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Nigeria's Leading Health Journal

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L-R: Dr Yetunde Fadipe, consultant family physician; Dr Philip Adebola, consultant cardiologist; Abbas Sambo, Swipha business development director; Abimbola Rotimi, brand manager; Frederic Lieutaud, managing director; and Ibrahim Ugbede, pharma operations director, unveiling Cardiotan for hypertension management at Swipha product launch, held at Radisson Blu Hotel, Ikeja, Lagos, recently.

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Usifoh, others advocate contract manufacturing, API production for drug security

By Ranmilowo Ojalumo

President of the Pharmaceutical Society of Nigeria (PSN), Prof. Cyril Usifoh and other notables in the pharmaceutical industry have maintained that only by giving more attention to local contract manufacturing and production of Active Pharmaceutical Ingredients (APIs) can Nigeria

achieve security and self-sufficiency in drug production. They therefore called on pharmaceutical manufacturers in the country to synergise towards making this a reality.

Speaking at the recent Chief Executive Officers' Forum (CEO Forum) of the Association

of Industrial Pharmacists of Nigeria (NAIP) held in Lagos, with the theme "Promoting Self-Sufficiency and Drug Security through Local Contract and API manufacturing: Lessons Learnt from COVID-19", Usifoh said: "The solution to drug security and self-sufficiency

continued on page 16

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PHARM. MOFOLORUNSO ALARAN

Pharm. Mofolorunso Abdul Afeez Alaran is the regional marketing manager, West Africa, Shalina Healthcare. He is a seasoned sales and marketing professional and business manager, with added experience in channel and human resources management.

An indigene of Ikereku in Abeokuta, Ogun State, he had his elementary education at the Trinity Home Nursery and Primary School, Ojoo, Ibadan, Oyo State. Thereafter, he proceeded to Abadina College, also in Oyo State, where he obtained his Senior Secondary School Certificate in 1991. He later gained admission into the University of Ibadan and graduated with a Bachelor of Pharmacy degree in 1998. He further obtained an MBA degree in Marketing from the ESUT Business School, in 2011.

Alaran got his first exposure to the corporate world in 1999 when he commenced his internship at CPL Industries Limited. Two months into the training, he was taken by the Lagos Hospital Management Board for internship placement. There, he garnered rich experience serving under reputable pharmacists in the hospital setting. He also had a stint in the petroleum industry, courtesy of the compulsory National Youth Service programme, which he had at the Nigerian National Petroleum Corporation (NNPC) Medical Services, Port Harcourt, Rivers State, in 2000.

His career journey started on 1 October 2001 with Ranbaxy as a medical sales representative, in Asaba, Delta State. There, he won the award of "Performer" for product sales, in December 2001. He got transferred seven months later to manage the bigger PHC territory in 2002 which he did successfully till he became the regional manager for the east in 2005, winning many accolades and awards in the process.

Alaran joined AstraZeneca sub-Saharan Africa, in 2009, as a pioneer member of the Nigeria country team. He established the AZ businesses in the east and played pivotal roles in the launch of many of the innovator brands of the company. He ultimately won the best regional manager of the year award in 2011.

Alaran received a boost in his career as he assumed the role of national sales manager at Emzor Pharmaceutical Industries, in 2013. He later became head of Sales and Marketing, and then head of Marketing Strategies and Business Development. While at Emzor he streamlined and transformed the sales and marketing operations. He also created a harmonious interdepartmental workflow among the various operations, which impacted the growth of the business.

Alaran joined Shalina Healthcare in December 2017 as regional marketing manager, West Africa. Since then, he has facilitated many partnerships and sponsorships of many professional bodies and organisations for capacity development and training activities that have impacted many stakeholders and colleagues in learning and business development. He is the anchor and lead in the Shalina Young Talents Awards, a national level competition for final year pharmacy scholars, which has run for three seasons. He also leads Shalina Rising Star Awards, a unique platform for resident doctors to showcase their clinical talents amongst many other value-added initiatives that have impacted pharmacy and medical practices in Nigeria.

Alaran is an active member of the Pharmaceutical Society of Nigeria. he is happily married with children.



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Inspiration

Give it your all. Whatever work you do, do it to the best of your ability. - **Jerry Dorsman and Bob Davis**

When ordinary people decide to step out and be part of something big, that's when they become extraordinary. - **Brett Harris**

The only way to do great work is to love what you do. If you haven't found it yet, keep looking. - **Steve Jobs**

Instead of letting your hardships and failures discourage or exhaust you, let them inspire you. - **Michelle Obama**

"Though nobody can go back and make a new beginning... Anyone can start over and make a new ending." - **Chico Xavier**

"Life is about accepting the challenges along the way, choosing to keep moving forward, and savoring the journey." - **Roy T. Bennett**

Embrace the present moment fully and with passion, because only through the present moment do we truly live. - **Richard L. Haigt**

It is life's principle and you have to accept it as it comes; nothing happens when nothing is done. - **Israelmore Ayivor**

Success is inevitable if you keep moving. The only thing that matters is that you keep going. The only way to truly fail at a marathon is to stop taking the next step. - **Tim Grahl**

Being confident with what you do drives you to achieve your goals, work at your best and overcome any challenges that come your way. - **Matt Morris**

Some people dream of success, while other people get up every morning and make it happen. - **Wayne Huizenga**

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Pharmanews Facts

1. PN is the leading healthcare journal in Nigeria.
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

Celebrating 43 Years of Uninterrupted Monthly Publication (1979-2022)

The recent certification of the National Agency for Food and Drug Administration and Control (NAFDAC) as Maturity Level 3 regulatory agency by the World Health Organisation (WHO) came as a huge boost to the efforts of all stakeholders in the health sector towards bolstering the healthcare delivery system in Nigeria.

The development is an attestation to the fact that Nigeria can break new grounds with regards to health innovations, if the right steps are taken. According to NAFDAC, the attainment of 868 recommendations came with the approval to produce vaccines locally and many other positives for the Nigerian healthcare space.

It is interesting to know that the feat has placed Nigeria on a higher pedestal among nations eligible for inclusion in WHO's list of prequalified regulatory authorities to be accorded global recognition for meeting international standards in drug manufacturing. Also, on the African continent, Nigeria can now stand with the three countries of Ghana, Tanzania and Egypt, as the few effective regulatory systems in the region.

Announcing the cheering news to journalists at a press conference in Abuja, the visibly elated Director General of NAFDAC, Professor Mojisola Adeyeye, attributed the landmark achievement to years of assiduous efforts and collaboration among

NAFDAC'S leap towards self-sufficiency in drug production

stakeholders within the health sector. She specially recognised the role of the Pharmacists Council of Nigeria (PCN), saying the feat would not have been actualised without PCN's unwavering commitment to regulation of pharmacists and pharmaceuticals in the country. This again underscores the importance of collaboration among stakeholders in the healthcare sector. It is the only way to birth more transformative solutions to the myriads of challenges hampering effective healthcare delivery in the country.

It is also noteworthy that the NAFDAC boss further explained that WHO certification is an indication that Nigeria has improved in clinical trials, international standard guidelines and procedures, regulatory inspection, laboratory listings, market control, and other regulatory operations. It is our belief that

if these positive indices are sustained and consolidated, Nigeria will soon be able to produce medicines and vaccines that will not only serve the needs of the populace but will also thrive in the international market.

It would be recalled that the country was almost overwhelmed by the outbreak of contagious diseases, starting with the Ebola virus and culminating in the COVID-19 pandemic. It is certainly true, as many analysts have observed, that if the country had been properly harnessing its human and natural resources in the medical and pharmaceutical fields, finding a solution to the outbreaks would not have been so difficult. Nevertheless, this feat by NAFDAC comes with a massive ray of hope that serves as a pointer to imminent brighter days for the country's health sector.

This notable achievement

is also a major boost for the image of Nigeria, in general, and NAFDAC, in particular. Henceforth, any food or drug product endorsed by the agency has a better chance of commanding global recognition. Moreover, the development has further broadened the vaccine production capacity of the African continent, which currently boasts of less than ten vaccine manufacturing countries and relies on UNICEF for supplies to the tune of 1.5 billion doses.

As we applaud the NAFDAC DG and her team for their hard work and tenacity in achieving the Maturity Level 3 status and striving to meet the Level 4, we urge the agency not to rest on its oars in the pursuit of operational excellence. Additionally, this elevated status also places a greater burden on NAFDAC to be more scrupulous in its screening, approval and inspection processes, so that the greater confidence reposed in it will not be jeopardised by dishonest and opportunistic individuals. To whom much is given, much is also expected.

We also call on the federal government and all other stakeholders in the health sector to, as a matter of urgency, offer greater support to NAFDAC to enable the agency to attain the highest possible capacity in its regulatory activities, as well as in drugs and vaccines manufacturing certification level. This will undoubtedly position Nigeria as a major hub in health-related concerns.

Additionally, this elevated status also places a greater burden on NAFDAC to be more scrupulous in its screening, approval and inspection processes, so that the greater confidence reposed in it will not be jeopardised by dishonest and opportunistic individuals. To whom much is given, much is also expected.

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Working with God

By Sir Ifeanyi Atueyi

We are expected to work in partnership with God. Ephesians 2:10 says that God created us for the purpose of action, which He had in mind for us to take when He designed and built us. Whatever we do must be according to His will. We should pray for God's direction and blessing. When we have done the good work, we should then thank Him that we are able to accomplish it successfully.

God is omnipotent and omniscient. He is owner of all the earth and its people (Psalm 24:1), as well as the gold and silver (Haggai 2:8) and the cattle on a thousand hills (Psalm 50:10). He has His own part to play in whatever we do and we have our own part He expects to play. Usually, we must do it using the abilities and talents He has given us. If we fold our hands and do nothing, we have not given Him the chance to play His own part.

Some ignorant God's people think that by only praying and not working, God will provide their needs and bless them. That's why many Christians are poor. He has promised to bless the works of our hands. He does not bless lazy people. Proverbs 10:4 (NKJV) says, "He who has a slack hand becomes poor, but the hand of the diligent makes rich". Proverbs 19:15 (NKJV) says, "...An idle person will suffer hunger."

We must also know that we cannot do without God's role. We cannot depend on our own efforts alone and succeed. "Unless the LORD builds the house, they labour in vain who build it. Unless the LORD guards the city, the watchman stays awake in vain. It is vain for you to rise up early, to sit up late, to eat the bread of sorrows, for so He gives His beloved sleep" (Psalm 127:1-2, NKJV).

We need wisdom to know what we are expected to do and what God will do at any time. There is division of labour in any organised workplace. For example, God will not plan or work for us. He has given us the ability to do that. He will not interfere with an assignment He has given us. But He expects us to commit our works to Him so that our plans will be achieved

(Proverbs 16:3).

When we are doing what God has planned for us to do, He has promised to teach and guide us how to do it the right way. He has His standards and wants us to do things for Him according to His specifications. That's why He counsels us and guides us with His eye (Psalm 32:8).

God will provide all we need to do His work (Philippians 4:19). If

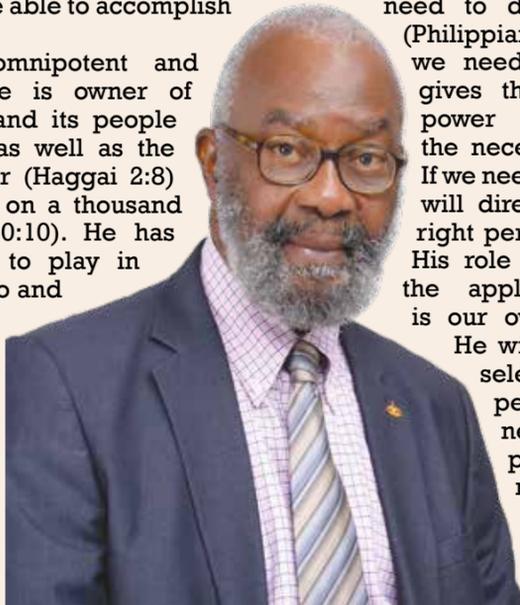
we need money, He gives the idea and power to generate the necessary funds. If we need people, He will direct us to the right person. It is not His role to interview the applicants. That is our own role. But He will lead us to select the right person. If we need business premises, we must search for one but ask Him to direct our steps to the right

place. He will surely direct us to the right place and contacts.

If we play our own role and assume we can play His role in the engagement, we are demonstrating pride which can lead to disaster. I believe God is always happy when we ask Him for anything we need. He loves His children who ask Him. Matthew 7:7 (NKJV) says, "Ask, and it will be given to you; seek, and you will find, knock, and it will be opened to you."

When we work with God, He expects us to give Him glory for our success. Remember that He is our Senior Partner and Master. Therefore, we must give Him priority in all our plans and programmes. He is a loving God but also jealous and cannot share His glory with anyone. Therefore, don't pass His glory to the people He has used to prosper you. You can only appreciate them.

Don't usurp the glory for yourself. This action offends Him. Remember that God is also a consuming fire. He can embarrass you by destroying the works of your hand. He can reject you and use other people who are ready to partner with Him. Working with Him is a great privilege and opportunity which you cannot afford to miss. Whoever works in partnership with God prospers and succeeds in everything he does.



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The law of process

By George O. Emetuche

"Be focused on process, not outcome." - Seth Klarman

If you fix process, you fix results. I started this write-up at exactly 3am because I will be on another assignment afterward. If I had failed to start at that time, I would not be able to meet up with my goals for the day. Each article takes two to three hours to complete. Therefore, starting at 3am makes a lot of "process sense".

If you follow process, you make progress

The law of process is extremely important in our endeavours.

The law of process guides us in knowing what to do at any given time. Adhering to this law has helped me to achieve a lot within record time.

If you want to understand the law of process, try to watch a chef when he is preparing a special dish. The expert chef arranges several ingredients and uses them at the right times. He puts ingredients at their right times and in the right proportions. At the end, a delicious meal is served. This is how process works.

Process is about doing it right

Process is about sequence. It is about doing the right things at the right time.

Another good example of process is the art of book writing. Book writing is likened to a tailor who sews clothes. The tailor cuts clothes to sizes and applies skills in using the needle and thread to get the design he desires. He directs the thread accordingly to get what his client wants. This is how a writer navigates his writing from introduction to conclusion. Every segment of the writing must be in order because the writer approaches it sequentially. This is what happens when you follow process.

Understanding the law of process has helped me as a creative mind. The knowledge industry in which our company - The Selling Champion Consulting Limited - plays, requires almost perfection to excel. Clients expect us to be near perfect. As consultants, clients don't expect us to make mistakes. This is where knowing the law of process helps.

Process is paramount in executing any task because it deals with series of actions or steps to be taken in order to execute a particular project or assignment. As a sales professional, you must understand the sales process and how to apply it. This is how to excel as a professional. If you understand process, there is no task you can't execute.

In execution, everything rises and falls on process

Process is embedded in your vision, mission, goals and objectives. It takes process to know what to do at any given time. You can't achieve your vision without working on your mission. You can't make a headway in your mission without being effective and efficient in pursuing your goals. You can't achieve your goals without working on your objectives. You can't achieve your

purpose without designing a smart strategy. These constructs are interwoven, and process as a concept connects them all.

I didn't learn the law of process in any school. I got it from experience and inspirational knowledge. I have written seven books to date, and presently concluding the 8th. I wrote two of my books - "Everything is Possible" and "Be Inspired" in two weeks, respectively. I have also written over 3000 articles online and offline in 10 years. I still run our business where I design business strategies and training modules. I see to the strategic decisions of our company, including how to position our business better in the tough marketplace. We are able to do all these tasks because we fully understand the law of process.

Nothing great happens on nothing, just as the law of cause and effect says: "For every action, there is a corresponding reaction. Every action begets a reaction." Make 2022 a year you will be intentional about process. Get better in the law of process

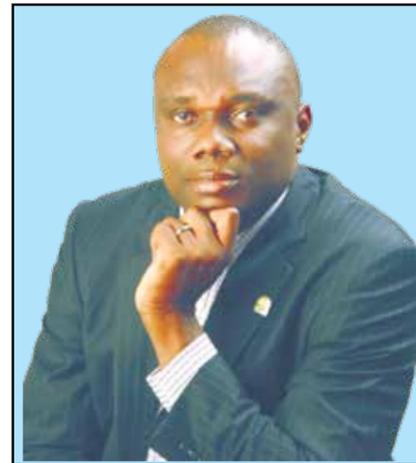
Try these recommended steps to get better in the law of process.

1. Be equipped. Be prepared. Know yourself, know your industry and be brilliant on the basics.

2. Know what is required for a task, project or assignment before you commence.

3. Set goals for yourself. Setting goals will give you direction in the project. Remember, your goals must be SMART-compliant, that is: Specific, Measurable, Achievable, Realistic, and Time Bound.

4. Assemble what you need to get things done: human, tools,



and other resources.

5. Design a step by step approach on how to achieve set goals as in number three above.

6. Take action. Do the work aspect of the process. Without the action or work part, nothing will be achieved.

7. Be innovative. Periodically review your process to get better.

Explore the law of process and get better in 2022.

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Inquest

with
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There is ample evidence to show that human cardiovascular health receives a huge boost from any activity that lifts the mood, such as humour and laughter derived from comedy and pranks. As an expert recently explained, "Laughter eliminates many of the negative symptoms associated with stress. When you laugh, your body releases hormones called endorphins. These hormones make you feel good and block out those negative emotions. No wonder you feel better after laughing!"

