘When I graduate and leave the four walls of the institution, just like Sir Atueyi, what am I going to give back to the profession of pharmacy?’”

In his address, Pharm (Sir) Ifeanyi Atueyi, managing director of Pharmanews Limited, who was represented by Mr Patrick Iwelunmor, editor, Pharmanews, praised the Pharmaceutical Association of Nigeria Students (PANS) for honouring him with the annual contest.

According to him, even though he was not physically present, he was ably represented and happy that the annual event resumed this year after the interruption caused last year by the COVID-19

pandemic.

Speaking further, Atueyi noted that he was grateful to PANS for the great honour done to him in 2015 at UNIBEN, where the competition started.

His words: “Established in 2015 by PANS-UNIBEN under the presidency of Pharm. (Dr) Samuel Ugwumba, the competition was hosted and won by the UNIBEN in 2015 and 2016. Then it moved to OAU in 2017, and from there to the University of Ibadan in 2018 and 2019, and I am happy it returned to OAU this year, 2021.

“I wish to thank the president and his team for their effort to organise this competition this year, and I also appreciate the academic staff, especially the dean of the faculty, for their support. Some pharmaceutical companies supported the programme in various ways, so we really appreciate their unending love and support,” he said.

Speaking earlier, Olusola Michael, president, PANS-OAU, said it took several weeks of preparation and sleepless nights to ensure that the programme came to reality, adding that the programme is dear to their hearts because it involves one of the living legends in pharmacy who is also one of the patriarchs in the

faculty.

According to him, “I can recall the first edition that I witnessed in 2017, as a 100 Level student then; it was well attended and the glamour, as well as the seriousness, attached to the programme, endeared it to my heart. Today, I am standing before you as the president, PANS-OAU, and we are celebrating one of our fathers, one of the foundation students of this great faculty. So it gives me great joy and I must thank the Pharmanews team from Lagos for honouring us with their presence.”

While reacting to the feat recorded by their school at the sixth edition of the programme, the lead speaker for the University of Ibadan, Anushiem Chidera, said he felt ecstatic being the winner this year again having won two times in the past, saying it was due to a lot of homework and preparation that finally paid off.

He said: “Last year, we lost narrowly, but this year we came prepared for the gold and we thank God that it is finally in our kitty.

“At UI, we usually put in a lot of effort to come out victorious in this competition but most importantly, we have a culture in the Faculty of Pharmacy, which places much priority on literary and debating activities and that has been a plus for us. The kind of support given to us by the faculty has also kept us, and not leaving out the place of God’s grace as well. So we are happy and we hope to do more.”

The Sir Ifeanyi Atueyi Debate & Essay Competition initiative was launched in 2014, with an arrangement to allow each year’s winner to host the next contest.

Other dignitaries at the event included Dr Oluwale Adeyemi, vice-dean, Faculty of Pharmacy, Obafemi Awolowo University; Dr Chijoke Nwasuba, Department of English, among many others.

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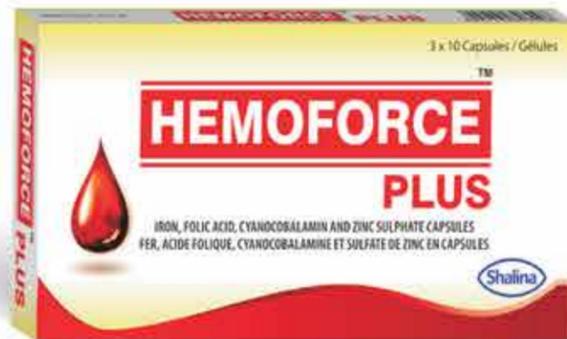
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Preventing in-patient falls: The nurse's pivotal role

By Ruby Z. Chu

Falls, a major safety concern for hospitalised patients, increase length of stay, reduce quality of life, and are costly to patients and hospitals alike. Fall prevention requires a multidisciplinary approach to create a safe patient environment and reduce injuries related to falling.

Nurses' education and a fall prevention programme are both crucial to preventing falls. This article discusses practical, evidence-based interventions that nurses can implement for fall prevention.

Impact of falls

Patient falls not only increase patient length of stay and healthcare costs but may also trigger lawsuits resulting in settlements of millions of dollars due to patient injury. As of 2008, the Centres for Medicare and Medicaid Services no longer reimburse any hospital-acquired conditions that lengthen hospital stay. Hospitals now absorb the extra medical costs of patient injuries sustained in falls, which are considered preventable or "never" events.

Since 2009, The Joint Commission (TJC) sentinel event database received 465 fall-related reports of injuries that happened mostly in hospitals. Falls associated with serious injuries are among the top 10 reported sentinel events in the TJC sentinel event database. Because the stakes are so high, hospitals, nurses, and other healthcare professionals are challenged to ensure that an effective fall prevention programme is in place to prevent hospital falls.

Who's at risk, and when?

Abreu's 3-year study found that the mean age range for patients who fell was 64 to 75 years. Increased comorbidities and other medical conditions, such as orthostatic hypotension or muscle weakness, due to physiologic changes, predispose patients to falling.

The incidence of falls was highest in the morning, followed by the night shift (12 midnight to 8 am), and was lowest during the evening shift (4 pm to 12 midnight). The occurrence of falls in the evening and night shifts increased from 39 per cent in 2007 to 57 per cent in 2008 and 64 per cent in 2009.

The low rate of falls in the evening could be due to increased visitors, who prevent the patient from trying to ambulate or go to the bathroom. In the morning, patients are busy with self-care activities and may not call the nurse for assistance. Examples

Since 2009, The Joint Commission (TJC) sentinel event database received 465 fall-related reports of injuries that happened mostly in hospitals. Falls associated with serious injuries are among the top 10 reported sentinel events in the TJC sentinel event database. Because the stakes are so high, hospitals, nurses, and other healthcare professionals are challenged to ensure that an effective fall prevention programme is in place to prevent hospital falls.

of such activities include going to the bathroom or sitting in a chair, while trying to reach for belongings, resulting in a fall out of the chair.

In Abreu's study, most falls occurred in patient rooms, corridors, and bathrooms. Most falls in 2007 were due to environmental factors, whereas in 2009 most were due to intrinsic physiologic factors. Furthermore, in 2008 and 2009 the major cause of falls was the patient attempting to get up in the patient room.

A study of older adults by Tsai et al. found that the patient's bedside was the hotspot for fall injuries: 83 per cent of falls in their study occurred there. Men's fall rate was higher (55 per cent) than women's (45 per cent). Falls in men may be due to their engaging in risky behaviours. For example, men may be more likely to refrain from asking or calling for assistance when getting up to use the bathroom even after being instructed to do so by the nurse.

In a quantitative study of 577 hospitals, 77 per cent of falls weren't witnessed and 85 per cent of falls weren't associated with injury. Additional analysis of qualitative data in 40 incidents showed that falls increased during patient transfers to or from the bed. Significant factors associated with falls involved physical conditions such as generalized weakness, unsteady gait, lower extremity weakness, and impaired limb movement; and behavioural factors, such as high-risk patients who refuse assistance. Medications contributing to falls included antihyperglycemic and antihypertensive agents. Personal factors included the family's lack of awareness of fall management.⁸

According to the study by Cox et al., three intrinsic risk factors associated with falls in medical-surgical patients were age, use of opioid-sedative medications, and high fall-risk assessment level. Extrinsic factors such as an unsafe environment accounted for 25 per cent of falls. A history of falling was a significant predictor of multiple falls. Those in the high fall-risk group had a greater chance of injury.

According to Tsai et al., an increase in the population of older patients with comorbidities contributes to fall risk. Older adults often require close attention and assistance. They also experience debilitating changes in physical and psychological function, visual and hearing impairment, and musculoskeletal weakness, and they typically use multiple medications. These are all risk factors for falls.

Healthcare factors related to falls

These hospital- and staff-related factors can affect the risk of falls.

Call lights. Sometimes patients are hesitant to call or "bother" nurses who seem busy. Patients with dementia may not understand the purpose of the call light. Quick responses to call lights are associated with a lower fall rate and fewer injuries. More patients using call lights are associated with a decreased incidence of falls.

Bed and chair alarms. These alarms alert nurses when patients attempt to get out of bed or a chair without help. Alarms distract patients so they stop and wait for help, and they prompt nurses to assist the patient. Many hospital beds are equipped with built-in alarms. Chair alarm sensor pads are another alternative. Alarms should be used judiciously in patients with paranoia and psychotic disorders, and in those using medications that can alter their memory functions. Another study of 160 patients in medical-surgical units supports the critical presence of RNs in fall reduction. Communicating effectively with ancillary staff

and exercising critical decision making in patient care are essential in fall prevention management.