In Nigeria, many youths have found employment platforms for themselves by turning YouTube into a goldmine with their comedy skits and pranks. While these youngsters should be commended for their creativity and ingenuity, it is pertinent to also note that there are grave dangers in what some of them have come to embrace as a passion. Thus, besides the money-spinning advertisement and endorsement opportunities that these skits provide, there have also been concerns about the potential hazards that some of the pranks pose to the producers

and their laughingstocks.

Observations have shown that there are some humorous situations that trigger laughter but also end up putting the lives of people in jeopardy. This is particularly true of comic shows or pranks that trigger fear or panic. In fact, they do exactly the opposite of what laughter and humour do to the heart, and this is where the biggest concern is. Many victims of scary pranks have had cardiovascular scares while some have run into physical danger. According to www.health.clevelandclinic.org,

"Intense emotion can actually trigger a heart attack in susceptible individuals (especially those suffering from other heart conditions). But even people without an underlying heart problem can literally be scared (almost) to death."

When discussing how scary pranks (which actually entertain people) can cause health problems, one Nigerian prankster comes to mind. Ubani Zion Chibuike, popularly known as Zfancy is one of the most humorous skit makers in Nigeria. In one of his prank skits titled "African Marriage Prank Gone Wrong", the

mother of his accomplice actually fainted and had to be resuscitated by a medical doctor after her son introduced Zfancy as his fiancée. The poor woman could not come to terms with the thinking that her son was a homosexual.

As funny as that skit might have seemed, it could have led to more serious consequences for the woman. What if she was hypertensive or battling any other cardiovascular disease? The probability of her suffering a heart attack would have been very high.

In another YouTube skit titled "Iboji", which was shot in the historical city of Abeokuta, it took luck for some of Zfancy's victims not to physically injure themselves due to the scary nature of that very prank. Acting as a ghost who was tired of wandering around the physical world and desirous of a return to the grave (*iboji* in Yoruba language), Zfancy made all his victims take to their heels in panic when it dawned on them that they were talking to a "real ghost". In fact, one of the scared women nearly ran across the highway and could have been knocked down by a moving vehicle.

It must also be said here that apart from cardiovascular issues, some of these pranks can trigger the kind of panic that may cause physical harm. Imagine what could have happened if the said woman had crossed the highway in a bid

to escape from a 'ghost'.

Another notorious prankster is Abdullahi Maruff Adia (I am trinity guy) famed for removing wigs and attachments from women's heads. In fact, he is the most physically assaulted pranksters in Nigeria and this does not augur well for his wellbeing. On many occasions, he has received serious beating from both men and women. While his pranks are considered humorous, they are often taken to the extreme. In one of them, he presented himself to an old man as an armed robber who was desirous of a change of attitude and while the old man sympathised with him, he attempted to rob him. Out of panic, the old man ran for his life, leaving his slippers behind. Considering that people of the old man's age bracket are more susceptible to high blood pressure and cardiovascular disorders, playing that prank on him was an expensive joke that could have backfired.

I believe that skit platforms, such as YouTube, need to strengthen their Community Guidelines and ensure that they cover issues bordering on health and wellbeing. This can be done better by engaging all content creators from time to time. The rules and regulations should be unequivocally spelt out in a way that guarantees clarity for both existing and potential content creators, especially skit makers.



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Beauty or wellness?

By Mrs. Chima Ejimofor

Beauty is a combination of qualities, such as shape, colour, or form, that pleases the aesthetic senses, especially the sight. Beauty indeed is in the eye of the beholder! Many people hide behind lots of makeup every day. Many now tuck their fat bellies in girdles and instant body shapers! Many look so beautiful externally, since almost everything can be bought - hair, nails, lashes etc.; yet the environment they come out from may be so dirty and filthy.

Wellness, on the other hand, involves practicing healthy habits on a daily basis to attain better physical and mental health outcomes, so that instead of just surviving, you're thriving. Total wellness is a combination of our daily habits. There's a direct connection between weight and health. Weight is an indication of unwellness. It indicates the presence of a health challenge. The more weight you have, the more diseases you attract!

It's one thing to be alive; it's another to have the quality of life that makes life worth living and totally fulfilling.

Stress

Stress is simply the difference between where you are now and where you want to be. Consequently, there is good stress and there is bad stress. We all need healthy levels of stress in order to grow and keep improving in various life endeavours. Students, for example, go through stress in order to pass examinations.

Stress is an unhealthy level of **cortisol**. Adrenaline is needed for emergency situations -fight or flight. However, on an abnormal level, cortisol floods our systems. It is a very high form of energy, necessary for emergency situations like seeing a snake and running for your life!

Nowadays, right from our homes, traffic and workplaces, we are surrounded by stressful situations. People are literally secreting cortisol in traffic, especially in a city like Lagos in Nigeria. If you come home every day and all you do is shout and complain about all the things your children have not done - you notice every pin out of place; you're always finding faults, watch it - you are stressed out. Stress makes your bedroom affairs impossible because you are never in a relaxed mood. You keep reading meanings into every comment made by your spouse. You are stressed out!

When the body releases all that cortisol, after 30 minutes and realises that there is no emergency situation, that energy is converted to fat around your vital organs - heart, liver, kidneys etc. This develops into chronic disease conditions.

Do you know that belly fat is a result of abnormal levels of cortisol in our systems? This fat doesn't respond to diets or exercise!

Do you know people who say, they do not eat much, yet

they are so fat? The more you do not eat, the more you are stressed out. And the more the cortisol, the fatter you get.

How do you know you are hungry? The brain and not the tummy tells us when we are hungry. Eating unhealthy food starves the body of vital nutrients. What you feed your body is what it craves! For instance, after eating a bowl of *puff-puff*, you are hungry soon after. Cravings are as a result of what you are feeding your body!

Vital nutrients feed you on a cellular level. Real foods contain amino acids which your body needs. The more junk you eat, the more cravings you have. Many people get away with putting junk food in their earlier years. Today, childhood obesity is a growing pandemic! What are you eating? The quality

of your food is so important. Rice, bread, sugars etc. are the biggest culprits.

Stress causes autoimmune diseases. Anxiety, fear and worry are stress triggers. So also are workplace and home environment issues; even family relationships can be stressing. Having younger and older children can create stress for parents. Many parents want to live the lives of their children. It's so easy to get stressed out.

Sleep is nature's way of restoration, healing and rejuvenation. There is also the luxury of having a proper bath, soaked with bath salts and followed up with massages at least twice a week. Massages are good, as you need accupressure to release all the stress. Exercise is also helpful.

References:

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Health Talk By Mrs Olamide Balogun shared via Zoom.



About the Author:

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Toyin Tofade: Highflying record-breaker in pharmacy leadership

By Ola Aboderin

It was Matshona Dhliwayo, the Zimbabwean-born philosopher and entrepreneur who once said, "If records refuse to be broken, shatter them." This perhaps is the best way to describe the unprecedented achievement recently recorded by Prof. Toyin Tofade at The Albany College of Pharmacy and Health Sciences (ACPHS) in the United States of America.

For good 141 years since the prestigious pharmacy college was established, no black woman had ever emerged its president. It was not that the school's Board of Trustees or any of the search committees over the years had chosen to be biased – at least not apparently so; but there always seemed to be a factor or two that made the potential female candidates fall short of the requirements to pilot the affairs of the top-ranking institution.

Thus, like an unbreakable megalith, the narrative of the school's leadership history had consistently followed the same predictable pattern, until it met its match in the formidable brilliance and unbeatable track record of Prof. Tofade. Following the announcement last year by the outgoing president of the college, Dr Greg Dewey, that he was retiring, a rigorous and comprehensive nationwide search was launched for a competent replacement.

The task was handled by a Presidential Search Committee, which consisted of members of the school management, staff, students, and alumni. In addition, the services of Greenwood/Asher and Associates, an executive search and recruitment firm, were enlisted, to ensure that the college attracted significant interest from a diverse group of qualified candidates.

Working with the search firm, the search committee, which was chaired by Christopher Di Lascia, held several listening sessions and conducted surveys with key campus stakeholder groups to identify the major strengths and qualities expected of the college's next president. Feedback received showed that the stakeholders were keen on sustaining the reputation of excellence that the school had built for over a century. Consequently, very high standards were set regarding the ideal characteristics and requirements of the potential incoming president.

At the end of the painstaking search and interviews, the search committee found that none could match the sterling records of Tofade as a pharmacy leader of the national, state and local levels. She stood out as a colossus in academic excellence, superior leadership expertise, as well as sustained international contributions to the advancement of pharmacy practice. Whether or not the search committee considered the historical disruption that would arise from her appointment, one thing was clear: Tofade's credentials were simply too remarkable and her records of achievements were far too



Prof. Toyin Tofade

of student internships; as well as expanding clinical, industrial and international partnerships.

Also, under her leadership, the college diversified its faculty composition and expertise; revised the curriculum, which has led to improved educational outcomes; and developed partnerships with the pharmaceutical industry, yielding postdoctoral fellowship opportunities for Howard graduates. Moreover, under her watch, alumni giving increased by over 70 percent and the student residency match rate increased from 36 percent to more than 50 percent.

Reflecting on these achievements and more, Dr Anthony Wutoh, provost and chief academic officer of Howard University could not but describe her imminent departure with mixed feelings. According to him, "Dean Tofade has been an integral part of the Howard University community for the past six years, and has represented the College of Pharmacy well as a respected leader. While her departure is certainly a loss to Howard University, we are nonetheless thrilled for her that she will expand her leadership responsibilities as the president of Albany College of Pharmacy and Health Sciences. We wish her well in this exciting new role."

Tofade has, aside from her role at Howard, held several other pivotal positions in global professional pharmacy organisations. In 2020, she was appointed as chair-elect of the council of deans for the American Association of Colleges of Pharmacy. That same year, she was made president-elect of the International Pharmacy Federation (FIP) academic pharmacy section. Earlier in 2018, she became the first black woman to be named a FIP Fellow, which recognises those who have exhibited strong leadership internationally, distinguished themselves in pharmaceutical sciences and/or practice of pharmacy, contributed to advancement of pharmaceutical sciences and/or practice of pharmacy, and have served FIP.

Tofade has also served in multiple roles at the University of Maryland School of Pharmacy (UMSOP) in Baltimore, including associate professor in the Department of Pharmacy Practice and Science, associate director, and assistant dean of the Experiential Learning Programme. She was also employed at University of North Carolina (UNC) hospitals for

several years as a pharmacist, as a clinical specialist on the general medicine service, and as director of Pharmacotherapy Services at the Wake Area Health Education Centre (AHEC).

Background and education

The apple, indeed, does not fall too far from the tree. Prof. Tofade is the daughter of the late distinguished pharmacist, scholar and researcher, Prof. Abayomi Sofowora, former Chairman of WHO Regional Expert Committee on Traditional Medicine. The erudite pharmacist had lectured Pharmacognosy for over 45 years, spending 40 of those years in the Department of Pharmacognosy, Faculty of Pharmacy, Obafemi Awolowo University, Ile-Ife (October 1967–December 2007).

It was within this period of her father's active years, especially while working on the *Fagara* (*Xanthoxylum Xanthoxylloides*) that Tofade developed a passion for Pharmacy. She proceeded to receive a B.Pharm. from OAU, before travelling to the US, where she obtained a master's degree in Pharmacy Practice and a Doctor of Pharmacy (Pharm.D.) degree from the University of North Carolina (UNC) at Chapel Hill. She completed a residency with emphasis on clinical pharmacokinetics from UNC Chapel Hill, and an American Society of Health-System Pharmacy-accredited residency at UNC hospitals. She is also a certified coactive coach and completed the Academic Leadership Academy from the Academic Leadership Institute at Penn State University, the Management Development Programme from the Harvard Graduate School of Education, and the Crises Leadership in Higher Education from the Harvard Kennedy School.

Awards and recognitions

Tofade has received numerous awards, including the American Society of Health System Pharmacists (ASHP) Donald E. Francke Medal, which honours pharmacists who have made significant international contributions to advance pharmacy practice. In 2021, the University of North Carolina (UNC) Eshelman School of Pharmacy, honoured her with the Pharmacy Alumni Association Distinguished Service Award. In 2020, she received the A. Richard Bliss Jr. Grand Council Citation of Appreciation Award given by Kappa Psi Pharmaceutical Fraternity, Inc.

In 2019, Tofade received the Fred M. Eckel Pharmacy Leadership Award by the University of North Carolina (UNC) Eshelman School of Pharmacy and UNC Hospitals. She was the first black person to win the award. In 2018, she received a Distinguished Service Award in appreciation for leadership in Pharmacy Education and presentation at the Nigerian Association of Pharmacists and Pharmaceutical Scientists in the Americans, Inc. (NAPPSA) Scientific Conference.

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Non-verbal intelligence (My secret as a star medrep) (4)

By Dipo MacJob (Dr Write)

A fundamental aspect of the medrep job is territory mastery. As a matter of fact, the protocol is that the medrep is expected to go round the new territory, from A to Z, on assumption of duty. That gives him an idea of what is happening in the territory and what gameplan to adopt. Without a thorough knowledge of the territory, a medrep is likely to struggle meeting up with the budget numbers on a monthly basis. This, of course, in the long run, affects the annual sales and the appraisal.

Not every customer is important in your territory, going by the pareto principle. Segmentation of customers in the territory into various tiers helps in effective field work.

Another reason reason reps sometimes lose heat on the job is lack of constant appraisal of their territory. This is important because, at times, what qualified a particular hospital or private clinic to be counted among the high profile ones might be the presence of a consultant or a well-known physician, who has now moved or relocated outside the country. This means that such hospitals will no longer be able to attend to specific patient categories, and it can eventually change them from one tier to the other.

Market Information

For medreps who are fully on top of their game, they do not only know all their key customers in the territory but also have a fair idea of when they stock and when they go out of stock. Therefore, the moment the stocking pattern of a particular key customer changes, a number of questions arises.

First, what comes to mind is, "Does the customer still have my products on the shelf, hence the reason for not buying more? Could it be that the doctors are no longer prescribing my brand for whatever reason?" Or "is my customer sourcing my product from another place?" Or, worse still, "Could the customer be patronising parallel imports of my brand for personal aggrandisement?" Whatever the case may be, a rep has to be aware of what the issue is.

The precipitation effect

This is a name I personally coined and I will explain it with an encounter I had many years back as a rep. After I got promoted to senior medrep in the company I worked for at the time, I was transferred from Ondo/Ekiti where I was to Lagos. Little did I realise that some of the medreps in Lagos had already planned a dubious sort of "welcome party" for me.

The first thing I noticed was that the terrain was much more challenging, especially because it was possible for you to spend hours stuck in traffic, just because you weren't aware of alternate routes to leverage. Of course, I was just trying to master the new territory.

Another challenge I faced was that, for every key hospital (or should I say private clinic) I visited, especially in certain areas within my territory, I was greeted with hostility. Despite introducing myself as the new medrep of the company, there was no much difference in terms of the hostility

level I experienced. I knew I had to do something fast.

The matter became more serious when the sales figures for that month were released and my numbers were looking precarious. It was a battle for survival. No one really offered to render any kind of help, since they were perhaps secretly scoffing, "Aren't you the star rep we had always been seeing his sales numbers? Prove yourself now".

Interestingly, the territory I was covering at the time was also being covered by a senior colleague. Even though our product portfolios were slightly different, we had the same company price list in our custody.

My plan then was to try and break the ice with the key hospitals in my territory. I decided to kickstart the process by releasing the company price list that favoured

hospitals the most. Normally, we had four categories of customers, for which different price lists were designed. We had Retail price list, Hospital price list, Wholesalers price list and Institution price list.

The moment I dropped the lowest price list, which was quite visible to the contact person at one of the key hospitals I spoke about, I got a call that same day. "Are you the new medrep from XYZ company?" "Yes." "Are you sure of this price list? Is it authentic?" "Yes, it is." It was then I got the message. The other medrep had been seriously profiterring from that hospital. That was the end of the relationship between the older rep and the hospital and the beginning of my relationship with those new hospitals.

As they say in politics, there are no permanent friends or enemies, only permanent interests. A medrep



rep job can be so exciting, yet so tiring and frustrating if you do not do the needful. Apart from being smart, you have to be "street wise", else you drown. The law of safety is that you must save yourself first before you save other.

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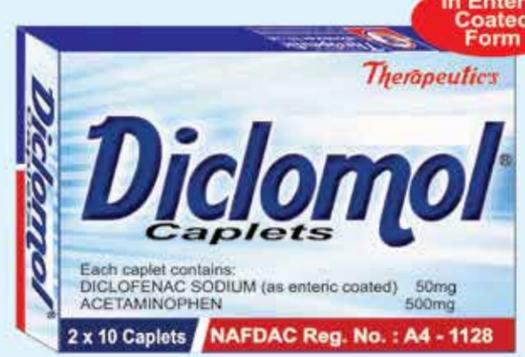


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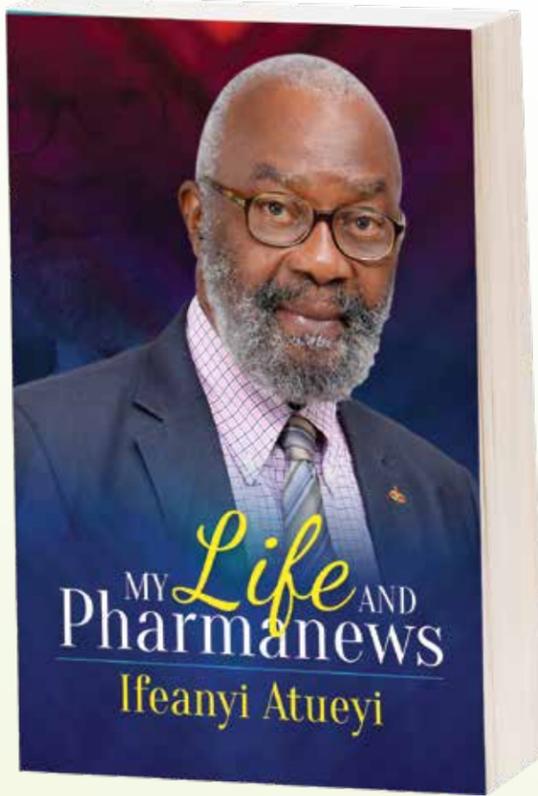
OLD STUDENTS IN A NEW SCHOOL

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

When school eventually resumed at the Ibadan campus in October for the 1966/67 session, the diploma students who returned included Eugene Okonkwo, Bona Obiorah, Moses Azuike, Lambert Eradiri, Dennis Okolo, Pius Ogwueleka, Tolani Ayuba, Ademola Odusote, and Anthony Chukwumerije. We constituted the second batch of the B.Pharm class of the university that joined the straight B.Pharm class, which had the likes of Felix Agwaniru, Felix Anazodo, Olufemi Sowemimo, Julius Adewumi, Edward Akagha, Abioye Oyetunji, Ralph Enemmuo, Olatunde Falabi and others.

Our lecturers included Dr Ayo Tella, Dr Olawuyi Oke, Dr Mrs Pamela Gerghis, Dr Idemudia, Dr V. Walters, Dr Roland Hardman, Dr J. D. Kulkarni, Mr Godwin Oviasu, and Miss Dance. Dr George Iketubosin had died during the period between the diploma and degree programmes.

Interestingly, it was a different setting altogether that we met. Aside from the population of students that had practically ballooned, the living conditions had drastically changed. To start with, unlike the diploma period, when each student had a room to himself, this time, we were paired in rooms. I was quite surprised because that was the first time I would hear about sharing of rooms by students. I kept wondering how people like us who had been living in their individual apartments would be



expected to share rooms.

But that's not all. At the refectory, unlike before when the stewards were at our beck and call, this time around, the system had changed. We were required to pick up the tray and collect the food from the counter and then return the tray after eating. We considered this arrangement *infra dignitatem*. We felt embarrassed and humiliated that we had to take

our trays to collect food and then return them after eating. I am sure that university students of today who have little or nothing to eat would find our complaints unimaginable and unreasonable.

I have to admit, though, that despite these changes, the provisions made for us were adequate and would definitely command the envy of many students of today. There was always plenty of food, which was certainly of good quality. In the hostels too, the rooms were clean and spacious and the beds were in good condition. The only challenge was that we felt we had been stripped of much of the dignity we had in our diploma days.

Luckily for me, my room-mate was Moses Azuike, who had been a friend of mine since our diploma years. We had both started in 1961 and finished together in 1964. We had both lived in Lagos - he at 39 Maye Street, off Montgomery Road, Yaba, while I lived at 52 Simpson Street, Ebutte Meta, and later, 3 Adelabu Street, Surulere. His landlord was a prominent pharmacist, Chief Andrew Egboh, FPSN, former registrar/secretary of the

Pharmacy Board of Nigeria. He also lived in the same premises. I regularly visited Moses and we understood each other well. So, we counted ourselves lucky to have been paired in one room.

Fortunately, in early 1967 the school decided to relocate students (except Pharmacy students) to its permanent site at Ile-Ife. Consequently, the population of students dropped and that ended sharing of rooms. The freedom to occupy separate rooms was restored.

Another major aspect of the campus life that had witnessed a change by the time we resumed was the social life of the students. Things were far less conservative than they used to be. Students freely mingled with one another and often had parties that sometimes extended to the morning hours. Since there was security then, students often went to night clubs, especially the ones around Mokola area, and returned to the hostels whenever they liked.

On campus, too, there were often different forms of social gatherings. With the country's economy buoyant, there was money to throw around and provisions were often made for free drinks and cigarettes during our campus parties. The Nigerian Tobacco Company (NTC) was there to offer free cigarettes. It was such a liberal atmosphere that influenced some of us then to pick up some negative habits.

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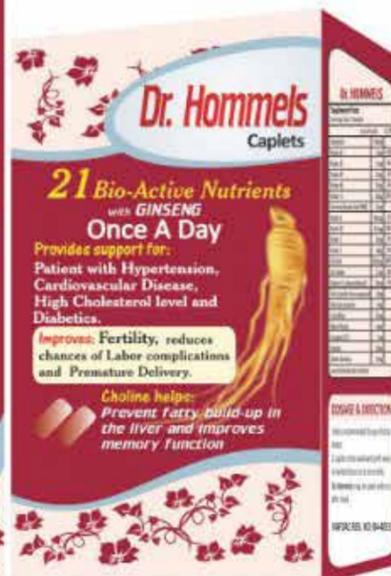
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Achieving zero prevalence of malaria in Nigeria

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year since 2000 than previously thought.

The report further shows that the WHO African Region continues to carry a disproportionately high share of the global malaria burden. In 2020 the region was home to 95 percent of all malaria cases and 96 percent of deaths. Children under five years of age accounted for about 80 percent of all malaria deaths in the region.

Four African countries accounted for just over half of all malaria deaths worldwide: Nigeria (31.9 percent), the Democratic Republic of the Congo (13.2 percent), United Republic of Tanzania (4.1 percent) and Mozambique (3.8 percent).

Causes of malaria

When an infected mosquito bites a human host, the parasite enters the bloodstream and lays dormant within the liver. For the next five to 16 days, the host will show no symptoms but the malaria parasite will begin multiplying asexually. The new malaria parasites are then released back into the bloodstream where they infect red blood cells and again begin to multiply.

Some malaria parasites, however, remain in the liver and are not released until later, resulting in recurrence. An unaffected mosquito becomes infected once it feeds on an infected individual, thus beginning the cycle again.

Symptoms of malaria

Malaria symptoms can be classified in two categories: uncomplicated and severe malaria. Uncomplicated malaria is diagnosed when symptoms are present, but there are no clinical or laboratory signs to indicate a severe infection or the dysfunction of vital organs. Individuals suffering from this form can eventually develop severe malaria if the disease is left untreated, or if they have poor or no immunity to the disease.

Symptoms of uncomplicated malaria typically last six to ten hours and occur in cycles that occur every second day, although some strains of the parasite can cause a longer cycle or mixed symptoms. Symptoms are often flu-like and may be undiagnosed or misdiagnosed in areas where malaria is less common. In areas where malaria is common, many patients recognise the symptoms as malaria and treat themselves without proper medical care.

Uncomplicated malaria typically has the following progression of symptoms through cold, hot and sweating stages:

Sensation of cold, shivering
Fever, headaches, and vomiting (seizures sometimes occur in young children)

Sweats, followed by a return to normal temperature, with tiredness.

Severe malaria is defined by clinical or laboratory evidence of vital organ dysfunction. This form has the capacity to be fatal, if left untreated. As a general



overview, symptoms of severe malaria include:

Fever and chills
Impaired consciousness
Prostration (adopting a prone or prayer position)
Multiple convulsions
Deep breathing and respiratory distress

Abnormal bleeding and signs of anaemia

Clinical jaundice and evidence of vital organ dysfunction.

Malaria in Nigeria

Malaria is a leading cause of illness and death in Nigeria,

which has the highest malaria burden in the world. In 2019, the country recorded over 61 million cases — an increase of 2.4 million, compared to 2018 — and 95,000 deaths attributable to malaria. Morbidity varies widely in terms of geography, gender and age, with pregnant women and young children particularly at risk and 13 densely populated states accounting for 42 percent of the country's malaria prevalence.

According to the Malaria Consortium, to achieve pre-elimination — that is, less than 10 percent parasite prevalence and 50 deaths per 1,000 for mortality attributable to malaria — interventions should promote preventive behaviours and strengthen diagnosis, treatment and reporting of malaria cases, particularly among high-risk regions and populations.

Transmission of malaria

In most cases, malaria is

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transmitted through the bites of female *Anopheles* mosquitoes. There are more than 400 different species of *Anopheles* mosquito; around 30 are malaria vectors of major importance. All of the important vector species bite between dusk and dawn. The intensity of transmission depends on factors related to the parasite, the vector, the human host, and the environment.

Anopheles mosquitoes lay their eggs in water, which hatch into larvae, eventually emerging as adult mosquitoes. The female mosquitoes seek a blood meal to nurture their eggs. Each species of *Anopheles* mosquito has its own preferred aquatic habitat; for example, some prefer small, shallow collections of fresh water, such as puddles and hoof prints, which are abundant during the rainy season in tropical countries.

Transmission is more intense in places where the mosquito lifespan is longer (so that the parasite has time to complete its development inside the mosquito) and where it prefers to bite humans rather than other animals. The long lifespan and strong human-biting habit of the African vector species is the main reason why nearly 90 per cent of the world's malaria cases are in Africa.

Transmission also depends on climatic conditions that may affect the number and survival of mosquitoes, such as rainfall patterns, temperature



and humidity. In many places, transmission is seasonal, with the peak during and just after the rainy season. Malaria epidemics can occur when climate and other conditions suddenly favour transmission in areas where people have little or no immunity to malaria. They can also occur when people with low immunity move into areas with intense malaria transmission, for instance to find work, or as refugees.

Human immunity is another important factor, especially among adults in areas of moderate or intense transmission conditions. Partial immunity is developed over years of exposure, and while it never provides complete protection, it does reduce the risk that malaria infection will

cause severe disease. For this reason, most malaria deaths in Africa occur in young children, whereas in areas with less transmission and low immunity, all age groups are at risk.

Malaria and pregnancy

Malaria is a serious illness, particularly for pregnant women. It can result in severe illness or death, and affects both the mother and unborn baby. Your doctor will advise you which, if any, anti-malaria medication to take. Remember to take it regularly and exactly as prescribed. You can take some anti-malaria medicines safely during pregnancy, but should avoid others. For example:

Chloroquine and proguanil (usually combined) can be

used in pregnancy, but may not offer enough protection against malaria in many regions, including Africa; you will also need to take a 5mg supplement of folic acid if you are taking proguanil (if you're in the first 12 weeks of pregnancy, remember to continue with your usual 400 microgram folic acid supplement after you stop taking the proguanil – while you are taking the 5mg supplement, you do not need to take the 400 micrograms as well)

mefloquine should not be taken during your first trimester (the first 12 weeks of pregnancy)

doxycycline should not be taken at all during pregnancy

atovaquone/proguanil should not be taken at all during pregnancy as there is a lack of evidence that it is safe to use in pregnancy

Taking the steps below will help you to avoid mosquito bites:

Use a mosquito repellent on your skin – choose one specifically recommended for use in pregnancy and apply it often, following the manufacturer's instructions

Cover your arms and legs by wearing long-sleeved tops and long trousers after sunset

Use a spray or coil in your room to kill any mosquitoes before you go to bed

Sleep in a properly screened, air-conditioned room or under a mosquito net that's been treated with insecticide – make sure the net is not broken

Ideally, pregnant women should remain indoors between

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Usifoh, others advocate contract manufacturing, API production for drug security

continued from page 1

is manufacturing of drugs and Active Pharmaceutical Ingredients (APIs). PSN is ready to partner with NAIP because industrial pharmacists still hold the niche for all other pharmacists in the country.”

Also speaking, National Chairman of NAIP, Pharm. Ken Onuegbu, stated that for the Nigerian pharmaceutical industry to grow to its full potential, stakeholders must embrace global best practice in manufacturing of APIs and quality drugs.

According to him, “Achieving drug self-sufficiency in Nigeria is possible; it all depends on the will. Nigeria has to come out with a strong policy and make the policy to work. All the countries that are achieving drug self-sufficiency are able to do so through a strong will.

“I believe by the time we all come together, identify our problems, know how to solve them and then take decisive steps towards solving them, we can achieve anything. Any country that is 80-90 percent dependent on drug importation is not safe.”

Continuing, Onuegbu said: “We all saw what happened during COVID-19. India shut out almost all developing countries from receiving its key generic drugs for almost six months. What would have happened if the shut-out period was extended beyond six months? We would have been in big a mess in Nigeria; whereas, drug is a national security issue.

“This is why we have to do everything humanly possible to guarantee our drug sufficiency in medicines. And when we are talking about self-sufficiency, we are not talking about today or tomorrow; we have to start from somewhere. A journey of a thousand miles begins with a step. So, let’s start taking the necessary steps now that will take us to that Eldorado. But to just keep quiet and not do anything is total failure.”

The NAIP leader further said: “Unity is another thing that will help us to go forward. NAIP is faced with many challenges. If it is not Customs, it is NAFDAC; if it is not NAFDAC, it is clearing problems and many others. We must come together to fight our common enemy.”

Also speaking, the Managing Director, Reals Pharmaceutical Limited, Pharm. Ade Popoola, who was the chairman of the event, explained that Nigerians’ penchant for ignoring contractual agreements is one of the major challenges facing contract manufacturing in the pharmaceutical industry.

Popoola listed other barriers to contract manufacturing in the industry to include regulatory issues, conflict of interests, as well as intellectual property



L-R: National Chairman NAIP, Pharm. Ken Onuegbu; PSN President, Prof. Cyril Usifoh; 2nd Vice Chairman, NAIP, Pharm. Bankole Ezebuilo and ex officio member of NAIP, Pharm. Emeka Adimoha at NAIP CEO forum in Lagos recently.

use.

He therefore call on drug manufacturers in the country to work together and leverage government support for manufacturing to achieve drug security and self-sufficiency.

Delivering the keynote address, Pharm. (Sir) Valentine Ezeiru, CEO of Oculus Pharmacare, stated that promoting self-sufficiency and drug security through local contract and API manufacturing is a task that all stakeholders in industrial pharmacy must collaborate to achieve.

Explaining the key terms in the programme’s theme, Ezeiru said self-sufficiency means needing no outside help in satisfying one’s basic needs, especially with regard to the production of food or medicines. He described drug security as a measure put in place to ensure that quality, safe and efficacious medicines are produced in facilities that meet the right standards, as well as ensuring that the integrity of such medicines is not compromised along the supply chain.

The Oculus CEO also said of contract manufacturing: “When it comes to manufacturing, not every company has the resources, capacity or time to do it all effectively. Just as many businesses choose to outsource accounting or IT management, so do many companies outsource their manufacturing needs to a firm that can provide a more efficient production run, a faster turnaround, improved quality and better scalability, among

a host of other things. This is called contract manufacturing.”

Ezeiru further revealed that many challenges have slowed down drug manufacturing in Nigeria, noting that most of the raw materials needed for production are imported because Nigeria does not have a strong petrochemical industry that should produce resins and excipients, which include colouring agents, preservatives and fillers among others.

Citing figures from the Manufacturers Association of Nigeria (MAN), he disclosed that the pharmaceutical industry’s capacity utilisation is barely 47 percent and only few players are really healthy.

Ezeiru also stressed that with the various unresolved challenges facing the country’s pharmaceutical industry, it will be difficult for it to handle local contract and API manufacturing for other pharmaceutical investors.

He posited that, to attain self-sufficiency and drug security through local contract and API manufacturing, the country must formulate deliberate radical policies that will attract investors, adding that an enabling business environment must also be created by the government to promote, protect and grow the industry.

In his contribution to the discourse, the Chief of Party, United States Pharmacopeia (USP), Pharm. Mopa Esuga noted that there is hope for the Nigerian pharmaceutical industry, despite its present challenges.

He recommended the constitution of technical groups that will handle every action that are needed to transform the industry.

Esuga further advised that while contract manufacturing is good for the pharma sector, CEOs in the sector must learn to synergise and also relate with the PCN in going into such venture. He said this also applies to those seeking to explore API manufacturing.

“If a company wants to produce API, it is possible because API is an advanced chemistry. However, you must be ready to partner. I must say that we can make fine chemicals in Nigeria; but beyond mere talking, we need to start now. We must also find a new way to engage the government,” Esuga said.

In his presentation on the engineering and economics of API manufacturing projects, Fozi Al Kailani of Fabtech Technologies Private Limited, explained that setting up of an API manufacturing plant is a huge undertaking, noting however that the infrastructural challenges in the country must be addressed for the venture to succeed.

In a related development, NAIP has unveiled its academy, known as the NAIP Business Academy (NBA). The association’s chairman stated during at the event that the institute is to train players in the pharmaceutical industry and other Nigerians who yearn for knowledge of business management.

Achieving zero prevalence of malaria in Nigeria

continued from page 15
dusk and dawn

Prevention of malaria

Vector control is the main way to prevent and reduce malaria transmission. If coverage of vector control interventions within a specific area is high enough, then a measure of protection will be conferred across the community. WHO recommends protection for all people at risk of malaria with effective malaria vector control. Two forms of vector control – insecticide-treated mosquito nets and indoor residual spraying – are effective in a wide range of circumstances.

Insecticide-treated mosquito nets (ITNs)

Long-lasting insecticidal nets (LLINs) are the preferred form of ITNs for public health programmes. In most settings, WHO recommends LLIN coverage for all people at risk of malaria. The most cost-effective way to achieve this is by providing LLINs free of charge, to ensure equal access for all. In parallel, effective behaviour change communication strategies are required to ensure that all people at risk of malaria sleep under a LLIN every night, and that the net is properly maintained.

Indoor spraying with residual insecticides

Indoor residual spraying (IRS) with insecticides is a powerful way to rapidly reduce malaria transmission. Its full potential is realised when at least 80 per cent of houses in targeted areas are sprayed. Indoor spraying is effective for three to six months, depending on the insecticide formulation used and the type of surface on which it is sprayed. In some settings, multiple spray rounds are needed to protect the population for the entire malaria season.