Environmental factors. Clutter, an unfamiliar environment, insufficient light, and slippery floors may increase a patient's fall risk. Research revealed that environmental factors commonly causing falls are related to tripping hazards and poor lighting, especially for those with poor balance. Adequate lighting and avoiding clutter are helpful for older patients.

Patient-related risk factors

In a study by Johnson et al., most falls (77 per cent) weren't witnessed because patients didn't seek assistance when moving in bed or walking to the bathroom, even when instructed to do so.

According to the study by Cox et al., three intrinsic risk factors associated with falls in medical-surgical patients were age, use of opioid-sedative medications, and high fall-risk assessment level. Extrinsic factors such as an unsafe environment accounted for 25 per cent of falls. A history of falling was a significant predictor of multiple falls. Those in the high fall-risk group had a greater chance of injury.

Sensory impairment. Eyesight deteriorates with age, and fall risk increases when visual impairment is severe. According to a study by Skalska et al., certain age-groups (55 to 59 years and over age 64) have a high incidence of falls related to impaired vision. Similarly, more older adults who fell had moderate-to-severe hearing loss compared with those who didn't fall. Hearing impairment can distract patients, and vision deficiencies can impact their ability to assess their surroundings for obstacles. In this study, adults age 65 or older fell twice as often as those age 55 to 59 years.

Medications. Many patients don't understand that polypharmacy increases their risk of falling. Using multiple medications can affect balance and cognition. Costa-Dias et al. found that 53 per cent of patients using psychotropic drugs had a higher fall prevalence. The first-generation antipsychotic haloperidol and the opioid analgesic tramadol contribute to fall risk. Cardiovascular medications such as diuretics and antihypertensives can cause hypotension and have been associated with eight times the recurrence of falls.

(Continues next edition)

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NAIP leadership: Onuegbu takes over from Anukwu

By Patrick Iwelunmor

The Association of Industrial Pharmacists of Nigeria (NAIP) on Monday inaugurated a new national executive committee, led by Pharm. Kenneth Onuegbu, who takes over from Pharm. Ignatius Anukwu. The occasion, which was attended by pharmacists of repute, took place at the prestigious Marriott Hotel, Ikeja.

Chaired by renowned pharmacist and Publisher of *Pharmanews*, Pharm. (Sir) Ifeanyi Atueyi, the occasion also witnessed goodwill messages and remarks by distinguished pharmacists, such as Mazi Sam Ohuabunwa, president of the Pharmaceutical Society of Nigeria (PSN); Prof. Lere Baale and Pharm. Sola Solarin, president of the Industrial Pharmacy Section of the Federation of International Pharmacists (FIP).

During their oath-taking ceremony, administered by Pharm. Ade Popoola, Managing Director of Reals Pharmaceuticals, members of the new executive committee pledged their commitment and loyalty to NAIP, while promising to work assiduously to ensure that they take the association to a higher

Speaking after receiving the leadership medal from his outgoing counterpart, Pharm. Kenneth Onuegbu, through a speech, titled, "Fighting for Our Common Good", promised to work together with members of his committee to bring about better outcomes for NAIP.

"The new NAIP under my watch will aggressively pursue the realisation of the common good.



Pharm. Ignatius Anukwu handing over to the new NAIP Chairman, Pharm. Kenneth Onuegbu.

We shall pursue projects, ideas, strategies and tactics that will serve the common good of every member of NAIP, in particular, and the pharmacy profession, in general. Our ultimate ambition is to leave NAIP a lot better than we met it," he said.

The new national executive committee comprises Pharm. Kenneth Onuegbu, national

chairman; Pharm. Gidado Yusuf, first national vice chairman; Pharm. Ezebuilo Bankole, second national vice chairman; Pharm. Joy Adesina, national secretary; and Pharm. Abu Saeed Kamaldeen, assistant national secretary.

Others are Pharm. Nnenna Okwuosa, national treasurer; Pharm. Ajiboye Rasaq Rustum, national financial secretary; Pharm.

Kenechukwu Igwuagu, national publicity secretary; Pharm. Adegor Udoka, national welfare secretary; and Pharm. Richard Ladapo, national internal auditor.

The list also includes Pharm. Emeka Adimoha, ex officio member I; Pharm. Yvonne Adeleke-Fayose, ex officio member II; and Pharm. Ignatius Anukwu, immediate past national chairman.

Seagreen donates drugs, other items to LASTMA

By Adebayo Oladejo

In a show of support to the Lagos State Government, Seagreen Nigeria Limited recently donated drugs worth N500, 000, as well as jotters, pens and branded t-shirts to the Lagos State Traffic Management Authority (LASTMA) to enhance the agency's operations.

Presenting the items to LASTMA's General Manager, Engr Jide Oduyoye, in his office, the General Manager, Seagreen Pharmaceuticals, Dr Ikenna Enwelunta, explained that the gesture was part of the company's corporate social responsibility, adding that the effort of LASTMA officials in ensuring that Lagos roads are traffic-free has been unprecedented.

Extolling LASTMA officials' resilience to the risk they often face in road traffic management, Enwelunta described the Seagreen's donation as a worthy humanitarian cause, saying the company is targeting many more partnerships that will improve the healthcare of Nigerians.

He disclosed that priority was being given to LASTMA out of several other agencies of government because of the huge contributions the agency is making towards traffic management in the state, adding that it is an agency that should be encouraged and assisted.

"There is no doubt that their contribution is felt in the society, especially in the transport sector in a state like Lagos, with our intimidating population. If one could observe these people in the



A team from the Lagos State Traffic Management Authority (LASTMA), in a group photograph with members of Seagreen Pharmaceuticals team during the presentation.

sun and in the rain, standing from morning to night, in their quest to ensure there is a free flow of traffic, one would have no option than to agree that they should be motivated and encouraged; hence our reason for coming here today, to reach them, partner with them and find a way of making their work easier and smoother," Enwelunta said.

On his part, Seagreen's Head of Sales and Marketing, Mr Adelodun Adeniyi Wasiu, disclosed that

the company is committed to enhancing the wellbeing of the Nigerian populace, adding that it longs to see a Nigeria where everyone has access to basic essential medicines, regardless of their socio-economic status.

Wasiu also said that the company decided to donate the items, which included packs of Gvither Plus, Arthermeter-Lumefantrine, Bafama, Triple Action Cream, and Radiklo (diclofenac 50mg, and 100mg)

and others to LASTMA because workers of the agency take a lot of risk on behalf of the citizens.

In his response to the donation, Engr Oduyoye commended Seagreen for choosing to partner with LASTMA, adding there is no better time to receive such a good gesture than now.

Oduyoye, who was represented by Mr Salami Abiodun, LASTMA's director of admin and human resources, said the ongoing global health crisis requires partnership and participation of all, saying government alone cannot tackle the challenge.

"As LASTMA officials, we are prone to contracting diseases of any nature because of our day-to-day activities, which involve interacting with the citizens physically. So the management team cannot thank you enough for this good gesture."

Speaking in the same vein, the duo of Mrs Morayo Sarah Ojeniyi and Mrs Olonilua Olayinka, LASTMA's director of welfare and chief nursing officer, respectively, commended Seagreen's initiative, assuring that the agency will not relent in its effort to serve the people of Lagos.

We have changed the narrative and raised the bar of ACPN – Adekola

By Adebayo Oladejo

Dr Samuel Oluwaoromipin Adekola is the outgoing national chairman of the Association of Community Pharmacists of Nigeria (ACPN), an umbrella body of all community pharmacists in the country. In this emotion-laden interview, he reviews his three-year tenure at the helm of affairs of the association. Excerpts:



Dr Samuel Oluwaoromipin Adekola

What were the toughest challenges you encountered in the last three years?

Well, it is good to count our blessings and as a Christian, the Bible tells us to remember to count our blessings and name them one by one. So, as a person, I have enjoyed the mercies of God, despite all the numerous challenges that I have encountered in the course of this work.

Although, it's been tough but rather than dwelling on the challenges, let us rather appreciate God for His goodness and mercy over our lives and for seeing us through.

What then would you describe as your key blessings or achievements?

We were elected on 6 July 2018, and the formal handover happened on 27th of the same month. As God would have it, we had a thanksgiving ceremony with my fellow executives and friends in Akure, Ondo State. Fortunately, we had a meeting with the Ondo State Governor, Mr Rotimi Akeredolu.