Antimalarial medicines can also be used to prevent malaria. For travellers, malaria can be prevented through chemoprophylaxis, which suppresses the blood stage of malaria infections, thereby preventing malaria disease.

For pregnant women living in moderate-to-high transmission areas, WHO recommends intermittent preventive treatment with sulfadoxine-pyrimethamine, at each scheduled antenatal visit after the first trimester. Similarly, for infants living in high-transmission areas of Africa, three doses of intermittent preventive treatment with sulfadoxine-pyrimethamine are recommended, delivered alongside routine vaccinations.

In 2012, WHO recommended Seasonal Malaria Chemoprevention as an additional malaria prevention strategy for areas of the Sahel sub-Region of Africa. The strategy involves the administration of monthly courses of amodiaquine plus sulfadoxine-pyrimethamine to all children under five years of age during the high transmission season.



Insecticide resistance

Much of the success in controlling malaria is due to vector control. Vector control is highly dependent on the use of pyrethroids, which are the only class of insecticides currently recommended for ITNs or LLINs.

In recent years, mosquito resistance to pyrethroids has emerged in many countries. In some areas, resistance to all four classes of insecticides used for public health has been detected. Fortunately, this resistance has only rarely been associated with decreased efficacy of LLINs, which continue to provide a substantial level of protection in most settings. Rotational use of different classes of insecticides for IRS is recommended as one approach to manage insecticide resistance.

However, malaria-endemic areas of sub-Saharan Africa and India are causing significant concern due to high levels of malaria transmission and widespread reports of insecticide resistance. The use of two different insecticides in a mosquito net offers an opportunity to mitigate the risk of the development and spread of insecticide resistance; developing these new nets is a priority. Several promising products for both IRS and nets are in the pipeline.

Detection of insecticide resistance should be an essential component of all national malaria control efforts to ensure that the most effective vector control methods are being used. The choice of insecticide for IRS should always be informed by recent, local data on the susceptibility of target vectors.

To ensure a timely and coordinated global response to the threat of insecticide resistance, WHO worked with a wide range of stakeholders to develop the Global Plan for Insecticide Resistance Management in Malaria Vectors (GPIRM), which was released in May 2012.

Diagnosis and treatment

Early diagnosis and treatment of malaria reduces disease and prevents deaths. It also contributes to reducing malaria transmission. The best available treatment, particularly for *P. falciparum* malaria, is artemisinin-based combination therapy (ACT).

WHO recommends that all cases of suspected malaria be confirmed using parasite-based diagnostic testing (either microscopy or rapid diagnostic test) before administering treatment. Results of parasitological confirmation can be available in 30 minutes or less. Treatment, solely on the basis of symptoms should only be considered when a parasitological diagnosis is not possible. More detailed recommendations are available in the "WHO Guidelines for the Treatment of Malaria, third edition", published in April 2015.

Antimalarial drug resistance

Resistance to antimalarial medicines is a recurring problem. Resistance of *P. falciparum* to previous generations of medicines, such as chloroquine and sulfadoxine-pyrimethamine (SP), became widespread in the 1970s and 1980s, undermining malaria control efforts and reversing gains in child survival.

WHO recommends the routine monitoring of antimalarial drug resistance, and supports countries to strengthen their efforts in this important area of work.

An ACT contains both the drug artemisinin and a partner drug. In recent years, parasite resistance to artemisinins has been detected in five countries of the Greater Mekong sub region: Cambodia, Lao People's Democratic Republic, Myanmar, Thailand and Vietnam. Studies have confirmed that artemisinin resistance has emerged independently in many areas of this sub-region.

There are concerns that *P. falciparum* malaria in Cambodia and Thailand is becoming increasingly difficult to treat, and that multi-drug resistance could spread to other regions with dire public health consequences. Consequently, WHO's Malaria Policy Advisory Committee in September 2014 recommended adopting the goal of eliminating *P. falciparum* malaria in this sub-region by 2030. WHO launched the Strategy for Malaria Elimination in the Greater Mekong Sub-region (2015–2030) at the World Health Assembly in May 2015, which was endorsed by all the countries in the sub-

region.

Surveillance

Surveillance entails tracking of the disease and programmatic responses, and taking action based on the data received. Currently, many countries with a high burden of malaria have weak surveillance systems and are not in a position to assess disease distribution and trends, making it difficult to optimize responses and respond to outbreaks.

Effective surveillance is required at all points on the path to malaria elimination. Strong malaria surveillance enables programmes to optimise their operations, by empowering programmes to:

advocate for investment from domestic and international sources, commensurate with the malaria disease burden in a country or subnational area;

allocate resources to populations most in need and to interventions that are most effective, in order to achieve the greatest possible public health impact;

assess regularly whether plans are progressing as expected or whether adjustments in the scale or combination of interventions are required;

account for the impact of funding received and enable the public, their elected representatives and donors to determine if they are obtaining value for money; and

evaluate whether programme objectives have been met and learn what works so that more efficient and effective programmes can be designed.

Stronger malaria surveillance systems are urgently needed to enable a timely and effective malaria response in endemic regions, to prevent outbreaks and resurgences, to track progress, and to hold governments and the global malaria community accountable.

Elimination

Malaria elimination is defined as interrupting local mosquito-borne malaria transmission in a defined geographical area, typically countries; i.e. zero incidence of locally contracted cases. Malaria eradication is defined as the permanent reduction to zero of the worldwide incidence of malaria infection caused by a specific agent; i.e. applies to a particular malaria parasite species.

Large-scale use of WHO-recommended strategies, currently available tools, strong national commitments, and coordinated efforts with partners, will enable more countries – particularly those where malaria transmission is low and unstable – to reduce their disease burden and progress towards elimination.

Report compiled by Temitope Obayendo with resources from World Malaria Report 2020; Malaria Consortium brief and World Health Organisation.



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Childhood COVID-19 vaccination yet to commence in Nigeria, experts say

- As parents show hesitancy

By Temitope Obayendo

At the beginning of the year, precisely in the last week of January, the Executive Secretary of the National Primary Health Care Development Agency (NPHCDA) Dr Faisal Shuaib, came up with the cheering news of integrating childhood immunisation into the COVID-19 mass vaccination exercise going on at the time, but he was silent about the availability of COVID-19 vaccines for children in the country.

Meanwhile the World Health Organisation (WHO) and the United Nations Children's Fund (UNICEF) have thrown their weights behind COVID-19 vaccination for children, to reduce morbidity and mortality, particularly among children and adolescents who are at high risk of severe forms of the disease.

According to the WHO's Strategic Advisory Group of Experts (SAGE) two COVID-19 vaccines - Pfizer and Moderna - are safe to be used for children, aged five and above, as well as adolescents aged 12 and above. A smaller dosage is required for children than for adults.

In fact, reports have it that UNICEF was partnering federal government on the availability of COVID-19 vaccines for Nigerian children about a year ago, but not much has been heard about the partnership since then. Reasons cited for delay in receiving the vaccines include procedural screening to ensure that the vaccines are safe for the children.

In a telephone interview with Geoffrey Njoku, communication specialist, UNICEF Nigeria,



he confirmed that childhood COVID-19 vaccination is yet to commence in Nigeria.

"No child has received COVID-19 vaccination in Nigeria," he said.

Also speaking with the Apex Chief Nursing Officer of Agbowo Primary Healthcare Centre, Ikorodu, Mrs Mary Omolua, she also affirmed that childhood COVID-19 vaccination is yet to take off across centres in Lagos.

She said, "COVID-19 vaccination has not started for children in the state".

Different strokes

However, while most practitioners are concerned about the delay, especially as many countries of the world, such as the USA, Italy, Spain, Ireland and

France, have commenced childhood COVID-19 vaccination, Nigerian parents are indifferent to the exercise. This may not come as a surprise as many of them have actually declined taking the adult doses.

In a chat with some mothers in Lagos State on the issue, there was obvious nonchalance

in their disposition, with a good number of them saying that it is even better that the children's vaccine is not available.

Mrs Toluwani Ajayi from Shomolu revealed her concerns about the safety of the vaccines for children. "How safe is this vaccine for children? The same way they told us the adult COVID-19 vaccines are safe and we have heard a lot of negative stories about them? Even if the children vaccine is available, I'm not sure I will allow my children to take it for now" she stated.

Mr Chukwudi Kanu expressed same reservations, saying himself had not taken the vaccine as an adult, much less allow his children, given the adverse effects on his friends that got the jab.

He avowed, "If the vaccines eventually arrive for children, I

will not allow my children to take it because I can't give to my children what I cannot eat."

"As for me," said Mrs Kemi Ajala, another parent, "if I am given full assurance that the Pfizer and Moderna vaccines are very safe for my children, I will allow them take, because I was opportune to get the Moderna shot, and it was very mild on me, compared to the horrible experiences of my colleagues who got the Astra Zeneca jab."

She added: "One thing I want the government to do is to ensure that these vaccines are not expired and they are well tolerable in children's system".

Experts' assurance

Allaying the fears of parents on childhood COVID-19 vaccination, practitioners have stated that vaccinating children can reduce the risk of COVID-19 infection for children and those around them.

They averred that one dose of the COVID-19 vaccine gives good protection against children getting seriously ill with the infection, adding that two doses give a stronger and longer-lasting protection against future COVID-19 variants.

While it is recommended that children can get a first dose of the vaccine from the day they turn five, most children can get a second dose from 12 weeks after the first.

However, if a child has a condition that makes him or her at high risk from COVID-19 or lives with someone who has a weakened immune system, such can get a second dose from eight weeks after the first

▶ University News ◀

UNIUYO soon to establish drug production plant – Faculty dean

By Ranmilowo Ojalumo.

The Faculty of Pharmacy, University of Uyo, has commenced plans to establish a drug manufacturing section that will produce drugs to meet the needs of the university environment and beyond.

Disclosing this in a recent interview with *Pharmanews*, Dean of the faculty, Dr Emmanuel E. Attih, said the proposal for setting up the factory had been presented to the Vice-Chancellor, Professor Nyauo Ndaeyo, before the commencement of the ongoing Academic Staff Union of Universities (ASUU) strike.

Assuring that the planning will continue as soon as the strike is over, Attih noted that the faculty already has the machinery and other equipment for the project but still needs a place to install and power them to start working.

The dean also noted that the project has received applause from the Tertiary Education Trust Fund (Tetfund), adding that the faculty is committed to imparting quality skills and knowledge to students, thereby advancing the pharmaceutical industry.

He equally revealed that the faculty has won some research grants, just as some of the members have also been granted patents in different areas before the strike started.

According to Attih, "Some of

the ongoing research works are at the departmental level, though some are in conjunction with the faculty. The faculty recently won a grant from Tetfund on pharmaceutical Chemistry and Pharmacology. Another grant was won on Pharmacognosy and Clinical Chemistry.

"But one thing we were about to do before the strike broke out was to start a drug manufacturing factory. We notified the VC and he asked us to put it into writing which we did and submitted to him. The project is going to be in partnership with Tetfund. As we speak now, we have a lot of equipment but to power the equipment and the actual space for installation is not a small thing".

The dean expressed appreciation to Prof. Ndaeyo for being "pharmacy-friendly", adding that the proposal for the drug manufacturing project will be perfected with the VC as soon as the strike is over.

He added: "Tetfund is interested in this kind of project because the body has been exploring every avenue to empower the universities because the universities should also be able to generate funds on their own. With the setting up of the plant, we will be able to produce drugs for local consumption, starting with paracetamol and other over-the-

counter (OTC) drugs, until we get to the more advanced drugs."

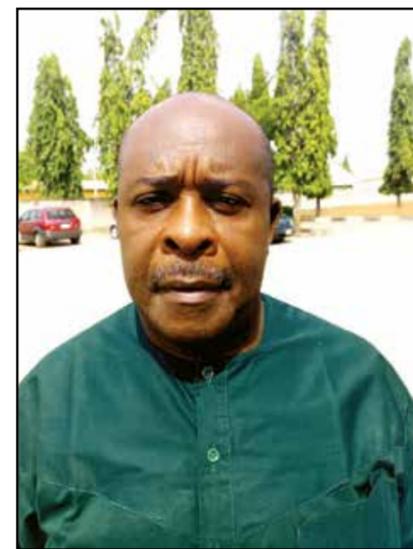
Attih expressed optimism that, with the initiative, the faculty will be able to help the country to reduce drug importation, thereby bridging the gap in the availability of local drugs.

"At the beginning, we may not be producing on a large scale but we will first focus on meeting the need of our immediate environment, that is Uyo, the whole of Akwa Ibom State and Cross River State; after which we can begin to extend our reach," he said.

The dean also said that the faculty is aware of the challenges that are facing drug manufacturing in the country, adding that, notwithstanding, the Pharmacists Council of Nigeria (PCN) has been encouraging pharmacy schools to start their drug manufacturing programme.

According to him, "Currently, the pharmacy programme is oriented towards clinical pharmacy, but we can't afford to neglect the actual pharmaceutical production and pharmaceutical technology among other areas. If we neglect these aspects, it is to our own detriment.

"What is more important is how you produce your drug. Some of the students graduating will have to work in a factory; hence,



Dr Emmanuel E. Attih

they need to be exposed to drug production. That does not mean they won't study for PharmD."

Attih pointed out that the faculty has already started its PharmD programme, with the first set of students, numbering 84, in 100 level now.

While commending the PCN for the good work it has been doing in the industry, the dean urged the Council to clamp down vigorously on those that are still engaging in sharp and unethical practices in the industry, saying this will ensure that Nigerians can benefit more from pharmaceutical health care.

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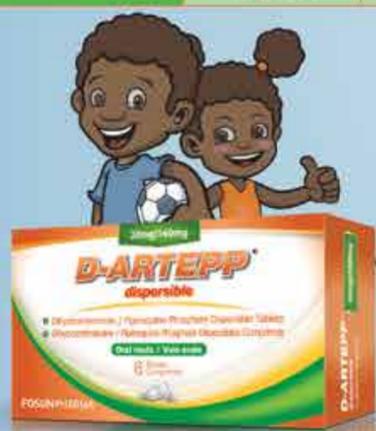
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Mbang Femi-Oyewo – Iconic achiever in Nigerian pharmacy

By Temitope Obayendo

There is no way the story of pharmacy practice in Nigeria will be told without mentioning the name of Prof. (Mrs) Mbang Femi-Oyewo, MFR. She stands tall among other women in the profession, with a distinguished profile and historic first positions. Widely known for her professional excellence, she has held several strategic leadership positions within and outside Pharmacy. In many of such instances, she was the first woman pharmacist to ever function in such capacities, with proven evidences of impactful leadership.

Femi-Oyewo was the first female Nigerian-trained pharmacist to bag a PhD (1982). Even more exceptional was that she completed the doctoral programme in record-breaking time - within the space of 18 months. She also became the first female dean in a Nigerian University, when she was made the pioneer dean of the Pharmacy Faculty, Olabisi Onabanjo University (OOU).

The woman of many firsts was also the first female deputy vice-chancellor in OOU and the pharmacy profession. Her other leading positions were, the first female director of academic planning (DAP) in OOU and acting provost, PG School, OOU; first female pharmacist professor to give an inaugural lecture (13th) in OOU and the pharmacy profession (1999) and first woman to emerge chairman, Board of Fellows of the Pharmaceutical Society Of Nigeria (PSN-BOF).

Distinctive achievements

An academic enigma in the annals of OOU, previous and new generations of pharmacy students and staff of the institution will never forget the giant strides of Femi-Oyewo, as she went against all odds to ensure full accreditation of the pharmacy faculty by both the National Universities Commission (NUC) and the Pharmacists Council of Nigeria (PCN) in 2000. This made OOU the only state university with accredited pharmacy programme (B. Pharm) for over a decade.

The achievement was all the more outstanding, as there were just nine institutions with full NUC and PCN accreditation then - eight federal universities and OOU. The feat marked her out as a distinguished professor in the establishment of pharmacy schools in Nigeria. Consequently, the NUC and the PCN began to request her presence in the accreditation exercise of other pharmacy schools.

Femi-Oyewo also impressively justified her role as the first female deputy vice-chancellor OOU. For instance, on assumption of office, she effectively cleared all backlogs of results at the Senate to facilitate the convocation of five sessions. She was also instrumental in the construction of the faculty buildings - the first, through the Sagamu Community provision; while the second main building, a large two-storey building with quadrangle, was constructed by the faculty to the lintel level before the university council completed it.

A staunch advocate of public-private partnership in education, Femi-Oyewo rallied support for the procurement of some essential equipment and items for the pharmacy faculty in OOU, worth over 15 million naira as at then.

Determination to study Pharmacy

The unparalleled lady pharmacist had gained admission into the University of Ife (now Obafemi Awolowo University) with her A-Levels through the Direct Entry provision. She was offered Biological Sciences but was determined to change to Pharmacy. She would later attribute this decision to study Pharmacy to her father's prodding, as well as the admiration she had for her father's friend who was a pharmacist and often dressed in his sparkly white lab coat.

She narrated: "My father had a friend who was a pharmacist in Lagos, always in immaculate white overalls in his community pharmacy. I just fell in love with his job, the setup, his service to the community, paying attention to each patient; he was like a friend to all. My dad also wanted me to study Pharmacy. I was his favourite. To the glory of God, I was among the very few with good results allowed to transfer to Pharmacy."

The professor of Pharmaceutics & Pharmaceutical Technology also recalled her journey outside Nigeria for her doctorate. She said: "I got my Doctor of Philosophy (PhD) from The Victoria University of Manchester in 1982 and in 18 months to the glory of God. It was by dint of hard work. I had no choice but to work hard. I had just about one year for my research before the arrival of my family in Manchester, England, and made the best of the time. So, I was able to complete my PhD in record time. It was a two-year programme."

Disciplinarian par excellence

To most of her students, Femi-Oyewo was a no-nonsense professor, who never neglected the training of students and staff during her days in active service. Her motherly nature got her engrossed in different aspects of her students' training, such as etiquette, attitude, grooming, building self-confidence and self-esteem/self-worthiness, in addition to excellent academics.

Little wonder, when asked her most memorable days at OOU, she enthused: "The first induction ceremony for our first graduating set in Year 2000. And personally, the day I took over as the deputy vice - chancellor of the university on 1 August, 2010."

The erudite scholar's grooming and grilling of the youngsters in her faculty later paid off as they not only excelled, but most of them usually returned to appreciate her for the all-round training she instilled in them.

According to her, "Our young pharmacists came out intelligent, hardworking, industrious, disciplined, bold, confident,

respectful, corporate, and well-groomed with the right attitude and ethics, and therefore 'well sought after'. This was branding - producing a brand for OOU that I was proud of. I put everything I had to produce the brand.

"Staff were also developed to take charge and enforce discipline and continue with the branding."

Decisive leadership as PSN-BOF chairman

A woman of many parts, Femi-Oyewo's tenure as the PSN-BOF chairman saw tremendous changes, which accelerated the progress of the Board in no mean measure. She was resolute, from assumption of office to end her tenure not only with a success story but one with splendour. Her desires were ultimately fulfilled, as her feats clearly proved.

Tagged "A Tenure of PEARLS", which stands for P-Prestige, E-Excellence, A-Achievements/Activities, R- Relevance/Respect, L- Leadership and S- Services, the BOF leader worked assiduously to ensure that not even the ravaging COVID-19 pandemic then could stop the actualisation of her vision.

The list of her remarkable accomplishments in this position include: obtaining of N10M debenture in PSN Pharmacy Tower project; purchase of Innoson-15-seater new bus for the BOF campaign against drug abuse; Fellows insurance scheme was initiated; acquisition of A three-bedroom apartment (Block A, Flat A2, in Queens Court Estate, 1/2 Alara Street, Yaba, Lagos) for the Board; introduction of BOF Public Lectures, 2019 -2021 instead of during Dinner; developed communiques of the Mid-Year Meetings (MYM)- 2019 - 2021 (3 Years); Publications - (2019 Fellows Directory, Magazine Volumes 2 & 3 on Dinner & Public Lectures respectively, 2021); constructed a functional website to increase BOF visibility; BOF Research Grant Award - Award increased to N1million; Donation of drugs, consumables and food items worth N1M. to Rehabilitation Centre in Lagos State, among others.

Disciplining women on extraordinary leadership

Passing the leadership baton to younger women, the beautiful and brainy septuagenarian urges them to go the extra mile in attaining their goals.



Prof. (Mrs) Mbang Femi-Oyewo

Her orientation differs from those who excuse women from responsibilities on gender grounds, as she calls for more diligence on the part of women to meet the demands of leadership.

In her words: "It does not matter if you are a man or a woman, a leadership position is a leadership position, with the same expectation of excellent outcomes and deliverables. In fact, as a woman I will advise you go the extra mile, put your best foot forward, and give your best. Be your best at all times and try to be the best they ever had in that position.

"Yes, you can. For getting to that position in the first place, you have what it takes to be there. Maintain your poise by balancing your work and your home front; none should suffer. A supportive husband will be of great help here. There will be some challenges; resistance from one or two males; resentment from one or two females. Never mind. They make you perform better and they will be finally won over or leave.

"Therefore be prayerful, strive for excellence, be focused, principled, considerate, wise, hardworking, constantly developing yourself and current in your field, leading by example and transformational leadership that will transform your team and bring out the best in them to achieve excellence and your deliverables. God will prosper the work of your hands."

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Celebrating 43 Years of Uninterrupted Monthly Publication (1979-2022)

COVID-19 and the Russia-Ukraine war

By Patrick Iwelunmor

One of the major health concerns raised by the Russia-Ukraine war is the fear of a spike in the cases of COVID-19, especially in that region. Some experts believe that shifting attention to war, rather than to social development could spell doom for a country like Ukraine which is the underdog in the ongoing battle.

This fear notwithstanding, the global report card on the pandemic shows that the virus is waning in its spread. This is particularly evident in the relaxing of restrictions by many countries who had before now observed very strict guidelines, such as travel bans.

In Europe, there have been very positive official developments in response to the fall in cases of COVID-19. Sweden has finally removed the entry ban on non-essential travel from third countries, starting from 1 April. Latvia has said it will abolish entry rules that apply to travellers from the EU/Schengen Area and the UK from 1 April, while the Canary Islands has also lifted all remaining local COVID-19 restrictions, since March.

While The Netherlands has abolished entry rules for all travellers since 23 March, the UK has also abolished all remaining COVID-19 travel restrictions for arrivals from other countries since 18 March. In France, COVID passport requirement for access to most venues and events has been lifted since 14 March. The same applies to Romania, where all travel restrictions related to COVID-19 have been lifted since March. Ireland has since also abolished all COVID-19 entry restrictions starting from 6 March.

Although it is unfounded to say that the pandemic in itself is a man-made phenomenon aimed at stampeding the world into unnecessary emergency precautions and trepidation, it can also be safely argued that the commencement of hostilities in the eastern-European region only coincided with the drop in covid-19 cases worldwide.

The foregoing can be supported with the fact that ever after the emergence of the Omicron variant, there has not been any other disturbing trend in the spread of the virus, signalling the idea that the pandemic has reached its peak and is now regressing.

In spite of these promising signs, it would amount to a disaster if the world assumes with a tone of finality that the dreaded virus



has finally been nailed to its coffin. Those who are raising the alarm over the possibility of the Russia-Ukraine war triggering more COVID-related crises should not be seen as irrational or pessimists. Instead, they should be commended for putting the world on medical alert, bearing in mind the fact that viruses can resurge spontaneously without giving anyone a notice.

Some experts have noted that there are possibilities that COVID-19 cases in Ukraine could rise, largely due to the poorly vaccinated population in the country. It has been established that only 35 percent of the Ukrainian population has received two doses of a coronavirus vaccine, while the country has reported 112,

000 deaths from the virus.

Richard Horton, editor of the medical journal, *The Lancet*, believes that with the concentration of global attention on Russia, especially the imposition of sanctions by some nations, the needs of Ukrainians are neglected. "Amid the talk of punitive sanctions against Russia, the basic needs of the Ukrainian people are being overlooked," he said.

The World Health Organisation has also raised concerns that the war and its handling may impact negatively on public health and the spread of COVID-19 in Ukraine. Speaking during a recent media briefing, WHO Director-General, Tedros Adhanom Ghebreyesus, said: "There is likely to be significant undetected transmission, coupled with low vaccination coverage that increases the risk of large numbers of people developing severe disease."

A senior Fellow in the Carnegie Endowment for International Peace's Russia and Eurasia programme, Paul Stronski, believes that the alarming number of people gathering in basements or on trains in Ukraine makes COVID-19 a major concern. "There was a war between Armenia and Azerbaijan in the first year of the pandemic, and we saw huge Covid-19 spikes in both countries afterwards," he said. He also expressed serious reservations concerning "the humanitarian complications of COVID-19 in the cases of mass migration and sheltering underground in tight conditions."

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Reference

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* DHP: Dihydroartemisinin-Piperaquine Phosphate combination.

AA: Artesunate-Amodiaquine combination.

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INTELLIGENT SOLUTIONS



Celebrating 43 Years of Uninterrupted Monthly Publication (1979-2022)

Pfizer partners Medicaid, Leah Foundation for breast cancer screening

By Temitope Obayendo

As part of efforts to reduce the prevalence of breast cancer in the country, Pfizer Nigeria has partnered Medicaid Cancer Foundation (MCF) and Leah Foundation to screen women for the condition.

The free breast cancer screening was conducted in Abuja and five states, which were Nassarawa, Niger, Kwara, Kogi and Oyo.

With over 28000 new cases of breast cancer as of 2020, according to the World Health Organisation, the collaboration was also aimed at enlightening rural women on early detection signs of breast cancer and why they need to seek medical care immediately.

In statement made available to **Pharmanews**, the partner organisations noted that the outreach revealed the high level of ignorance of women in remote areas of the country about breast cancer, as most of those reached had no prior knowledge of the condition. They also had no means of paying for the screening.

According to the Senior Programme Manager, MCF, Ms. Hadiza A-Arome, "The breast cancer awareness and free screening programme provided free breast cancer screening services for all

persons who meet age, and medical eligibility guidelines, especially rural women. It was to ensure that all women screened by MCF receive appropriate and timely follow-up, diagnosis, treatment, and navigation increases screening in target population through regional public education efforts that promote breast cancer screening as a means of reducing morbidity and mortality from this disease".

Also speaking during the programme, the Executive Director, Leah Foundation, Mr Lanre Bello, said "This was a life-saving intervention from Pfizer, as most of the rural women had no prior knowledge of breast cancer. This is a pointer that more needs to be done in terms of advocacy and screenings. Corporate organisations, religious bodies, trade unions, women associations and government need to partner more than ever before to raise awareness, provide screenings and make necessary interventions available vaccines, as the case may be. Biannual screening is recommended especially for the rural locations."

For Pharm. Olayinka Subair, Pfizer country manager in Nigeria, the pharmaceutical giant remains committed to improving patients'



**Pharm. Olayinka Subair
Pfizer country manager**

lives, adding that this was what prompted its teaming up with other organisations to reduce the prevalence of breast cancer in the country.

"We are showcasing our dedication to health equity and reducing disparities in cancer care through these collaborations with MCF and Leah Foundation across

six states (FCT, Kebbi, Niger, Kwara, Kogi and Oyo States) in Nigeria. This is our way of drawing attention to the need for early detection in saving lives as we commemorate World Cancer Day.

"We are choosing to close the care gap by providing access to accurate information and knowledge about cancer to empower us all, as health equity can only be achieved when everyone has the opportunity to reach his or her full health potential without barriers or limitations", he averred.

Subair further disclosed that Pfizer's legacy in breast cancer spans over two decades, with a strong foundation in research and development to ensure support for breast cancer patients.

World Cancer Day is a day in which the oncology community gets together to raise awareness around and show support for people diagnosed and living with cancer.

NMA, NARD, others hail Shalina's commitment to healthcare sector

- As FMC-Owo staff wins company's Rising Star Award

By Adebayo Oladejo

Eminent Nigerian medical practitioners, including the Chairman, Nigeria Medical Association (NMA), Lagos State Chapter, Dr Adetunji Adenekan; the National President, Nigerian Association of Resident Doctors (NARD), Dr Isaya Godiya; the Chairman, Society for Family Physicians of Nigeria (SOFPON), Lagos State Branch, Dr Sixtus Ozuomba, and others have commended Shalina Healthcare Limited for its contribution to the development of the country's healthcare sector.

The experts, who spoke at the maiden edition of the Shalina Rising Star Award, a unique platform for Nigerian resident doctors to showcase their clinical talents, noted that the concept is unprecedented in the history of the country's medical profession, adding that it is highly encouraging and a morale booster.

While speaking, Dr Adenekan noted that kudos must be given to the organisers of the event for coming up with such a laudable concept. "I thank you for what you are doing, it is very encouraging and I want to assure you that the NMA is ready to partner with you," he said.

Speaking in the same vein, Dr Godiya, who was represented by the National Editor of NARD, Dr Omoniyi Ayooluwa, expressed the association's gratitude to the organisers of the event, saying it was a very good way of rewarding excellence in the medical profession.

Godiya said: "We are very impressed with what we are seeing here today. We thank the organiser



L-R, Pharm Folorunsho Alaran, head, Corporate Marketing, West Africa; Dr Salami Sule, deputy registrar, National Postgraduate Medical College of Nigeria; Mr Arun Raj, vice president and head, Shalina West Africa; Dr Adebayo Olaolu, the winner of the maiden edition of Shalina Rising Star Contest and Dr Omoniyi Ayooluwa, national editor, the Nigerian Association of Resident Doctors, at the grand finale of the maiden edition of Shalina Rising Star Contest in Lagos

for providing this great platform for learning and education. We also congratulate our members who are participants in this contest, we are very proud of you all. It is a fact that you are all winners here today."

In their own remarks, the duo of Dr Ozuomba, chairman, SOFPON, Lagos State Chapter, and Dr Ibrionke Shodende, chairman, Medical Women's Association, Lagos State Chapter, thanked Shalina for the gesture, while also promising the continued support of their associations.

Shodende enthused: "With this, Shalina Healthcare is breaking new

grounds. It is very inspiring, very insightful and very motivating. Please continue with this and you are not to do it alone, we are with you."

The highpoint of the event was the emergence of a staff of the Federal Medical Centre, Owo, Ondo State, Dr Adebayo Olaolu as the winner of the maiden edition of the Shalina Rising Star Award after a keen contest.

Speaking after receiving a cash prize of one million naira, an award plaque and a certificate of participation, Olaolu said: "It is a thing of joy to see a company

thinking in this direction in the face of the global economic challenges. And it is more significant than this idea is to encourage professionalism and learning in the medical profession. I thank Shalina and pray for more prospects for the company."

Earlier in his address, the Vice President, Shalina West Africa, Arun Raj, said the idea of the Rising Star Award was not just to give back to the people, but to also strengthen the medical profession. "It provides an opportunity for medical professionals to sharpen their analytical skills and also provides a forum that offers guiding tips to upcoming specialists from senior experts," he said.

Also speaking, Pharm Folorunsho Alaran, head, Corporate Marketing, Shalina Healthcare, said: "The Shalina Rising Stars Award is one of the many value-added initiatives by Shalina Healthcare designed to drive her corporate purpose of ensuring quality healthcare delivery to all Africans. Many of these initiatives are currently ongoing.

"The Shalina Rising Star Award is a programme for Nigerian resident doctors, where interested participants will present unique medical case reports. This first edition received over 60 entries across the Nigerian six geopolitical zones, from resident doctors across various institutions, such as Federal Medical Centres, Teaching Hospitals, Specialist Hospitals among others, which were carefully assessed by some appointed renowned specialists, while 12 entries made it to the grand finale."

PANS-UNILAG executives visit Pharmanews

By Adebayo Oladejo

It was a stimulating and memorable moment, as the leadership of the Pharmaceutical Association of Nigeria Students (PANS), University of Lagos (UNILAG), chapter, led by the President, Abideen Opeyemi Salami, recently paid a courtesy visit to the corporate office of Pharmanews Limited, in Mende, Maryland, Lagos.

The visit, which was primarily organised to pay homage to the doyen of pharmaceutical journalism in Nigeria, Pharm. (Sir) Ifeanyi Atueyi, had in attendance members of the executive of PANS, and members of the Senate, UNILAG, including the President, Abideen Opeyemi Salami; Vice-President, Oluwanifesimi Agbede; General Secretary, Olasunkanmi Ajilaran; Treasurer, Tahiyah Oluwalope Alawiye; Financial Secretary, Mubarak Oluwamayokun Sanusi; Senate President, Ayodeji Oloruntoba; Senate Member, Omotola Popoola; and Senate Member/Co-Leader, Public Health Team, Israel Adebayo.

Speaking during the visit, leader of the delegation, Salami, briefed the *Pharmanews* publisher,



Mr Patrick Enwelunmor, editor, *Pharmanews* (Third from left); Sir Ifeanyi Atueyi, publisher, *Pharmanews*; Abideen Opeyemi Salami, president, PANS, UNILAG; Mrs Temitope Obayendo, online editor, *Pharmanews*, and other members of the executive during the courtesy visit.

on the various activities of the association for the session, adding that his fatherly advice and the support of *Pharmanews*,

as a publishing company, would be of tremendous help to the association.

The PANS-UNILAG president further said that the visit to visit the Icon of Pharmacy, whom members of the association had been admiring since their early days in school, was to rekindle the relationship they had been enjoying with *Pharmanews*, as well as to appreciate the long-standing relationship and support of Sir Atueyi, as one of their patrons and mentors.

Salami applauded Sir Atueyi for his unflinching support and fatherly care for the younger generation, saying his impact and contribution towards building youngsters are unmatched. He added that the visit was a dream come true for the delegation, as many members of the association had been longing to see the *Pharmanews* founder face-to-face.

The team leader also promised to carry Sir Atueyi along in all their decisions and activities towards building an active and sustainable structure for PANS-UNILAG.

In his response, Sir Atueyi who warmly hosted the students, applauded the effort of the administration at sustaining the relationship with *Pharmanews*, adding that he was happy with them for coming around.

Stressing that the essence of leadership is not to fill up offices but to create value and seek wisdom, Sir Atueyi said: "I have been relating with students since 1979 when we had only four universities and

since then we have enjoyed a good working relationship with PANS. We in *Pharmanews* are happy to be part of PANS and are grateful to have you visit us. PANS has been a great ally to us since inception."

Also speaking, the Online Editor, *Pharmanews*, Mrs Temitope Obayendo, explained how the company had solidified the relationship with PANS by establishing the PANSite of the Year Award, which has been running for the past four years, adding that it was unfortunate that PANS-UNILAG had no nominee in the current edition.

Appreciating the executives for the visit, Obayendo added that *Pharmanews* had created several opportunities for the students to showcase their activities, saying a regular column for interviewing PANS presidents across the country has been featured for years in the journal.