That meeting turned out a blessing as the governor not only received us with the full complement of his cabinet, but also gave us a gift of two million naira, which was like a bailout for us as the association's account at that period was in red. You will recall that a new building had just been purchased, and the accounts of the association, both home and abroad, were collapsed for that purpose. So the money given to us by the governor was the first money we started the running of the association with.

As soon as we settled down to work, we hit the ground running, with the convocation of the first-ever well-organised national

summit of the association in 2018. We brought the "who is who" in the pharmacy and healthcare sector to that programme for two days. At the programme, I presented my vision, which was "Transgenerational Pharmacy Practice" to my people and make them know and work around it - make them build an action plan around the vision.

The vision was basically to make community pharmacies in Nigeria outlive their initial owners so that when a community pharmacist dies, the business would outlive him or her. Although the vision had been on the ground when I was the vice-chairman, unfortunately, there was a breakdown as a result of some political brouhaha that preceded my election in 2018. So, we had to start afresh. It was what led to the formation of the Transgenerational Pharmacy Development Foundation, which is under the leadership of Prof. Lere Bale, who, though is not a community pharmacist, has been quite supportive of this project and this administration.

Also, at our conference in Abuja, our focus was on optimising primary healthcare delivery in Nigeria. In the course of that conference, we were able to sign a declaration which we called "Abuja declaration: A commitment to action on primary healthcare". We keyed into this from FIP projects. Immediately after the conference, we set up a multi-sectoral committee that has membership drawn from different parts of Pharmacy and even outside Pharmacy, both in the country and outside and we were able to start meeting every week virtually.

As part of our achievements, I can say it with confidence that all our conferences - from Kano

to Abuja and the recent one - have taken ACPN from zero levels to surplus level, in terms of knowledge, innovations, and profit to the association. In fact, our return on investment from our first conference in Kano was as much as thirty million naira. Don't forget that we were coming

from zero account; so this made me comfortable to walk into the national executive council meeting and seek approval to purchase an official car for the association and it was approved. Today, the association, aside from having a befitting secretariat, is also having a brand new Toyota Fortuna SUV car, purchased at twenty-one million naira. This will be handed over to the next chairman.

Aside from that, we have been able to give the secretariat a facelift. We have equipped,

furnished, renovated, and raised its value by adding another block of two rooms to it. The air conditioners were bought; the computers, printers, and a lot of other office equipment needed for the smooth running of the secretariat were bought, while some old ones were replaced.

Also, to make the running of the secretariat efficient and effective, we were able to purchase a brand new 45 KVA generator for about 4.1 million naira this year, as well as other purchases too numerous to mention. So, in terms of physical structures and purchases, we have been able to raise the bar and bring ACPN to a level of comfort.

Apart from that, the Foundation that we started has been giving maximum support to our members; it has been able to seriously affect the welfare of our members positively. Also, one major thing that we have been able to do in the course of these three years is that we have been able to set up a welfare fund for our members, and today, we have three levels of insurance that we have procured for every community pharmacist in Nigeria.

We have insurance on indemnity, in case there is litigation as a result of practicing. Members are covered to the tune of five million naira. We also have another one for medical treatments, which covers accident of any form. Under that, members are covered to the tune of two million naira. The third is for any member who dies in the course of practicing. The family of such a member will get a sum of two million naira. These are three levels of insurance that we have done.

We didn't stop at that, as we have set up a form of internal

life insurance for everybody, such that if any pharmacist dies in the course of the year, from any incident, the family will receive a minimum of five hundred thousand naira as family support. We have started doing this in the last two years. We also contributed for all our members who ran for political offices in the 2019 general elections. We equally gave out monetary support to our members who were affected by the #ENDSARS# protest, and they were all grateful.

So, in a way, we have been able to change the narratives of community pharmacy practice in terms of visibility because everyone is now seeking community pharmacists, as against the obscure status of members in the past. We have positioned the practitioners as toasts of everybody across the country. We were able to achieve that through aggressive and massive publicity and media engagement, through newspaper publications, television appearances, radio interviews, and others. At every level, local, national and international, we have been able to change the narrative about community pharmacy and have raised the bar.

What are your regrets as the national chairman in the last three years?

Maybe or maybe not, but the only regret I can recollect now is the unfortunate incidents that preceded my election three years ago. It's unfortunate that my election in 2018 was balkanized with tribal sentiment because there were intricacies and political rivalries.

In 2018, both the ACPN and PSN elections were infiltrated with tribal sentiments and that really affected and it's affecting our performance. There are times we want to act at the level of ACPN, but some people have constituted themselves as competitors to ACPN; instead of synergising, they tend to go against whatever we intend to do.

I could remember the time we agreed at the level of ACPN-NEC level to down tools nationwide, so as to push for the signing of the Pharmacy Bill that was declared missing at that time. The PSN president and the PCN registrar were informed; but by the time we started, the effort was frustrated. Even some states which had been part of the decision-makers boycotted the process. It was quite unfortunate that we couldn't achieve much from that effort.

So, the misunderstandings, the gaps and the troubles that have been created between ACPN and PSN by some mischief makers constitute my greatest regret.

Considering the intrigues and rivalries that preceded your election in 2018, what is the situation of things now?

Well, it's not that bad right now, as we have all put all those behind us, perhaps because I have also made efforts to mend fences and douse the tension by carrying everybody along immediately after the election

continued on page 63

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We combine fear with learning in northern Nigeria – PANS-UNIMAID president

By Adebayo Oladejo

With the deteriorating security situation in the northern part of the country, educational institutions have continued to bear the bulk of the brunt. In this exclusive interview with *Pharmanews*, President of the Pharmaceutical Association of Nigeria Students (PANS), University of Maiduguri (UNIMAID), Borno State, Haruna Musa Padah, adds his voice to those calling on the Federal Government to decisively tackle the challenge. Padah, a 500-Level student and current vice-president of PANS at the national level, also speaks on his foray into Pharmacy and PANS politics, the effects of the COVID-19 pandemic on his administration, and other pertinent issues. Excerpts:



Haruna Musa Padah

Tell us briefly about your journey in UNIMAID as a pharmacy student. What were the challenges of the early years?

My journey as a pharmacy student has been an overwhelming one. It's hard to capsule my experiences into a single word. Sometimes we laugh, sometimes we cry, sometimes we ask ourselves why we started this journey but to God be the glory. There have been challenges, of course. The university was a new environment for many of us. The weather down here is not friendly and coupled with the hectic pharmacy programme, it was a really rough start.

Tell us some of your achievements and challenges since you became president of PANS-UNIMAID.

We have actually achieved a lot. We have conveyed students from campus to the teaching hospital, during examinations. We've also provided curtains for all the classes. A seminar and career talk was held for all students. In cases where people want to drop anonymous messages or tell us how to serve them better and also suggestions to the management, we provided a suggestion box for every voice to be heard.

We ensure whiteboard markers are regularly supplied to all class representatives. We successfully conveyed students to Sokoto and Rivers States for the 2019 and 2020 conventions respectively. We also solicited the following from the office of the Borno State Chief of Staff and they were all approved: Construction of emblem at the front of the faculty; 60 pieces of mortar and pestle for the dispensing laboratory; eight weighing balances for the dispensing laboratory; solar installations for classes, which will provide constant power supply due to the seven months power outage in the state.

Talking about the challenges, I don't think there's anything good that comes without a challenge. Actually, my first challenge was how to marry the pharmacy programme, which is already hectic, with leadership. I can remember there was a time I was having exams by 8 am the next day. The night before the exams, immediately I went to class to study, I received a call that one of our students was at the security office – and he was also having exams the next day. We had to rush to the security office and ensure his release. It was already 12 mid night and we were tired and needed to

sleep before we woke up and read at a later time.

Also, this recent pandemic, which led to the restriction of social gathering caused the suspension of social weeks on campus. Sadly, we had planned for a grand PANS week.

These are a few of the tough experiences. A lot has been encountered but glory be to God as we triumphed over them. At a point, we regretted joining student unionism but now we have realised the experience is worth every step taken.

What would you say are the challenges associated with studying Pharmacy in the north, compared to those studying in other parts of the country?

The major challenge is insecurity. Education is something that requires attention and focus. When students are always in fear, in one way or the other, it is definitely going to affect their performance, which is what's affecting us down here. We may be having exams and insurgents can attack in the night. The whole school will be in fear and chaos; and - believe me - the exam is surely going to hold. So we have to marry the two - fear and studies - which is very inconveniencing.