Speaking in the same vein, the Editor, *Pharmanews*, Mr Patrick Iwelunmor, charged the students to be good ambassadors of the pharmacy profession, adding that *Pharmanews*, which came into existence in May 1979, is a product of one man's passion to set a standard for in the pharmaceutical industry in the country and beyond.

Speaking further, Iwelunmor commended the youngsters for the visit, while assuring them that *Pharmanews* would continue to partner with them in the area of publicity for their programmes.

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Seven habits of truly happy people

By Pharm. Sesan Kareem

Many people want to be happy, yet happiness seems to constantly elude them. Anxiety, depression and sadness are common experiences in life for many people.

Achieving true happiness is not that difficult, however. Truly happy people have developed habits for over 6,000 years of human existence. Personally, there are days I have been sad and frustrated so I know how it feels to feel helpless. However, regardless of what life throws at me, I have developed the habits of staying on top of my game, finding my true happiness and sharing that state of joy and peace with people around me.

The seven habits below will help you to achieve true happiness.

1. Be authentic. Those who are truly happy are true to themselves. They accept who they are, embrace their strengths and weaknesses and are comfortable in their own skin. Happiness naturally flows to those who embrace their uniqueness and love who they are wholeheartedly. Be thyself.

2. Take responsibility. You can't be truly happy if you don't take responsibility for your actions. Truly happy people complain less, blame less and compare less. They take personal responsibility for their mistakes, failures, successes and happiness. Being truly happy is your personal responsibility. Take charge.

3. Define what happiness

Those who are truly happy are true to themselves. They accept who they are, embrace their strengths and weaknesses and are comfortable in their own skin. Happiness naturally flows to those who embrace their uniqueness and love who they are wholeheartedly. Be thyself.

means to you. Many people want to be truly happy but they have never taken the time to define what happiness really means to them. This is the real reason why many people are not happy. To me, happiness means doing what I love, taking care of my family, achieving my set goals and becoming better on a daily basis. Define what true happiness means to you and work towards your standard.

4. Surround yourself with good people. People have enormous effects on our emotional state in life. Therefore, you must be careful who you surround yourself with. You can't surround yourself with negative people and expect to be truly happy. You need positive vibes and energy to sail through the tough journey of life. When life throws you heavy punches, it is good people that will encourage you to stand up, move up, show up in order to step up.

5. Commit to personal growth. You can't be truly happy if you are stagnant in life. True happiness comes to those who are committed to never ending improvement in who they are

and what they do. Your progress is a serious business and you must focus your attention on it. Becoming better and better on a daily basis should be your mantra. Tony Robbins wisely said, "Happiness equals progress."

6. Be a blessing to others. Happiness doesn't come from what we get; it only comes from what we give. If you develop the habit of consciously giving back to others, you will experience true happiness. And we all have what we can give. So, give freely; contribute wholeheartedly and share graciously without expecting anything in return. You can't buy happiness with money or knowledge but you can use both to create happiness, if you use them to bless others.

7. Count your blessings. Gratitude is a sure way to achieve true happiness. In fact, gratitude is your door to unlimited joy, peace and pleasure. If you develop the habit of consciously counting your blessings - which, by they way, are numerous - and you feel sincere gratitude for these blessings, your life will be filled with positive



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

energy and contentment. You see, you can't be grateful and still feel miserable or bitter or frustrated. So, be good to yourself and develop the habit of gratitude.

While life is a combination of good times and bad times, the seven habits elucidated above will help you to be happy, stay happy and share happiness with others. They will help you to lift your head above the challenges of life during difficult moments. They will enable you to stay afloat during good times.

I can guarantee you that the more you inculcate these seven habits into your lifestyle, the more you experience true happiness, with all its benefits.

ACTION PLAN: Show gratitude, commit to personal development, and take responsibility for your actions.

AFFIRMATION: I create my own happiness. I am blessed and highly favoured.

Sesan Kareem is the Founder/CEO of HubCare Health, www.hubcarehealth.com and the Principal Consultant of Sesan Kareem Institute, www.sesankareem.com.ng

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Why health professionals, other stakeholders must prioritise better patient outcomes - Okeke

Pharm. Ike Okeke is the managing director, Superior Pharmaceuticals Ltd, one of the leading pharmaceutical companies in Nigeria. A top pharmacist, based in Tampa, Florida, USA, he is passionate about impacting patients' lives through the provision of qualitative pharmaceuticals at affordable rates. Following his graduation from the University of Nigeria, Nsukka, in 1988, Okeke joined Bristol Myers Squibb as a medical sales rep, which enabled him to travel worldwide and exposed him to pharmaceutical practices in Nigeria and overseas. He relocated to the US in 1991 to pursue his dream in the pharmaceutical sector.

Having been at the centre of pharmaceutical and medical care in the United States for the past 20 years, Okeke decided to bring his expertise and experience back to Nigeria in 2011, by establishing Superior Pharmaceuticals. In this interview with **Temitope Obayendo**, he examined some burning issues in the Nigerian healthcare sector and recommends strategies for overall improvement and better patient outcomes. Excerpts:



Pharm. Ike Okeke

Tell us a little about yourself

My name is Ike Okeke. I am a pharmacist. I graduated from the University of Nigeria, Nsukka in 1988, before relocating to US in 1991. I decided to return to the country in 2011 to set up Superior Pharmaceuticals in order to provide employment, reduce the prevalence of fake and substandard drugs and provide affordable and quality generic drugs to our citizens. I am married to a pharmacist, Yvonne Okeke, who runs her own pharmaceutical business in the US. Together, we are blessed with four kids.

As an importer of pharmaceutical products, how would you assess the drug distribution system in Nigeria?

Our drug distribution

system is still in its infancy. It could be better. I know a lot of smart and intelligent people are working on it and government has approved regulation on drug distribution in the country. However, we still lack the political will and adequate infrastructure to enforce it.

The end users still bear the full cost of drugs in the country. When the penetration of the health insurance scheme is high enough, and the barrier to entry is raised, the open drugs markets will wither and diminish. It will open the way for professionals to come in and modernise the system.

Having been in the business for a decade, what do you see as the greatest challenge of pharmaceutical importation in the country?

Pharmaceutical importation

continues to evolve. It is highly dependent on regulations promulgated and enforced by NAFDAC. The GMP fee issue is forcing small players out of the sector, with attendant job losses. Access to capital is a serious issue. High interest rates on loan and no access to forex is a major handicap.

How can these issues be resolved?

Dependence on importation of pharmaceuticals is not in the best interest of the country. We continue to export jobs which are desperately needed by our youths. I applaud the decision of NAFDAC to ban or refuse to renew license for importation of certain basic drugs in the country. This decision will stimulate local production which can only increase with time.

For local production to take hold, various stakeholders - including state governments or investors - must establish industrial clusters, with good roads, water and electricity. All an investor needs to do is rent space, bring in machinery and start production.

Government policies and government agencies should do all in their power to assist these investors to succeed and not cripple them with unnecessary demands and shakedowns.

NAFDAC is doing a great job by fast tracking licensing for local manufacturing. This is a big morale boost and will keep our factories busy and happy.

Is there any similarity between the Nigerian pharma market and that of the United States?

There are some similarities and also major differences. Both have prescription only medications that can be purchased through prescription from the doctors. Both countries allow doctors to purchase and dispense medications like pharmacies but the difference is that those doctors purchasing and dispensing drugs are subject to inspection by the state board of pharmacy to ensure compliance with pharmacy laws.

Also, both countries use drug distributors and authenticated systems to deliver drugs from manufacturers to distributors and to pharmacies or hospitals.

The Nigerian system is still evolving and not well developed. patent medicine vendors are non-existent in the US and there are serious consequences for violating pharmacy laws. Dispensing ampicillin, for example, without a prescription could lead to revocation of your pharmacy permit and license.

What are the lessons the Nigerian government and other stakeholders in the health sector can learn from what obtains in the US pharma market?

The take-home lesson is to be guided by what is in the best interest of the patient, not the doctor or the pharmacist or other stakeholders. The entire healthcare infrastructure exists for the sole benefit of the patient and no one else. Without any sick patients, the entire system would collapse.

With this in mind, it becomes very easy to put in regulations and policies and strike down behaviours, attitudes and habits that are injurious to the patient and do not maximise patient outcomes.

Adulteration and faking are major problems in pharma importation. How can the situation be changed?

I don't believe that adulteration is a major problem but it is nonetheless significant problem and very concerning. You have to understand that NAFDAC licenses pharmaceutical companies to import pharmaceuticals and each drug imported into the country is tested by NAFDAC before it is released to the company for sale to the distribution system.

The problem of fake or substandard drugs must be from criminal elements in the society that are not licensed or regulated by NAFDAC. The fake drugs are smuggled through our porous borders and made in clandestine locations nationwide.

To control this menace, citizens must co-operate with NAFDAC and the police. Report all suspicious activity to NAFDAC. No government agency can succeed without the support of the citizens. The government agencies must earn the trust of the public and the public will reward the agency with useful tips to apprehend these criminal elements.

NAFDAC should use its investigative arm to gather intelligence and make it too costly for this criminal to operate. Our courts must pass judgement that will serve as deterrent. The level of corruption in our society must also go down for these ills to wither.

Education and enforcement are the two basic tools to use in tackling this menace.

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5 - < 15kg (< 3ans)	○	○	○	○	○	○	
15 - < 25kg (3-8ans)	○	○	○	○	○	○	
25 - < 35kg (9-14ans)	○	○	○	○	○	○	
35kg (>14ans/Adultes)	○	○	○	○	○	○	
35kg (>14ans/Adultes)	○	○	○	○	○	○	
35 - < 45kg (9-14ans)	○	○	○	○	○	○	
45 - < 55kg (15-24ans)	○	○	○	○	○	○	
55 - < 75kg (> 24ans)	○	○	○	○	○	○	
75 - < 120kg (> 30ans)	○	○	○	○	○	○	
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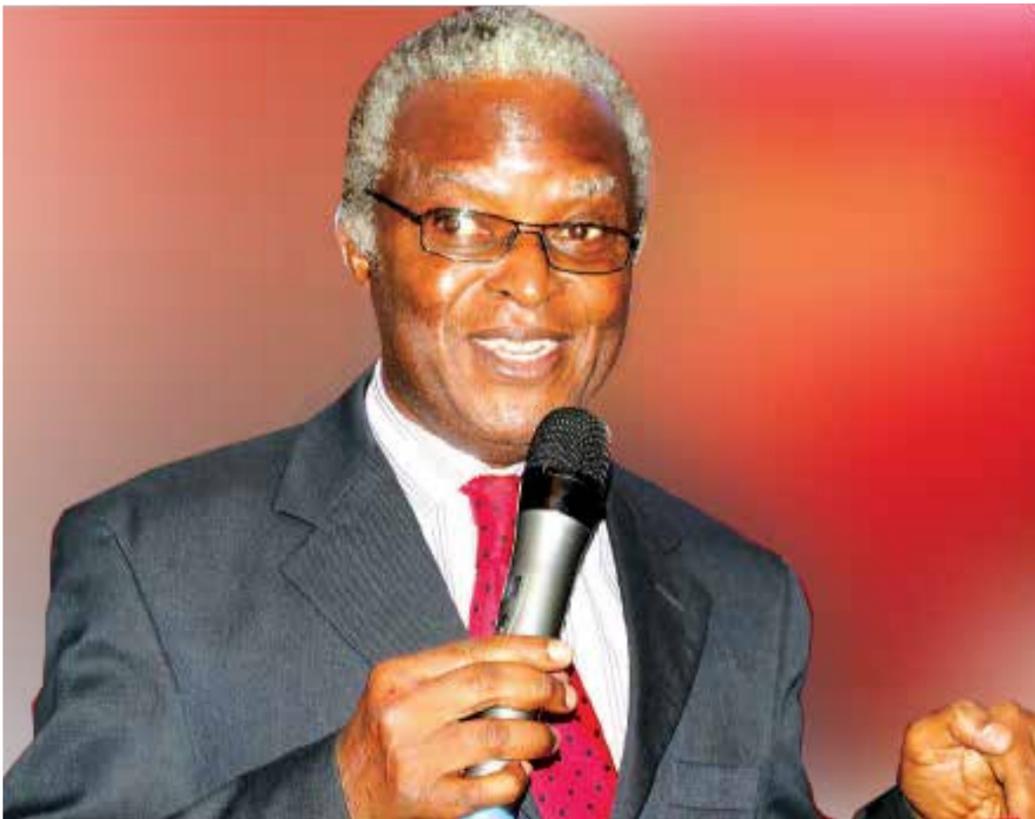
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Why pharmacists must accept and manage change - Fola Tayo (2)

In this incisive interview with **MOSES DIKE**, erudite teacher and retired professor of Pharmacology, Reverend (Prof.) Fola Tayo, bares his mind on a number of issues affecting pharmacy practice and the Nigerian healthcare system in general. Tayo, who is currently the chief executive officer (CEO) of Health Systems Management Consultants and pro-chancellor of Caleb University also goes down memory lane to recall critical moments in his over 40 years of education at the highest levels, while suggesting ways to improve pharmacy practice in Nigeria and how the younger generation can make the best of their calling. Excerpts:



Reverend (Prof.) Fola Tayo

(Continued from last edition)

Over the years, the Nigerian health sector has been a source of serious concern to stakeholders, given the deficiency of facilities, equipment, funding, as well as poor policies and management. How do you think Nigeria can overcome these odds and meet the healthcare needs of its growing population?

I don't have any complimentary comments on the national disgrace that we call our health sector in this very unfortunate country. I am not proud of our very barbaric (10th century) health sector. Even compared to other African countries, it is a shame. Go to Ghana, Rwanda, even, Ivory Coast; yet we arrogantly call ourselves giant of Africa! "Giant" that is less powerful than a Lilliputian! Just Google our appalling health indices. You will be ashamed to call yourself a Nigerian.

Over the years, I have meditated on this deplorable situation. We have some of the best healthcare practitioners, who go out of the country to excel; but here, they are not performing - strikes galore and unproductive and retrogressive antagonism. Health sector personnel in this country have reduced themselves to the level of toothless bulldogs that cannot make meaningful contributions to national development because of their

selfishness and self-centredness.

Of course, our governments are too busy stealing and looting the treasury that they don't care about the health of the nation! Our governments are at fault as well. The various governments in Nigeria behave as if they have a conception that the health ministry can only be managed by people who have a degree in Medicine and Surgery. What an illiterate view of health! All over Nigeria - federal, state and even Local Government Areas - you need a medical degree to superintend over the health of the rather unfortunate Nigerians. What a pity!

Consider the following, and you can verify for yourself. Every university teaching hospital and Federal Medical Centre in Nigeria is headed by a medical practitioner. Can you identify any of them that is managed well? Yet, our governments, for some reasons known to them, insist on putting a square peg in a round hole. Let me add, you can only give what you have. A medical degree does not confer on

anybody ability to manage/ administer a health institution. Let me remind us that before the advent of late Professor Olikoye Ransome-Kuti as minister of health, teaching hospitals were effectively and efficiently administered and managed by administrators. I'd like to remind you of Pa Ladeinde, house governor of UCH, Ibadan; Kunle Cole of Ibadan; Adewunmi of Lagos University Teaching Hospital, etc.

How can we redress this? Simple, first the

government must be serious about the health indices of Nigeria. It is intellectual bankruptcy to keep relying on Bill and Melinda Gates Foundation, Global Alliance for Vaccine Initiative (GAVI) and other foreign donors to take over responsibility of our health; after all why do we have a government and the fat budgets?

The solution is internal. Let those who govern this nation stop looting the treasury. Let our governments utilise appropriately qualified people to handle our health, education, agriculture, etc. Let there be concerted effort to attract the right calibre of people to manage our resources. Favouritism, nepotism and tribalism that have hitherto crippled our emancipation as a nation, must be proscribed with all seriousness.

Let Nigeria face reality. What are the killer diseases in Nigeria? Malaria, our bedroom partner, so to say, lower respiratory infections, perinatal conditions, cerebrovascular diseases/accidents stroke, diarrhoeal diseases, measles,

tuberculosis, HIV/AIDS, yellow fever, Dengue fever, meningitis, and polio. Since we know them, why can't we concentrate on these stepwise? Indeed, if we attack malaria seriously and professionally, and not politically, like other countries, we shall conquer it. But if we continue to see it as NNPC or a cash crop, it will continue to decimate our economy and future generation.

I remember giving a public lecture around 2006 to the National Association of Resident Doctors at the annual convention at Olabisi Onabanjo University Teaching Hospital, Sagamu, Ogun State during which I said that Nigeria had no business with poverty; and that health sector failure and problems were man-made! Today, the situation remains the same.

What are your thoughts about COVID -19 and the various efforts aimed at finding a solution to them. What roles would you proffer to our local pharmaceutical industry and research institutions?

COVID-19, like her older sister, Ebola, has come. It is still here, to teach us several lessons - prominent amongst which is emergency preparedness. Like Ebola, COVID-19 caught us unprepared. As a nation, we are not used to planning ahead. We live for the moment. Even our foreign reserves and our economy are not geared towards the future.

There was so much cry about COVID-19. Thank God that by some divine intervention, the virus or whatever it is, did not kill all of us. In Europe and USA it became a massacre. We would not have been able to live! Why? No plan. No preparation. Even the money we were told was allocated, we couldn't see the impact. We are such a wonderful group of people, living in a world of our own.

We must acknowledge some organisations that stood up to the occasion. Prominent among them is the Nigeria Academy of Pharmacy (NAPharm), which did exceedingly well in her public enlightenment campaign in collaboration with the Nigerian Guild of Editors (NGE). The intervention was a huge success.