Also, the weather down here is not friendly and there is lack of electricity - which we have been facing for the last four months due to an attack by insurgents on the power supply. So, studying here isn't easy.

What's your view about the security challenges facing the country, especially as it affects the location of your school?

The state of security nationwide is deteriorating day by day. In my school, we have faced real challenges of security. Students are always checked at the entrances of the school. Only permitted cars

are allowed into the school and we as students are always on the alert. The government should try as much as possible to tackle the insecurity affecting every region of the country. Development cannot thrive in face of insecurity. I, therefore, call for action.

UNIMAID created the Faculty of Pharmacy in 2002 and it has since graduated more than 300 pharmacists. Compared to those that started earlier, how would you assess pharmacy education here?

UNIMAID pharmacy faculty might have started late compared to other schools but when it comes to competence, I can confidently vouch that we're receiving the best of training in Pharmacy nationwide. We have some of the most brilliant people as lecturers. That I believe has given us an edge in comparison to some of our counterparts elsewhere.

The education sector has had to contend with many problems, with university workers going on strike incessantly to protest at various times. Are there measures that can be taken to solve this challenge without strike actions by the lecturers?

Well, a common ground must be created between the FG and the Academic Staff Union of the Union of Universities (ASUU). The FG should honour existing memoranda of understanding and should stick to its words. ASUU, on the other hand, should find other ways of communicating with the government, without embarking on strike, as this only affects the students. It is said that when two

elephants are fighting, it is the grass that suffers.

Kaduna State government has closed 13 schools, after more than 140 students were kidnapped recently from a Baptist high school. How do you think such occurrences can be prevented?

I think it all comes back to the issue of national security. If adequate security is ensured throughout the nation, it will fix this problem. Also, the presence of police and military personnel in all schools is important. At least there should be resistance when situations like this occur. But the way things are now, it's so easy for criminals to go into a school and fetch students as much as they want. It is pathetic!

Which area of Pharmacy would you like to work in after graduation and why?

I don't really know what God has in store for me but I would really like to work as a community pharmacist because I really like to serve humanity. Giving helping hands, especially to people in need, is something I can only achieve in that sector. When you are in government or private clinics you can't give out drugs or reduce the cost for those that can't afford to pay or are vulnerable.

Secondly, I think as a pharmacist in the community you're closer to the people than in other areas. And lastly, it's only in the community that you'll be able to assist outside health and health-related problems, like through corporate social responsibilities.

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References
1. FIGO Guidelines: Prevention of PPH with misoprostol, 2012
2. WHO recommendation for induction of labour, 2011
3. FIGO Guidelines: Treatment of PPH with misoprostol, 2012

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Pharmacists must be proactive in demonstrating their relevance - Bello

By Temitope Obayendo

Pharm. Sani Bello (Danmajen Bungudu) is the director of pharmacy operations, Federal Medical Centre, Gusau, Zamfara State. In this exclusive interview, Bello, who was the pioneer acting director of pharmaceutical services for the state discusses why and how pharmacists can correct misconceptions about their profession and make themselves respected members of any healthcare team. He also speaks on the challenge of substance abuse in northern Nigeria, as well as his objectives in vying for the post of PSN deputy president (north). Excerpts:



Pharm. Sani Bello

What would you describe as the major challenge in coordinating patients' medication therapy?

Essentially, the most profound problem in pharmacy practice - not restricted to FMC Gusau alone but affecting all government hospitals - is centred on issues of supply chain; that is, the availability of drugs and other pharmaceutical consumables. And that is due largely to managerial issues and delayed payment for supplies.

Aside from that, there is the common problem of lack of cooperation between prescribers and pharmacists. There is apathy from the prescribers to the roles of pharmacists, as they tactically prevent pharmacists from participating in clinical ward rounds. Nevertheless, it has been resolved that pharmacists should be participating in ward rounds.

There is also the issue of pharmaceutical manpower shortage. For instance, at the FMC Gusau, we have just 10 pharmacists, while there are about 50 doctors. This is due to the wrong notion of policymakers that pharmacists are just to dispense drugs; thus, they don't regard pharmacists as very serious members of the healthcare team in the hospital. In fact, they regard the employment of pharmacists as a waste of resources.

How can this notion be changed?

To change this notion, the onus is on us, as pharmacists. We have to start packaging ourselves, through

bodies like the PSN, the AHAPN, and others to create awareness on the roles of pharmacists in the society. For instance, when I was the Chairman of PSN, Zamfara State branch, I embarked on serious advocacy to almost all the emirate councils in the state; key opinion leaders and stakeholders, including the commissioner of police.

In the course of our discussion with the CP, I explained to him the importance of patronising registered pharmacists in the hospital and the community. At that point, I realised that he didn't know the difference between a pharmacy technician and a registered pharmacist. After my enlightenment on the dangers of patronising non-pharmacists especially for prescription drugs, from the following morning, he began to order his drugs only from registered pharmacists. That is the power of advocacy.

Pharmacists are also sometimes to blame for nonchalant attitude in professional practice. Where you find yourself as a pharmacist, you just have to demonstrate, through your actions, how important you are to healthcare services. But there is this wrong mindset that pharmacists project about how tough their academic programme was, rather than proving how important their service is to the healthcare sector.

Any practical experience to further drive home the point?

To buttress this point further, let me share my experience outside of this country with you. I had the opportunity of working in the Federal Republic of Mozambique

some years back. On getting there, I was posted to a central hospital, just like the teaching hospitals in Nigeria. The CMD instructed their head of administration to take me round. In the course of going round the hospital for the first time, we got to their A & D, and there I met a surgeon, who was a naturalised Indian in that country. When I was introduced as a pharmacist from Nigeria, his first comment was "Nigeria? What is he doing here? They are very corrupt!" From that point in time, I took that comment as a challenge to prove him otherwise.

There was paucity of pharmacists there, as most of the hospitals were manned by two or three technicians. So, all of them were looking up to what I could do. In the first place, I had to do something about supply chain. I drastically reduced wastage in hospital consumables. To achieve that, I went to each ward to use the treatment cards to make an accurate estimate because they normally issued drugs to outpatients free of charge; so they had the challenge of wastage and pilferage.

I did an accurate estimate of each item needed by patients according to their treatment cards. They had this health insurance system at that time, so people were abusing it. I had to work out modalities to curb those excesses. Thus, the consumption rate was reduced drastically to the barest minimum.

The result was that their sales revenue rose by almost 200 per cent, to the extent that the hospital management had to summon me to a meeting on what to do with the excess money realised. I said, "Construct an A & D pharmacy for us" because they never had one. At the end of my stay, when I was about leaving, they wrote the Nigerian Embassy to renew my contract, but the embassy told them that as a policy, they don't renew contract of volunteers. Of course when I returned, I realised that they got an NGO to pay my salary so that I could come back to work.

The point I'm making here is that pharmacists need to make themselves relevant wherever they are.

Nigeria has a major challenge with drug and substance abuse and the northern part of the country has been identified as one of the volatile areas for such issues. What can be done about this?

One of the major reasons why drug abuse is more predominant in the north is centred around the shortage of pharmaceutical manpower, which gave rise to the proliferation of quacks and charlatans handling drugs administration. For instance, in my state, Zamfara, we have about less than ten registered pharmaceutical premises in a population of about four million. So, every single drug - be it controlled, prescription or otherwise - is dispensed largely by

non-pharmacists. Of course, some of them don't know the import of their actions.

This has also brought an increase in patent medicine stores in every nook and cranny of the state, giving rise to unhealthy competition with registered pharmacists. Because when you have a premises where you sell drugs as others sell their items, you have to pay rent, electricity bills; so the easiest way for them to survive is to engage in hard drugs.

Secondly, the socioeconomic and cultural backgrounds further predispose the people to drug and substance abuse.

How would you advise regulatory agencies like NAFDAC and PCN in tackling this menace headlong?

Honestly, you see human needs are like water; when you don't provide an option, it will create a way for itself. So in a situation where you don't have opportunities for people to access drugs, they will definitely patronise anybody. And to be fair to the PCN, when you don't have enough human resources, the Council can't just mandate all Zamfara people to buy drugs from ten pharmacies, because it's not practicable. The best thing to do in that circumstance is just to improvise.

I remember when the registrar was newly appointed, we had a serious discussion on this issue and one of the ideas generated was this satellite pharmacy, where a pharmacist can superintend over ten patent medicine stores. Or they are renamed as primary healthcare pharmacies, so that the range of drugs dispensed will be slightly higher than what a patent medicine dealer sells. At least, this will bring some decorum into the system of drug distribution.

Then, of course, there is need for community involvement. There is nothing wrong in saying that before someone is given a patent medicine dealer certificate, his community should vouch for his character; that in the event he is found wanting, that community leader should be held responsible.

The ultimate solution is to ensure that we quickly bridge the manpower gap. And I'm happy the present registrar of the Council is a very understanding person who supports the establishment of pharmacy schools in many universities. We are hopeful that very soon, this issue of manpower gap will be addressed.

The solution also lies in universal health coverage. Regarding my experience in the Republic of Mozambique, in the second largest city in the country, there were only five pharmacies, where you couldn't find infusions or cotton wools because they were always available in government hospitals. So, by the time we have universal health coverage for everyone, patronage of private practice will reduce drastically.

What is propelling your ambition to contest for the post of PSN deputy president (north)?

Honestly speaking, it is service - service to the profession and to humanity. Of course, there is also the strong zeal I have to contribute in addressing these problems we have discussed. I also want to bring my experience and contacts to impact the Society.



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How pharmacists can improve practice, command better recognition - Prof. Uzundu

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and expired drugs, due to dishonest drug dealers and some corrupt government officials. Also, government has not cared to reduce medical tourism abroad.

Briefly share with us some of your unforgettable experiences as the dean of faculty of pharmacy in some universities.

I was appointed the dean, Faculty of Pharmacy, Madonna University, Elele, Rivers State, Nigeria, by the then VC, Pharm. Prof. Paul Iwe Akubue, having previously served as head, Department of Pharmaceutical Technology, in the same university. I held the deanship position for two years.

My moment of greatest joy was when I was appointed chairman, Senate Curriculum Committee of Madonna University, by the same vice-chancellor, Pharm. Prof. Paul Iwe Akubue. I was intoxicated with joy because of the opportunity (that I had been looking out for) to review the curriculum of the Faculty of Pharmacy. I had previously served as

a member of the three-man committee that put together the curriculum of the Diploma Programme of the West Africa Postgraduate College of Pharmacists (WAPCP).

More so, I had the opportunity of showcasing the broad-based and multiple disciplinary nature of pharmacy education and training to the entire university staff, by the contributions I made both on the floor of the committee and the university senate at large. To God be the glory!

Undeniably, I also experienced unfortunate moments as the dean but I will only highlight one incident, as requested. That was the day the result of the accreditation exercise performed by National Universities Commission, was released to the university. Before the exercise, we, as a faculty, held several meetings (at times stretching into early mornings) with the university authorities. The Chancellor, Father Founder, of Madonna University, Very Rev. Prof. E.M.P. Edeh, CSSP, OFR, released enough funds for the purchase of special equipment needed for the accreditation visit, and these items

were successfully purchased and installed. When the accreditation result was eventually released by the NUC, the Faculty of Pharmacy only got provisional accreditation. This was not good enough.

What is your message to young pharmacists in Nigeria?

I will begin my message with this allegory. There was a woman who gave birth to many children. She nurtured and trained them very well educationally. She spent huge resources to give them befitting levels of education up to graduate and postgraduate levels and saw to their gainful employments.

Sadly, this very woman was unfortunately attacked by charlatans and bandits, so she turned to her children for help. Many of her children looked the other way. The few that cared were overpowered by the charlatans and bandits, and the woman was left to her fate. What a world!

The woman in this story could be likened to the pharmacy profession - the mother who gave

birth to all pharmacists; the children are the pharmacists. My message, dear young colleague, is for you to realise that you are the watchdog of the pharmacy profession. Be self-confident. Regard yourself as the mirror of the pharmacy profession and do everything to preserve her.

Don't be an enemy to your profession, love Pharmacy! In whatever area of the pharmacy profession you practise, always make yourself relevant. Build your capacities by updating yourselves through further pharmacy education.

You can enrol in the postgraduate programmes of the universities, the West African Postgraduate College of Pharmacists (WAPCP) or the Mandatory Continuous Pharmacists Development (MCPD). Be hardworking, committed, resilient and be known for integrity. Complete any assignment with prompt dispatch. Defend your profession with passion!

Permit me, at this juncture, to relate my personal experiences as examples to you. After my discharge from NYSC, I was posted to the village's Community General Hospital as a pharmacist in-charge of the pharmacy department of the hospital. A member of our sister profession wanted to encroach on my authority as a pharmacist, I politely refused. This refusal landed both of us before a panel set up by the then State Health Management Board, Enugu, whose chairman was the late Pharm. Chief Chris Efobi. After the whole episode, the chairman could not hide his joy. He congratulated me for the passionate way I defended the pharmacy profession!

I later practised as a community pharmacist after my voluntary withdrawal from hospital service. Again, I used my position as the CEO/chief executive of my pharmacy establishment, in collaboration with the then state chairman, Association of Community Pharmacists of Nigeria (ACPN) (then known as Nigerian Association of General Practice Pharmacists, NAGPP) and then dean of Pharmaceutical Sciences to forestall the establishment of a patent medicine store in our university.

When I served as the dean, Faculty of Pharmacy in one of the universities, it was reported to me that pharmacy students were being molested by pharmacology lecturers during pharmacology examinations. At that time, the Department of Pharmacology was domiciled in the Faculty of Basic Medical Sciences. What did I do? I met with the dean of Basic Medical Sciences, and we agreed that pharmacy lecturers would participate in the supervision of pharmacy students during pharmacology examinations. That was how extortion of money from pharmacy students was stopped.

These are the few, out of the many interventions, I made on behalf of our noble profession, Pharmacy.

It is my desire that you young colleagues undertake to mentor the pharmacy students to develop love for the pharmacy profession and for one another. You should catch them young for Pharmacy through advocacy visits to Pharmaceutical Association of Nigeria Students (PANS) especially during the PANS week. I utilised my position as a lecturer and as a dean to talk my students into deep appreciation of the pharmacy profession.

Dear colleagues, the problem with pharmacy is not in our stars but in ourselves! Brace up to any challenge! Over the years, pharmacists, young and old have been clamouring for advocacy visits to the Federal Government of Nigeria to adopt policies that will be in favour of pharmacy profession. But until we (pharmacists) occupy political positions where we can lobby and influence government policies that favour pharmacy profession, we will just be but a resounding cymbal. In an appropriate forum, we will discuss and fashion out the ways to reach this goal.

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My vision is to ensure better empowerment and recognition for pharmacists - Olubowale

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the biggest challenge facing community pharmacists in Nigeria and how can it be surmounted?

The chaotic drug distribution system is a major challenge. But the question is, how do we solve it - as several efforts have been made in time past? We have talked about the coordinated wholesale outlets. We have talked about the NDDG - and others that we have talked about years back, but where is the result?

So, it is high time we made our policymakers realise that these are the things that we need to do to safeguard the sector. And we are saying it, not because of our selfish interest but because the average consumer out there needs to realise that you must not toy with your health. Therefore it is important they seek the professionals. Although it may appear expensive, ignorance is much more expensive.

We must talk about the professionals' empowerment by creating a decent pharmaceutical space for them to work. This will help us to be sure of our sourcing; we can be sure of our products and we can be sure of what we are giving to the end-users. This is important, as every other thing hangs around it. It is sad because if you enter the pharmacies of some colleagues and see how scanty they are, you will be amazed and wonder how much they can make in such premises.

Many are not empowered and can't even afford to go to seminars and conferences where they could be trained on trending things and approaches. Of course, we have been talking about using technology to advance our practice as we are in a technological age. Even most of the manual things we used to do in the past are now obsolete.

Community pharmacy practice has evolved over the years and practitioners are now more involved in public health issues. Considering how far the practice has come, where do you hope to see community pharmacy in the next 20 years?

In the next 20 years, I hope to see community pharmacy leading the healthcare sector and no

longer playing second fiddle to anybody. I see us being proud to be called community pharmacists. We should be fulfilled doing our work in our various pharmacies, and we should be seen as major stakeholders when health issues are discussed in this country. But we can only achieve this by showcasing our usefulness and by showcasing that we are an indispensable healthcare provider.

Hopefully, by that time, every community pharmacy would have been designated as a primary healthcare centre, whereby we don't need to start going far away because we want to treat minor illnesses that can be addressed by the primary healthcare centres. And we will raise our practice to accommodate others services like immunisation, vaccination, and others. We would have risen above pettiness and raised our standards.