After NAPharm-NGE intervention, the momentum must be sustained by the government. We are yet to see this. In a largely illiterate society such as ours, extreme care must be taken to avoid a rebound of the pandemic, even after it is over. We must always be reminded that it is still on. It is sad to notice our carelessness and carefree attitude these days - no face mask, no hand sanitiser, etc. We have thrown caution to the wind. I pray we don't experience a fresh and deadlier attack.

Talking about the roles of our pharmaceutical industry, it is important to note that Research and Development (R&D) is a very expensive venture in the pharmaceutical industry. For our pharma industry to be able to make a notable mark, not only in

COVID-19, like her older sister, Ebola, has come. It is still here, to teach us several lessons - prominent amongst which is emergency preparedness. Like Ebola, COVID-19 caught us unprepared. As a nation, we are not used to planning ahead. We live for the moment. Even our foreign reserves and our economy are not geared towards the future.

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We're building a stronger, more united Kwara PSN – Otelaja

By Adebayo Oladejo

In this exclusive interview, Pharm. Adejuwon Otelaja, chairman of the Pharmaceutical Society of Nigeria (PSN), Kwara State Branch and chief executive officer, Kanymed Healthcare Nigeria Limited, highlights his administration's programmes for Kwara PSN. The Obafemi Awolowo University graduate, who also holds a master's degree in Business Administration, equally dissects other crucial issues relating to pharmacy practice in the state. Excerpts:



Pharm. Adejuwon Otelaja

At what point did you decide to go for the PSN Kwara State chairmanship position, and what prompted the decision?

Prior to my becoming PSN chairman, I was the chairman of the Association of Community Pharmacists of Nigeria (ACPN), Kwara State, and the internal auditor of the PSN. My predecessors gave their best to take the profession to where it was but I believed we needed to up our game and raise our profile, if other players in the pharmacy value chain - the government and our respective communities - were to reckon with us and give us our dues.

Also, there was a proliferation of patent medicine vendors which affected our practice negatively. I also identified a crucial need to build capacity for Kwara pharmacists so that they can keep up with the frenetic pace at which the profession is progressing. I felt I needed to further contribute my own quota to making a positive difference in the state.

How many of your goals have you achieved so far and which ones are you working on?

It has been a collective effort. We have been able to design and launch a rural pharmacy development initiative to encourage willing community pharmacists to move to the rural areas. We are also currently working together with the ACPN to have full-fledged rural pharmacies in each of the three senatorial districts.

We have also set up the PSN

Kwara Educational Grant Scheme to support willing pharmacists to attend universities and the West African Postgraduate College of Pharmacists (WAPCP) to develop themselves. We have equally launched welfare initiatives, such as the PSN Foodbank, free ECG checks for members, and a buddy system, where members are grouped into small groups of 10 that cut across different ages and technical groups for better interaction.

We have also recently facilitated the donation of a Drug Information Centre to the Kwara State General Hospital through one of our patrons, Pharm. Oba Ajibola Ademola, the Olusun of Ijara Isin. We also appointed other new patrons, such as Snr Apostle Oluwole Awotuyi, the chairman of Tuyil Pharmaceuticals; and legal luminary, Mallam Yusuf Ali.

We are still working on Kwara Pharmafarms which is an agricultural project, tailored to focus on food and cash crops that will serve as raw materials for the pharmaceutical industry; while Pharmacademy was created to further sharpen our skills, to improve our quality of service and business knowhow, among other things; as well as other numerous projects in the pipeline.

As the PSN chairman and a community pharmacist yourself, what is your assessment of community pharmacy practice in Kwara State? What are the challenges facing practitioners and how can they be surmounted?

Community pharmacy practice has suffered

considerably over the years, mainly due to the proliferation of the Patent and Proprietary Medicine Vendors (PPMVs) and the prolonged court cases with the Council, which allowed them to have a free hand for years. But we thank God for the registrar and his team for dispensing with major court cases.

Another challenge is the low number of regulators in the state. Kwara is a very big state and three state officers cannot fully carry out complete monitoring and supervision. I want to commend our state officer, our DPS and other PIC members for their relentless effort in sanitising the practice environment; but we will continue to lobby for better operational vehicles and other staff and tools needed for work.

We also have more wholesale premises than retail, which is an aberration. Also, most pharmacists want to operate in Ilorin, the capital, while there are opportunities in the rural areas. The harsh economic environment, low power, inflation, high rates of borrowing and rising crime all further compound the problems.

There was a growing concern about the shortage of pharmacists in Kwara State, as expressed by one of the speakers at the last Kwara Pharmacademy programme, which is an unpleasant development for the health sector in the state. What do you think stakeholders in the profession should do to salvage the situation?

First, pharmacists in the state's civil service are not well remunerated, which is one of the issues we have tabled before the government. So, just like osmosis, new pharmacists will prefer moving to areas of "high concentration", thereby causing a shortage. In addition, a lot of community pharmacists prefer staying in Ilorin than exploring locations outside the cities.

As stakeholders, we have appointed very influential pharmacists and non-pharmacists, who have the ears of the government, as patrons. This is to enable them add their voices to our lobby group. The Rural Pharmacy Development Initiative is to address this shortage by creating new opportunities for pharmacists to thrive. We've also worked on ensuring that pharmacists employed by non-pharmacists get respectable remuneration to encourage them to stay.

Over a year ago, precisely in 2020, the Pharmacists Council of Nigeria (PCN) sealed 499 pharmacies and patent medicine shops across Kwara State, over alleged illegal operations. The sealed outlets included 30 pharmacies and 469 PMS.

Would you consider this a welcome development?

It is a welcome development and we thank the

PCN leadership, as well as the zonal and state officers for an excellent job. We call on the federal and state governments to increase allocation to the PCN to enable the council to employ more pharmacists and buy operational vehicles to aid inspections and enforcement activities regularly.

What can you say about the happenings in the healthcare sector in Kwara State?

The current government is doing quite well in developing the health sector, with the payment of counterpart funding for development partner projects, renovation of general hospitals and Primary Health Centres.

One major challenge the state has is insufficient funds available for the Essential Drugs Project. This causes a reduction in drug quantity supplied, as well as puts a strain on pharmaceutical companies supplying. We are advocating for the Essential Drugs Project in the Ministry of Health to be upgraded to an agency status - headed by pharmacists - which will ensure medicine security and improve quality of care, as well as boost revenues for the state government.

What are your recommendations for improving the welfare of pharmacists in the country?

Pharmacists should be entitled to grants for professional development, so as to enable sub-specialisation, which will help considerably in improving health outcomes. Single-digit special interest rates, similar to what the CBN gave during COVID-19, should be extended to community pharmacists and manufacturers, to enable them to break even and make medicines more affordable to the populace.

The CBN should also give special consideration for accessing foreign exchange for importers and manufacturers as well as duty waivers or considerable reduction for equipment imports. Additionally, centralised placement of intern pharmacists is long overdue.

Also, the government should ensure full implementation of the National Drug Distribution Guidelines to sanitise drug distribution; and there should be a firm policy from the PCN to discourage the registration of and (with time) discontinue PPMVs in urban areas.

Where do you see PSN, Kwara State, by the time you will be leaving office?

My prayer is to see a PSN that is more united, bigger and stronger. A PSN that has fully become a social enterprise with its own investments and a PSN that will serve as an oasis of comfort to every pharmacist in distress.



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Why pharmacists must accept and manage change - Fola Tayo (2)

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COVID-19 chemotherapy, but in general, the players there must throw away this unprogressive toga of individualism! The world has gone past "it must be me or mine alone." They must embrace the concept of ours and us. Even big pharma companies are merging globally. Nigeria's pharma industry must embrace mergers, so that it can stand tall globally. The way we are now, I doubt if any of our people can inject the capital that is needed to compete globally!

There is also the need for our government to show interest in the pharma industry. Sporadic injection of a few dollars, once in a while, is just a drop in the ocean. There must be evidence of official encouragement of the players in the industry. A nation that stifles internal pharma growth and encourages southeast Asians to flood her market with all sorts of medicines that can be produced at home - thereby expanding the industry and creating job for the populace - cannot be a serious one.

Well, some will defend the government that the National Institute of Pharmaceutical Research and Development (NIPRD) is there. Yes, but that was it the brainchild of the Pharmaceutical Society of Nigeria, and in any case, how much is NIPRD's subvention annually from the government?

If you were not teaching Pharmacy, what else would you have been doing as a career? Aside from teaching Pharmacy, what other things do you have passion for?

A very interesting question indeed. I am almost positive that I would have been a lawyer teaching law. In addition, I would be on the pulpit, teaching and preaching the Gospel of our Lord Jesus Christ. Law, because, as I said earlier, I have always fought oppression and suppression. Of course, I am sure that in Nigeria, I would have spent a sizeable part of my time in jail for speaking against the government!

Tell us a little about your family. Did any of your children take after you to study Pharmacy or other health-related professions?

I come from a staunch Muslim home but my parents embraced Jesus in their 80th year on this planet. They are gone into glory now. Daddy was polygamous with three wives; my mum was the most junior. Dad had nine children, but today we are four of us left. The oldest is 86, then my humble self and next, a lady of 73 years and a gentleman of 63 years.

I am a happily married man to only one woman, my heartthrob from a very early



Prof. Fola Tayo

and was also registering another premises at Ikeja. I fired her straight away. A young woman, full of intrigues and very deficient in character.

In addition, I serve on several national committees on health at Abuja. These include: Nigeria Technical Advisory Group on Immunisation (NITAG), National Adverse

Events Following Immunisation Committee, Committee to Revise Nigeria's National Drug Policy (2000), and National Pricing Committee for Pharmaceuticals. I was also chairman, Association of Pro-Chancellors of Private Universities in Nigeria, until recently at the expiration of my term as pro-chancellor and chairman, Governing Council, Caleb University, Imota, Lagos State.

I also serve as assistant chaplain at the Chapel of Christ our Light (Protestant), University of Lagos; and president, Global Outreach Missions. My motto is *keep going, for as long as you can go, till it is time to go Home to be with my Lord in heaven.*

age. She understands me so much. We have been married for decades now and we are blessed with wonderful children that are excelling in their chosen fields. None of my children is a pharmacist or medical doctor. One is a lawyer and human resources manager; another, the only boy, is an IT guru with incredible credentials. He holds a degree in Electrical and Electrical Engineering, then another one in computing. He then took a master's in Financial Mathematics, and registered for a PhD in Financial Engineering and is in an IT company in the UK.

The last, a girl, studied Mass Communication. She is a senior editor at the British Broadcasting Corporation, London, and an associate fellow of Chatham House, London. We are blessed with three wonderful grandchildren.

What advice would you give to the younger generation of pharmacists, some of whom were your students, on how to make the best use of their calling as healthcare professionals to impact humanity positively?

My advice to the younger pharmacists is to imbibe the following virtues: Discipline - this is the key to success in every endeavour. Integrity - this is what ensures a meaningful and fulfilling life. Hard work - with hard work, you can stand tall in the crowd. Do not tolerate mediocrity, and ensure you maintain a decent self-esteem. Have zero tolerance for corruption. This way, you are able to stand perfect and complete without blemish.

You also have to imbibe a habit of lifelong learning. This guarantees a successful career. Finally, they should not embrace the attitude and behaviour of many of their senior colleagues. Develop yourself and refuse to join the crown in committing iniquity. Stand up to responsibility and remember that you have been trained to be successful. You are not a "para-" to anybody or any profession. Present yourself as an informed professional always. Be confident. Remember, knowledge is power; knowledge is light.

How do you relax? Tell us about some of the pastime activities you engage in to keep busy and fit as a retired professor.

I have one major negative in my life. I must confess, I do not know how to relax. I think I only relax when I am asleep. If I am awake, I am busy doing something. I don't belong to any social club because I have not been able to create time for such. I would love to do, but it is not possible as of now. Never mind, when I am dead, I will be resting in perfect peace and worshipping my Lord in heaven nonstop.

I keep very busy as a consultant. I am the chief executive of Health Systems Management Consultants Limited. In addition, after retiring, I opened a small pharmaceutical retail outlet in my house in Magodo. I employ pharmacists there but I am not impressed at all by the quality of their output. Their focus is money and acts of illegality. They are not a pride to the profession, but rather a terrible liability. There was the case of one that was on my payroll as a manager

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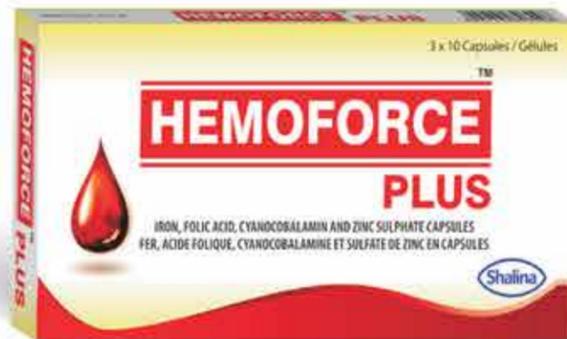
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Moving up to extraordinary leadership

Why intellectuals need to lead professionally (3)

10 reasons for Singapore's success

By Prof. 'Lere Baale

1. Intellectuals in leadership

By an accident of fate, Singapore, like the United States, was blessed with good founding fathers, such as Lee Kuan Yew, S. Rajaratnam, and Goh Keng Swee. These were three amazing individuals. They were intellectually brilliant. They were totally dedicated to improving the lives of Singaporeans. They were also good learners. For example, Goh Keng Swee learnt from the Meiji reformers in Japan. Hence, they formulated policies which benefited Singaporeans. Nigeria is blessed far better than Singapore. It has also been blessed with good founding fathers, such as Chief Obafemi Awolowo, Nnamdi Azikiwe, Tafawa Balewa, Ahmadu Bello, Anthony Enahoro etc. With the right intellectuals and professional leadership in place, countries and indeed NIGERIA can succeed and achieve the goals of the NDP.

2. Meritocracy

The founding leaders of Singapore selected other good professionals to lead the country and laid down meritocracy as the cornerstone of public service appointments. As Lee Kuan Yew himself said, "A strong political leadership needs a neutral, efficient, honest civil service. Officers must be recruited and promoted completely on merit. They have to share the same nation-building philosophy and development goals of the political leaders. They must be adequately paid so that temptations would not be difficult to resist. An impartial, capable Public Service Commission has to be shrewd at assessing character. Appointments, awards of scholarships must be made to the best candidates." This is something that Nigeria can do as well. Meritocracy ensures that the best talent in the country is attracted to public service and also serves to create a fair society.

3. Willingness to learn from other countries

As Dr Goh Keng Swee once said, "No matter what problem we encounter, somebody, somewhere has found the solution. Let us find that solution and adapt it intelligently to Singapore." Singapore is the most pragmatic country in the world and it has copied solutions from all other countries. This is also why Dr Goh studied the Meiji Restoration very carefully. Japan succeeded in becoming the first Asian country to modernise because the young Meiji reformers of that time had no hesitation to study, copy and adapt best practices into Japan from all around the world. Dr Goh tried to inculcate the same spirit of pragmatic learning in Singapore. Few would doubt that he succeeded in this goal.

This is something Nigeria can do as well. In fact, the Lee Kuan Yew School's Graduate Education and Executive Education programmes are dedicated to disseminating best practices from Singapore to developing cities across the world. We have professionals in Nigeria who have attended Singapore's programmes and have learnt more about adapting best practices to suit Nigeria's needs.

4. Pragmatic foreign policy

Despite being a small country, Singapore was also pragmatic in its foreign policy. For example, during the Cold War, Singapore was friendly with the United States – but it did not shun the Soviet Union. In 1976,

Mr S. Rajaratnam, the legendary foreign minister of Singapore, said that Soviet ships would also be welcome to Singaporean waters. Small states like Singapore cannot afford to make enemies. As S. Rajaratnam said in his 1965 speech at the United Nations on Singapore's foreign policy, "We want to live in peace with all our neighbours simply because we have a great deal to lose by being at war with them. All we therefore ask is to be left alone to reshape and build our country the way our people want it. We have no wish to interfere in the affairs of other countries or tell them how they should order their life. In return we ask other countries to be friendly with us, even if they do not like the way we do things in our own country. This is why Singapore has chosen the path of non-alignment." Pragmatism in foreign policy is something which Nigeria can do as well.

5. Focusing on small wins

An incremental approach to policy reforms is advised by many leading academics and scholars of public policy today. But even before these things became common knowledge, the leaders of Singapore recognised the need to make small improvements in order to achieve big changes. Lee Chiong Giam once said that in the early days, if they could just get a standing pipe in a village to provide water, the governing party would get the villagers' votes. This would in turn lead to the provision of public housing and schools.

Development cannot be achieved through big sweeping reforms alone. Small steps that have a huge impact on the everyday lives of people are necessary to ensure that progress happens in a meaningful way. This is something NIGERIA can do as well.

6. No reliance on foreign aids

If a large-scale objective study were done of Western foreign aid, it would demonstrate that the primary intention is to enhance the national interests of the donors and not to help the interest of the recipients. Furthermore, a large chunk (about 80 percent) of Western aid goes back to the donor country in the form of administration expenses, consultancy fees and contracts for donor country corporations. In short, there is very little actual transfer of aid to the developing countries.