As one of the stakeholders in the profession, how would you assess the contribution of the annual ACPN conference to the development of the pharmacy profession in Nigeria?

The annual conference generally is a good thing because, as a body, we need a forum to come together once in a while to do appraisal, rejig ourselves, network, learn new things, and exchange knowledge. So, for me, I see nothing wrong in annual conferences.

The only thing is how do we redesign it to make it more robust and more beneficial to all concerned. Presently at the level of ACPN, we are not doing badly, as people learn new things, improve knowledge, socialise and even unwind and relax, which is good for us as community pharmacists. It's even no longer an annual conference but an annual scientific conference because new things are being added to it. So, as they say, "iron sharpens iron". I feel the conference is needed and essential. I will encourage more people to join this year in order to play an active role in deciding the future of the association by electing new officers to pilot the affairs of the association for another three years.

We have changed the narrative and raised the bar of ACPN - Adekola

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was over. ACPN is an office where you pay sacrifice, not a place where you draw a salary; so it has been a lot of sacrifice on my part to bring the association to where it is today. I come to the office Monday to Sunday, even to the detriment of my private practice; so it's been a sacrifice on my part.

I must say that the next election may not have much heat like mine, probably because there is not so much politics at play this time; so we are happy that the heat is no longer much as both candidates have been conducting themselves peacefully.

What qualities do you expect the next national chairman to possess?

Honesty. The next chairman must be honest and must be ready to make the sacrifice because I made it. The person must be committed to the service of the ACPN and must be ready to give it all to the association.

One of our parting gifts to the ACPN was the purchase of a landed property in Abuja for our national secretariat to the tune of fifty million naira; so the next chairman should continue the process and ensure the building is taken seriously. Other numerous projects and programmes should also be taken seriously.

What should people expect at the Abeokuta Conference?

Don't forget that the Abeokuta conference is 40 years celebration; so it's a conference

My vision is to fill critical gaps in community pharmacy practice - Oladigbolu

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revival programme, which includes training and advocacy for additional credentialing and vaccine administration in community pharmacies. We will rejig the annual national conference for training and credentialing on CAMS, agrochemicals, vet pharm, online training and more. There will also be advocacy for accreditation of private providers of post qualification training, such that their certificate becomes officially recognised.

We shall provide an enabling environment for research-minded community pharmacists to rise to professorial level on the strength of their practice-based researches and publications. We will offer leadership in ensuring that the Gown meets the Town and ensure effective, visible, and value-laden collaboration of pharmacists in academia, research institutions, and community pharmacists.

On the leadership aspect, we have resolved to have the Leadership Trust Project. It is important that we continue to offer transparent and accountable leadership, so that the operations of the ACPN executives will be transparent to those people who invested power in us. We will also establish a good procurement process - don't forget that I have some background in procurement science - so that our money will be well spent and we will begin to offer more value for the dues and levies that members strenuously pay.

We will also ensure that copies of financial statements are made available on the date of arrival at our national conferences, so that people can study them more and offer advice as we progress. I will also ensure that our activities are properly published and captured in both specialised media and national dailies, and we will offer support to regulatory agencies and establish a very strict governance structures in the administration of ACPN.

In a nutshell, I would like to reiterate that it is the responsibility of leaders to set up structures that will aid the attainment of goals. So

we will consolidate on the existing structure set out by the constitution of our dear association, while we work harder to see exponential and sustainable growth

What would you say is the greatest challenge facing community pharmacists in Nigeria and how can this challenge be tackled?

The greatest problem facing community pharmacy practice in Nigeria is the excruciating practice space, which I am confident will be addressed by the Clean Medicine Initiative that I have mentioned earlier. Not only that, we will support the regulatory agencies to be able to do their work better. We will come out with key performance indicators for those who regulate our industry, and we will make this feasible and not judgemental, so that as they support us to practise better, we will also support them to do their practice better.

We will encourage the use of technology in mapping all drug distribution outlets in Nigeria and this will be done in collaboration with the PCN. We will offer IT support to the PCN in every area they may need it, and we will develop the performance indicator with them in order to see that community pharmacy in Nigeria develops.

What are your short and long-term dreams for community pharmacy practice? For instance, where do you hope to see community pharmacy practice in the next five years in the short term and where do you hope to see the practice in the next 20 years?

In the next five years, I would like to see the current practitioners doing better, economically, professionally, and otherwise. I would like to see them becoming more standardised. I would like to see them being certified by the external rating agency. I would like to see them performing at an optimal level comparable to what is obtainable in other civilised countries of the world.

of rejoicing and celebration. One of the high points of that conference is vaccination training; so pharmacists from the conference will be graduating as vaccinators. It's good to be part of it as it's going to be filled with knowledge, networking, and celebration.

What do you want your members to remember you for and what message do you have for them?

I want them to remember me as the man who has served them. Our slogan then was "Adek is Okay"; so we have come, and we have served. They should remember me as the man who has lived up to his words as I have done all that I promised, and even beyond.

I also want them to join the



train of ACPN, by supporting the new leadership. I urge the NEC to continue the support they gave me with the next national chairman.

Obituary

Prince Christopher Nebe

Prince Christopher Obuora Nebe, Group Managing Director of Phamatex Group, born 30th April, 1956 and died on 5th August, 2021.



Pharm. (Chief, Sir) Charles Uche Obowu, FPSN,



Pharm. Charles Obowu, founder, Uchem Pharmacy, Port Harcourt, former Commissioner for Commerce and Industry, Rivers State. He was born on 29th June, 1931 and died on 7th August, 2021.

Dr Mrs Olubukola Olusola Oyetunde

Dr Mrs Olubukola Olusola Oyetunde (nee Dada), Associate Professor and immediate past head of the Department of Clinical Pharmacy, Faculty of Pharmacy, University of Lagos. She was born on 4th June 1970, died on 1st August, 2021 and buried on 9th August, 2021.



Pharm. Olasupo Omisakin, FPSN



Pharm. Olasupo Omisakin, FPSN Chairman/ CEO Pammers Pharmacy Ltd, Ibadan. Born 23rd November, 1936 at Ile-Ife, Osun State. Died on 6th August, 2021 and buried on 8th August, 2021.

Events in Pictures



Cross-section of Lagos State AHAPN members at the 22nd AHAPN national conference, held in Ilorin, Kwara State, recently.



L-R: Pharm. Wale Adenugba, chairman, LOC; Pharm. Daniel Ajayi; vice-chairman; Dr. Samuel Adekola, national chairman; Pharm. Ambrose Eze, secretary; and Pharm. (Mrs) Ashore Omokhafa, treasurer at the ACPN press briefing recently.

St Racheals' boss clocks 53 in style

- Honours two Nigerians through AAF

By Temitope Obayendo



L-R : Pharm.(Mrs) Bukky George, founder/CEO HealthPlus Pharmacy; Mrs Olayinka Obafisoye, head of school, Meadow Hall College/Representative of Dr (Mrs) Kehinde Nwani, group CEO, Meadow Hall Group & AAF's 2021 Visionary Leadership Award Winner and Pharm. Akinjide Adeosun, founder/CEO of St. Racheal's Pharmaceuticals at the 2021 AAF's Leadership Colloquium & Awards -Chapter 6 in Lagos.

It was double celebration for Pharm. Akinjide Adeosun, CEO, St. Racheal's Pharmaceuticals Limited and founder, Akinjide Adeosun Foundation (AAF), as he marked his 53rd birthday in style, while AAF recognised two Nigerians for their visionary roles in the private sector. The events took place at the 6th AAF Colloquium, held at the All Souls Church, Lekki, Lagos, recently.

The two recipients of the AAF 2021 Visionary Leadership Award were Dr Innocent Chukwuma, group chairman of Innoson Vehicle Manufacturing; and Dr (Mrs) Kehinde Nwani, CEO of Meadow Schools.

Speakers at the occasion, including the former Chairman of First Bank Plc, Mrs Ibukun Awosika; Founder/CEO of Cable Newspaper Limited, Mr Simon Kolawole and a 100 Level Industrial Mathematics student of Covenant University, Ota, Ashepe Oluwa Oyedepo, stressed the need for Nigerian leaders to have clear and meaningful vision at both government and private sector levels.

They also unanimously agreed that moving Nigeria out of its protracted economic and political woes is what is required of visionary leaders.

Speaking through the Zoom virtual platform, Awosika said since citizens cannot give up on the country, it is required that everyone has to play his or her part - particularly from the family level up to the community and then to the government - in moving Nigeria forward.

She added that the foundation of visionary leadership, whether in government or private life, is a long-term process and all-encompassing, beginning from childbirth and continuing till adulthood.

She urged parents to lay good examples for their children, saying children mostly learn things - particularly leadership virtues - from parents and other family members, while school and the larger society only play complementary roles.

Noting that whatever children learn from home has a tendency to influence their actions as they grow older, Awosika said: "That is why if the right things are done at the family level, it will certainly have positive effects on the communities and on the larger society."

The former First Bank chairman stated further that leadership is an act of responsibility, which may

not necessarily be for the smartest persons but for those who have good visions and can sacrifice, while understanding the limitations of people and communicating effectively to them.

She, however, noted that it is not as if Nigeria does not have people with such virtues but that many are not coming forward to take critical responsibilities, particularly in the government circle.

Speaking earlier, Pharm. Adeosun explained the rationale for setting up the Foundation, saying it is to strengthen capabilities in today's leaders and also produce their likes among the younger generation as future leaders in Nigeria and beyond.

He said that the Foundation's vision is geared towards contributing to national development, adding that its efforts within six years of existence have yielded great results.

Adeosun further said this is why the Foundation honours only individuals who have demonstrated great leadership virtues, such as good character, honesty and integrity - not only in their chosen fields but in all spheres of life.

Speaking on the topic, "A raison d'être for nation-building," Adeosun defined visionary leaders as those who can, among others, identify potentials and support them for positive change and significant contributions to nation-building.

He pointed out that what Nigeria needs now particularly in political governance are leaders chosen based on merit and not on rotational basis.

He also emphasised the need to share generated revenues in each state of the federation in the ratio of 80 per cent to state and 20 per cent to the federal government, stating that this would be of tremendous help towards genuine development. He also urged government at all levels to invest more in building people and also in healthcare, stressing that the two sectors are the drivers of any economy.

Participants at the colloquium also called on the government to run an inclusive administration, which will encourage youths to take active part in government.

While recommending inclusion of leadership training in Nigeria's secondary school curriculum, the participants also noted the need to sustain the nation's democracy as contained in the constitution, saying that leaders should henceforth emerge by merit and not on the condition of their tribe, sex, or religion.

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Igwilo, Obono, others charge pharmacists to play more active role in public health

- As Lagos WAPCP gets new executives

By Ranmilowo Ojalumo

President of the West African Postgraduate College of Pharmacists (WAPCP), Distinguished Professor Cecilia Ihuoma Igwilo, and other stakeholders in the pharmaceutical industry have charged pharmacists in the country to get more involved in public health activities, saying this will help to improve the country's health indices.

The stakeholders made the call at the recent 2021 inaugural meeting of the Fellows of WAPCP, Lagos Zone, held at the National Orthopaedic Hospital, Igbobi, Lagos.

At the meeting, which began with a lecture, themed, "Pharmacists: Facilitating Public Health", Igwilo noted that pharmacists' role in public health is very important and enormous, and thus they cannot afford to be nonchalant about it.

Also, in her opening remarks, Chairman of the Nigerian Chapter of WAPCP, who is also the immediate past coordinator of the Lagos Zone, Pharm. (Dr) Margaret O. Obono stated that while there are many contributions that pharmacists in Nigeria can make to public health, not much is currently



L-R: Immediate past Nigerian Chapter Chairman WAPCP, Dr Chijioke Onyia; President, WAPCP, Prof. Cecilia I. Igwilo; and guest speaker, Pharm. Olabisi Oyeleye at the WAPCP Lagos Zone meeting/lecture, held recently.

being done.

Obono however admitted that it is possible that some pharmacists are presently active in public health but their activities lack the needed publicity. She therefore urged

pharmacists to not only initiate and participate in public health activities but to also let their voices be heard.

The immediate past Chairman of the Nigerian Chapter of the college, Dr

Chijioke Onyia, stated that public health is not so complicated that pharmacists cannot involve in it.

Onyia said: "The problem with us pharmacists in public health is not knowledge but

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PCN harps on excellence in pharmaceutical service

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States Agency for International Development (USAID), Mora expressed belief in the ability of the PCN to advance pharmaceutical practice through adequate capacity building programmes.

According to him, "The hosting of this workshop is timely as new inspectors are continuously accredited and appointed and new regulations are emerging. The old inspectors also need to update their knowledge and acquaint themselves with current trends in inspectorate activities for effective service delivery.

"It is therefore important for the PCN to continuously provide this kind of workshop to improve the personal skills and knowledge of Inspectors and keep them abreast of current/new regulations."

Established by Decree 91 of 1992 (now CAP P17, Laws of the Federal Republic of Nigeria, 2004), the PCN is charged with the responsibility of regulating the training and practice of Pharmacy in all its aspects and ramifications.

Registrar of the Council, Dr Elijah Mohammed, in his welcome address, explained the rationale behind the PCN's decision to set up the Pharmaceutical Inspectorate Committee (PIC) in the country.

"PCN set up the Pharmaceutical Inspectorate Committee (PIC) in states of the federation and the FCT to assist her in achieving the mandate of

pharmacy regulation/practice in pharmaceutical premises across the country. The composition of the PIC includes pharmacists who have the training and experience and are of high reputation and in good standing with PCN. These pharmacists work tirelessly to ensure minimum standard practice is maintained", he said.

According to him, inspection of pharmaceutical premises provides opportunity for continuous improvement on set standards in the pharmaceutical landscape; hence, the need for training and retraining of Inspectors on current trends in line with global best practice.

"PCN, over the years, has continued to build the capacity of inspectors through the National Inspectors' Workshop, during which inspectors are refreshed and brought abreast with new developments in the pharmaceutical regulatory landscape. It also provides avenues for the cross fertilisation of ideas among inspectors and promotes uniformity of pharmaceutical regulation across the country", he said.

Notable among speakers at the event were Dr Amina Shekarau and Pharm. Maria Ochigbo who took participants on annotated excursions into the impact of pharmaceutical inspection on the general outcome of medicine quality, as well as the dynamics of the pharmaceutical distribution value chain and its effects on the society, respectively.

Igwilo, Obono, others charge pharmacists to play more active role in public health

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action. We don't take action. Just producing fliers and sharing to people in our communities will go a long way.

"Misinformation on health-related issues is a major health challenge that we pharmacists must rise up to address urgently and that is one aspect of public health."

While presenting her lecture, titled, "Pharmacists: Facilitating Public Health", the guest speaker, who is also the Managing Director/CEO, Pharma Solutions Limited, Pharmacist (Mrs) Olabisi Oyeleye stated that public health promotes and protects the health of communities and thus pharmacists must always act based on the oath they took to promote public health.

She averred that pharmacists did not just study Pharmacy to make money but to impact lives in the communities they find themselves, adding that they are not just meant to be dispensing drugs, but to also prevent diseases by participating in public health activities.

According to the guest speaker, some aspects of public health that pharmacists can

engage in are development of public health policies, training and research, medication safety, prevention of diseases, as well as health education.

She enjoined pharmacists to, as a matter of urgency, embark on healthcare promotion services, provide free or paid health care screening, and correct misinformation on health-related issues that are mostly being spread through the social media.

She also urged pharmacists to involve themselves in governance and advocacy campaign on health matters.

She said: "Improve your knowledge of contagious diseases control, prevention and reporting system. Be committed to facilitating a successful public health outcome. Start taking action from today. Don't fold your hands, be active."

The highlight of the meeting was the election of new executives. They are: Pharm. Olawunmi Peters, zonal coordinator; Pharm. Kingsley Ekwunife, assistant coordinator; Dr Aderoke Olowu, secretary; Pharm. Mutiat Adepoju, treasurer; and Pharm. Olubukola Folorunsho, publicity secretary.



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Ohuabunwa, Mohammed, others charge pharmacists on local therapy for COVID-19

continued from back page

in Nigeria: Lesson from the COVID-19 Pandemic”.

While declaring the conference open, the Vice-Chancellor, University of Nigeria, Nsukka, Professor Charles A. Igwe, commended NAPA for its commitment to providing solution to challenges in the nation's pharma sector.

He further charged pharmacists in the country to intensify research efforts that will lead to the end of COVID-19 and other challenges facing the health sector.

“Come up with ideas, carry out research, work together and produce a COVID-19 vaccine. I want to challenge you pharmacists in the academia to find a solution to the challenges in pharma sector”, the VC said.

Speaking at the opening ceremony of the event, Mazi Ohuabunwa stated that pharmacists in academia play a vital role in every society, stressing that without them, there wouldn't be other pharmacists. He however said the priority of all pharmacists in the country now should be creation of local contents.

Ohuabunwa said: “The essence of academia is to solve problems. It is all about intellectualism, to create new things. This is why research is very important. PSN is now sponsoring research. Our priority should be creation of local contents.”

“The theme of NAPA conference this year is apt. Pharmacists are solution-providers and the theme is pointing in that direction; so it is our job as pharmacists to produce drugs that will treat COVID-19; others should join us in achieving this goal.”

Also, while delivering his goodwill message, the PCN Registrar, Mohammed, who was represented by the Zonal Director of the Council, Ifeanyiwa Mary, pointed out that the theme of the NAPA conference was relevant, considering the high level of damage that COVID-19 had done to the entire globe.

The PCN boss therefore called on pharmacists, especially those in the academia, to embark on intensive research and development works.

“Research and funding of research is key in advancing the pharma sector. The roles of NAPA in tackling the COVID-19 pandemic cannot be overemphasised. Pharmacists in academia should prioritise research and development. This will help in developing local active ingredients against the pandemic,” Mohammed said.

In his remarks at the event, the chairman of NAIP also stressed the urgency of developing a local medicine that will treat COVID-19.

“Pharmacists in academia have big roles to play in the development of the Nigerian pharmaceutical sector,” he said. “NAPA should rise up. Developing our own medicine is the way to go.”

Earlier in his opening address, the outgoing Chairman of NAPA, Prof. Ibezim, noted that now is the best time to



Pharm. (Mazi) Sam Ohuabunwa
PSN President



Dr Elijah Mohamed
PCN Registrar



Pharm. Ignatius Anukwu
NAIP Chairman



Prof. Emmanuel Ibezim
Outgoing Chairman, NAPA

advance the pharmaceutical industry, stressing that COVID-19 had further exposed the country's vulnerability and overdependence on other countries.

According to Ibezim, “The pandemic has widely opened our eyes to so many important and strategic areas we had overlooked in the time past. If there is any time we need to advance the pharma sector in Nigeria, it is now. The pandemic has shown us that we really have a long way to go in the sector.”

“Just few weeks into the pandemic, when our age-long sources of pharmaceuticals all closed their borders, we were thoroughly stranded and grounded. It dawned on us, starkly and strangely, that we had nothing to boast of. When India, China, USA and the rest of the world, resorted to their products and reserves, we suddenly realised that we were acutely and senselessly dependent on them for almost everything.”

“Can this experience be the wake-up call we need to stir us to dust up our pharmaceutical industries where we left them, see what remains of them, and repackage and re-model them to begin purposeful and strategic production? Can we begin to change our consumerism attitude and embrace productivity? Can we

rise from being overdependent to becoming dependable?”

Ibezim noted that NAPA is making effort to live up to expectations and take its rightful place in the pharmaceutical sector.

He said: “NAPA, as a body, has risen through the ranks and is fast becoming a force to reckon with in the Nigerian pharmaceutical world. Having passed through her teething and challenging stage, she is gradually poised to take her rightful place in the Nigerian pharmaceutical space.”

“While the pandemic raged, our members in almost all the branches rose to the task and produced standard sanitizers that served their various campus communities. Some branches went ahead to produce drugs and remedies for COVID-19, some of which are currently undergoing final stages of trials with the regulatory bodies.”

“NAPA, in collaboration with NAIP, successfully launched two drug products, NANIP – a cough syrup anchored by NIPRD; and PINNAN, a topical formulation anchored by UNILAG. These two products are currently awaiting commercialisation. I must confess at this point that NAPA has not reached her zenith. There are still greater heights to attain and greater mountains to surmount.”

Also making his remarks,

the Chairman of the occasion, Senator (Pharmacist) Sadiq Umar, representing Kwara North, expressed worries that COVID-19 is already displaying resistance to certain vaccines, urging pharmacists and researchers to work hard to come up with a local therapy.

“COVID-19, especially the Delta variant, is already showing resistance to vaccine. This is why experts in the pharma sector need to come up with drugs that can fight the virus in Nigeria. Pharmacists, pharmaceutical scientists and chemists in Nigeria should try to produce a therapy that will fight the pandemic”, the senator said.

The keynote speaker, who is also the Chancellor of Gregory University, Uturu, Abia State, Professor Gregory Ibeh, in his address, stated that research institutes and colleges of pharmacies have big roles to play in advancing the nation's pharma sector.

The chancellor, who was ably represented by the university's vice-chancellor, Professor Augustine A. Uwakwe, lamented that there are many challenges facing the pharma sector which are still begging for attention. He charged pharmacists to take the bull by the horn and be at the forefront to provide solution to the challenges.

“Opportunities in the pharmaceutical sector in Nigeria are huge. Nigeria is one of the richest countries, if not the richest in the world, in terms of herbs; yet about 80 per cent of the drugs in the country are being imported. There is need for manpower training for existing and upcoming industries in the pharmaceutical sector. However, pharmacists need the support of the government to be able to perform their roles,” the keynote speaker said.

Ibeh also explained why PSN and NAPA should be allowed to play active roles in the Nigeria Centre for Diseases Control (NCDC), saying: “I am yet to know the role NAPA and PSN is playing in NCDC because, to me, it appears the two associations are not being given the rightful place in the centre now. If PSN and NAPA are not given the right place in the centre, there might be more problem when another pandemic surfaces.”

A major highlight of the event was the conferment of the NAPA “Man of the Year Award” on the Chairman, Association of Industrial Pharmacists of Nigeria (NAIP), Pharm. Ignatius G. Anukwu, for his track record of leading innovation, outstanding performance and leadership role in the industry.

Others who won NAPA Professional Excellence Award were Pharm. (Dr) Elijah Mohammed, Registrar PCN (Professional Excellence Award-Administrative Pharmacy); Dr Margaret Ilomuanya, a senior lecturer at Faculty of Pharmacy, University of Lagos (Professional Excellence Award- Academic Pharmacy); Dr Kingsley Chiedu Amibor, Federal Medical Centre, Asaba (Professional Excellence Award -Hospital Pharmacy) and Pharm. Mohammed Ibrahim Hussain (Professional Excellence Award Community Pharmacy).

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Ohuabunwa, Mohammed, others charge pharmacists on local therapy for COVID-19

- As Anukwu bags NAPA's "Man of the Year" award

By Ranmilowo Ojalumo

With the unrelenting onslaught of the COVID-19 pandemic across the globe, key stakeholders in the pharmaceutical sector-including the President, Pharmaceutical Society of Nigeria (PSN), Mazi Sam Ohuabunwa; Registrar, Pharmacists Council of Nigeria (PCN), Dr Elijah Mohamed; Chairman, Association of Industrial Pharmacists of Nigeria (NAIP), Pharm. Ignatus G. Anukwu; and the outgoing Chairman, Nigerian Association of Pharmacists in Academia (NAPA), Professor Emmanuel Ibezim - have charged pharmacists in the country to come up with a local therapy to combat the disease.

The call was made at the 19th NAPA National Scientific Conference 2021, held in Nsukka, Enugu State, from 16 to 20 August, with the theme "Challenges and Opportunities in Advancing the Pharma Sector

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L-R: Dr Daniel Orumwense, former chairman, Committee of Head of Federal Health Institution in Nigeria (COMHFHI); Pharm. Gbenga Falabi, national secretary, PSN and Dr Kingsley Amibor, immediate past chairman, Association of Hospital and Administrative Pharmacists of Nigeria (AHAPN), at the closing banquet of the 22nd Annual National Scientific Conference of AHAPN, held at De Peace Hotels & Suite, Tanke, Ilorin, Kwara State.

PCN harps on excellence in pharmaceutical service

- As pharma inspectors hold national workshop

By Patrick Iwelunmor

The Pharmacists Council of Nigeria (PCN) has reiterated its call to pharmacists to embrace excellence and global best practice in the discharge of their duties, especially in the inspectorate and drug distribution units.

The Chairman, Governing Council of the body, Professor Ahmed Mora, made this call at the commencement of a three-

day national workshop recently organised for pharmaceutical inspectors in Lagos.

During the workshop, tagged "Pharmaceutical Inspection - Need for Excellence in Pharmaceutical Service Delivery" and organised in partnership with the United States Pharmacopoeia Promoting Quality Medicine plus (USP/PQM+) and the United

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