Singapore has always distrusted foreign aid. Instead, Singapore believed in trade and investment: Singapore believed that trade, not aid, was the way forward. When others shunned investment, Singapore welcomed it. In this regard, the Economic Development Board of Singapore is particularly worth studying. The EDB was set up in 1961 to create economic opportunities and jobs for the people of Singapore, and to help shape Singapore's economic future. The EDB has been instrumental in Singapore's success by bringing in FDI, and has been a driving force behind Singapore's transformation into a financial hub that is at the forefront of several service industries in Asia. This is something which Nigeria can do as well. By setting up a one-stop specialised agency that focuses on foreign direct investment, Nigeria will also signal to the rest of the world that it means business when it comes to attracting FDI.

7. Inclusive policy on ethnic groups

Singapore's main ethnic groups are Chinese, Malay, Indian, and others. So Singapore has four official languages: English, Mandarin, Malay, and Tamil. This way, everyone feels included.

Singapore's founding father, S. Rajaratnam, said: "In a multi-racial society, one soon learns that no one people have a monopoly of wisdom and that one's own culture is not without flaws. This breeds not only tolerance for different viewpoints but also a readiness to learn and borrow from the accumulated wisdom of other people."

It is remarkable that among the five small multi-racial states that the British decolonised all over the world (namely Guyana, Cyprus, Sri Lanka, Singapore, and Fiji), Singapore was the only one to avoid ethnic strife. Appointments into critical roles at LGA, state and national levels must combine the need to choose the very best professionals (meritocracy) with an inclusive policy on ethnicity and religion.

8. Thinking long term

Singapore's leaders, like Lee Kuan Yew and Goh Keng Swee, believed in thinking long-term. For example, though Singapore had signed a 100-year water agreement with Malaysia in 1961, Singapore knew that Malaysia could threaten the country by cutting our water supply. Thus, Singapore invested in ways to get own sources of water. Singapore built reservoirs, desalination plants and water reclamation facilities. In March 2013, Dr Vivian Balakrishnan, Minister for the Environment and Water Resources, said: "We will certainly be water independent well before the expiry of the last agreement with Malaysia."

Nigeria can also think long-term. For example, unlike Singapore, Nigeria has abundant oil and gas resources. But these oil and gas reserves will not last forever. So Nigeria can now think ahead about how to solve the problems which it could face when that day comes. Norway, for example, has invested its oil and gas money in a big sovereign wealth fund. Only 4 percent of the surplus from the fund is spent on public projects. We are glad that we have created The Sovereign Wealth Fund, but are we following the inspiring model of Norway in this area?

9. Avoidance of populist measures

Singapore has always been opposed to the welfare state. Former Prime Minister, Lee Kuan Yew said, "Watching the ever-increasing costs of the welfare system in Britain and Sweden, we decided to avoid this debilitating system. We noted by the 1970s that when governments undertook primary responsibility for the basic duties of the head of the family, the drive in people weakened. Welfare undermined self-reliance. People did not have to work for their families' well-being. The handout became a way of life... They became dependent on the state for their basic needs."



The welfare state is too expensive for developing countries. It also undermines productivity. However, even though Singapore did not become a welfare state, it cared deeply about the welfare of its people. Singapore found other ways to make sure that its people would be well provided for. It invested in the welfare of its people through universal education, quality healthcare, affordable public housing and public transportation. In addition, it set up the Central Provident Fund, a compulsory savings fund. Singaporeans and their employers automatically contribute some money to this fund when they receive their salaries every month, and the money can be used to buy a house, for medical expenses, and, primarily, as a retirement fund.

Similarly, Nigeria can avoid the costs of welfare state spending by finding its own innovative methods of cooperating with employers and workers to make sure that employees can earn a fair wage to support themselves, and to make sure that every employee is able to save enough to provide for their own health care, housing, and retirement.

10. Honesty

The first generation of Singaporean leaders were brutally honest. In 1975, a minister of state was invited by a businessman friend to go on holiday. He said no, because he didn't have the money, but the businessman offered to pay. So he went, and he was arrested when he came back.

When there is honesty, the people and the investors will trust that government policies are meant to benefit the country, not to benefit the politicians. Only then will they feel confident in the leadership. This also creates a more stable political system, which gives investors peace of mind. Thus, a remarkable degree of honesty in a country's leadership will lead to success.

Although some may be difficult to replicate, these ten reasons are all things that other countries can do. But it is important to "glocalise" – to adapt these global principles to the local context.

When many people visit Singapore today and see a modern city-state, they tend to assume that Singapore was always like that. Actually, Singapore was one of the poorest and most unlucky countries when it achieved independence. It had no natural resources. This is why it is useful to study Singapore's experience. If Singapore can succeed against the odds, other countries can do so also.

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Noise pollution and health

By Pharm. (Dr) Onyinye Chiekwe

We are hurting our planet and it is hurting us back. This informed the World Health Day theme: "Our Planet, Our Health". The environmental pollutants we release through different human activities are coming to haunt us.

Environmental pollution is a single or combination of toxic chemical, biological, or physical agents in the environment resulting from human activities that negatively impact the health of exposed subjects. Noise pollution is one of the environmental pollutions affecting humans. When air molecules surrounding our ears vibrate, parts inside the ear sense the changes in pressure. These parts amplify the vibrations and ultimately cause tiny hairs in the inner ear to bend. Bending those hairs creates nerve impulses that the brain perceives as sound.

The hairs can deform and return to their original position. However, if the vibrations are too strong, or if they last for an extended period, the hairs can be permanently damaged causing hearing loss. Not all noise is pollution; if it does not happen regularly, it may simply be termed as "nuisance". Generally, any unwanted sound that our ears have not been built to filter can cause problems.

Impact of noise pollution on health

Mental and psychological effects

Noise leads to emotional and behavioural stress, as well as lack of concentration and mental fatigue ultimately leading to reduced productivity. Loud noise hampers sleeping patterns, causing irritation and discomfort. Exposure to intense levels of noise can cause personality changes and violent reactions. Other psychological effects of noise are irritability, depression and anxiety. Also, auditory stimuli may serve as psychological triggers for individuals with post-traumatic stress disorder (PTSD)

Physical/physiological effects

Cardiovascular effect: Noise increases the chances of illnesses like headache, blood pressure, heart failure, etc, occurring. Studies suggest that high intensity noise raises blood pressure and increases heartbeat rate because it disrupts the normal blood flow. Noise levels of 50 dB(A) at night may also increase the risk of myocardial infarction by chronically elevating cortisol production.

Hearing loss/disorders: A sudden loud noise can cause severe damage to the eardrum. Almost everyone has had one experience of being temporarily "deafened" by loud noise. This "deafness" is not permanent though. However, exposure to loud noises, either in a single traumatic experience or over time can damage the auditory system, resulting in hearing loss. Inadequate hearing protection or prolonged exposure to noise can result in either temporary or permanent hearing loss.

Noise induced hearing loss is sometimes unilateral and typically causes patients to lose hearing around the frequency of the triggering sound trauma. Hearing loss does not usually occur below 80 dBA (eight-hour exposure levels are best kept below 85 dBA), but most people repeatedly exposed

to more than 105 dBA will have permanent hearing loss to some extent. Generally, hearing loss begins at 80- 90 dbA. Individuals who have hearing loss, including noise-induced hearing loss, may have their symptoms alleviated with the use of hearing aids.

Tinnitus: Tinnitus is an auditory disorder characterised by the perception of a sound (ringing, chirping, buzzing, etc.) in the ear in the absence of an external sound source. There are two types of tinnitus: subjective and objective. Subjective is the most common and can only be heard "in the head" by the person affected. Objective tinnitus can be heard from those around the affected person.

Social/psychosocial effects

Noise Interferes with normal auditory communication: High decibel noise may not allow two people to communicate freely. Also, it may mask auditory warning

signals, hence increase the rate of accidents. Being in a noisy area constantly or often could also cause one to develop the habit of talking too loudly.

Annoyance: Excessive noise can provoke annoyance response. Sudden, impulse noises are typically perceived as more bothersome than noise from traffic of equal volume. Annoyance effects of noise are minimally affected by demographics, but fear of the noise source and sensitivity to noise both strongly affect the 'annoyance' of a noise.

Poor development in children: Noise poses a serious threat to a child's physical and psychological health, and may negatively interfere with a child's learning and behaviour. Evidence has shown that when children learn in noisier classrooms, they have more difficulties understanding speech than those who learn in quieter settings.

High noise levels have also



been known to damage the physical health of small children. Children from noisy residences often have a heart rate that is significantly higher (by 2 beats/min on average) than those of children from quieter homes.

Noise pollution is not taken as seriously as other forms of pollution and this should change fast.

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Medication management services: MTM or pharmaceutical care?

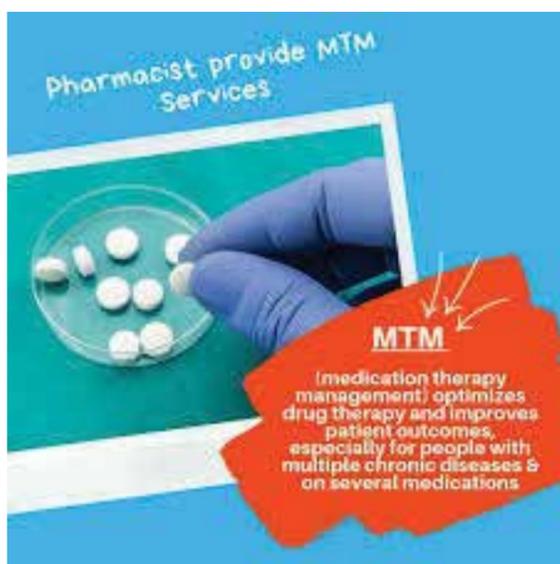
By Pharm. Patience Scholastica Godwin & Pharm. Ekpeyong Nsidibe

Administered properly, medications can alleviate agonising symptoms that compromise physical and psychological well-being, help prevent the onset of many acute and chronic illnesses, and improve patient health outcomes. Too often, however, medications are not used appropriately. In the United States in 2001, adverse drug events led to an estimated 4.3 million ambulatory visits. To boot problems involving adverse drug events, many patients do not receive optimal pharmaceutical prescriptions. Even when optimal therapy is prescribed, patient inability to adhere closely to medication regimens may lead to poor health outcomes.

Medication therapy management (MTM) services are intended to address issues of polypharmacy, preventable adverse drug events, medication adherence, and medication misuse. MTM is the current term that represents a suite of healthcare services provided by pharmacists - the medication experts on the healthcare team - that have evolved out of the philosophy and processes described in the early 1990s as "pharmaceutical care."

In 2008, a subset of national pharmacy organisations established five core elements for an MTM service model. These elements include a medication therapy review, a personal medication record, a medication action plan, intervention and/or referral, documentation and follow-up. Every core element is integral to the provision of MTM. However, the sequence and delivery of the core elements may be modified to meet an individual patient's needs. Pharmacists provide medication therapy management to help patients get the best benefits from their medications by actively managing drug therapy and by identifying, preventing and resolving medication-related problems.

MTM provided by pharmacists, the medication therapy experts, results in: a review of all medications prescribed by all prescribers providing care to the patient, and any over-the-counter and herbal products the patient may be taking to identify and address medication problems (problems may include medications not being used correctly, duplication of medications, unnecessary medications, and the need for medication(s) for an untreated or inappropriately



managed condition); in-depth medication-related education, consultation, and advice provided to patients, family and/or caregivers to ensure proper use of medications; collaboration with the patient, physician, and other healthcare providers to develop and achieve optimal goals of medication therapy.

An example of pharmacist-provided services that include medication management is medication therapy review, a systematic process of collecting patient-specific information, assessing medication therapies to identify medication-related problems, developing a prioritised list of medication-related problems, and creating a plan to resolve them.

Conversely, pharmacotherapy consults, another example, refers to services provided by pharmacists on referrals from other healthcare providers or other pharmacists. These consult services are typically reserved for more complicated patient cases - specifically for patients who have complex medical conditions and who have either already experienced medication-related problems or who have a high potential to develop them. A pharmacotherapy consult incorporates the pharmacist's expertise into achieving desired therapeutic goals for patients by promoting safe, appropriate, and cost-effective use of medications. Patients requiring pharmacotherapy consults may have a single or multiple complex medical conditions that require medication therapy to effectively manage.

Furthermore, pharmacogenomics application is a new and emerging medication therapy management service provided by pharmacists.

Here, pharmacists play a role in the interpretation and application of a patient's genetic information to optimise a patient's response to medication therapy. In various patient care settings from hospitals to community pharmacies pharmacists are comparing patient-specific treatments based on genetic markers, predicting patients' response to therapy, dosing medications based on genetic test results, predicting which patients will experience adverse reaction to selected therapies, and making informed recommendations to prescribers on the best treatments for that individual patient that maximise effectiveness while minimising risk. Pharmacogenomics has also been referred to as

"personalised medicine."

As pharmacist-provided medication therapy management services continue to evolve, pharmacists roles continues to expand into new and emerging areas. These diverse clinical services all focus on optimising medication outcomes for the individual patient. Examples of other clinical services in medication therapy management include employee health services & screening, travel medicine, nuclear pharmacy, veterinary pharmacy, nutrition and many others.

Predominantly, MTM focuses on ongoing management of the patient's entire medication regimen, with a concentration on optimising therapeutic effectiveness, preventing adverse events and achieving optimal medication therapy goals. Active involvement of patients is critical, empowering them to be a full participant in their own care through better understanding and use of their medications.

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Delay in PharmD takeoff, a disadvantage to us in the north – PANS-KASU President

By Adebayo Oladejo

As the B.Pharm programme is being gradually phased out for the more patient-centred PharmD in the country, President of the Pharmaceutical Association of Nigeria Students (PANS), Kaduna State University (KASU), Bashir Salisu Bawa, has expressed worries over the delay in the commencement of the programme in most schools in the northern part of the country, adding his voice to those calling for a unified PharmD programme for all pharmacy schools in the country. Bawa, who is currently in his fifth year, also speaks on his foray into Pharmacy and PANS politics, the challenges of his administration and other pertinent issues. Excerpts:

Why did you opt for Pharmacy as a course of study?

Frankly speaking, Pharmacy was not my initial choice. I actually applied for Medicine. Unfortunately that year (2016), no medical student was admitted, due to some technicalities and logistics issues from the school management. I thought I had lost it all. My world felt like it was crashing.

I had no idea what Pharmacy was all about and what I could do with the degree. I had to start researching about the profession and all it promised. Eventually, after a series of researches and consultations, I learnt that I was on the right path. Besides, there is not much difference between being a medical doctor and a pharmacist. They both aim to achieve excellent healthcare delivery through prophylactic, curative and diagnostic measures.

It must be tough combining studying with active involvement in PANS activities. How have you been juggling these?

Indeed it has not been easy for me right from when I began active participation in unionism, from both within and outside our faculty. I started my political career when I was elected as the assistant editor-in-chief during my second year, under Pharmacist Mahmud Ahmed Kubau as the then pioneer PANS president.

The subsequent year, I was elected the financial secretary of PANS and served in that capacity under my predecessor, in the person of Ibrahim Aliyu. But as PANS president now, the most challenging aspect of it is the difficulty in time management. The idea is that there is a need for me to establish a balance between the leadership responsibility on my shoulders and my academic affairs. The fact that both are important has made me endure the stress and, in turn, through experience, I was able to figure out how to handle the two.

Can you tell us some of your achievements and challenges so far?

Well, many achievements have been recorded so far. Few of them will be mentioned for sake of time. There is the complete securing of PANS secretariat from the faculty management. The giant move had started with my predecessor.

Subsequent achievement was completing the requirements and making the

association duly registered with the Student Affairs division of the university, which means PANS now has the legal right to execute its activities within the university without question.

Another success is making PANS more recognised within the faculty and the university as a whole. Under my administration, we also had a representative who participated in the last 46th PANS Annual National Convention, in Uyo, Akwa- Ibom State.

My biggest challenges as PANS president are in relation to my strong desire of seeing that PANS-KASU in no distant time moves forward to an become one of the best chapters we have in this country. As such, I have a mission under my administration to see that, at least, a business centre is established for PANS, so as to ease the association's ways of sourcing for funds and to also see that the production of our annual magazine for the second time is achievable.

These are my main challenges because they require money. These days whatever plan is in place, things can never work through without adequate financial resources or sponsorship. However, we are committed and still making necessary solicitations; and we are hopeful that eventually, we shall be able to get them done.

To cut it short, financial constraint and lack of sponsorship have been the major reasons why I face challenges in executing certain activities under my administration.

What would you say are the advantages and disadvantages of studying Pharmacy here in the north, compared to those studying in other regions of the country?

Let me start by defining Pharmacy as a profession. It is a clinical health science that links medical science with chemistry and it is charged with the discovery, production, disposal, safe and effective use, and control of medications and drugs.

Right here, Pharmacy in the north is one of the most trusted and respected professions, and an individual with a pharmacy degree is respected by the people. The advantage of studying Pharmacy in the north is that there are many opportunities for fresh pharmacy graduates, whether in government or private organisations.

Internship placement for our fresh graduates tends to be easier to gain because there are few accredited pharmacy schools here, as compared with the southern part of the country.

Only one university from the south may graduate a n d successfully induct 300 pharmacists per annum, w h i c h actually leads to increased competition in securing internship placement

and there is more competition too in getting public jobs there.

The disadvantage of studying Pharmacy here in the north, from my point of view, is that we are lacking pharmaceutical industries. Only few are partially operating, which in turn is seriously affecting those that have the intention of practising in an industrial setting.

Another disadvantage is the delay in commencement of the new version of pharmacy degree, the PharmD, by our universities here, in order to meet up with the modern global standard of pharmacy education and practice. We only have Bayero University Kano (BUK) in the north as the pioneer but their faculty of pharmacy is not yet accredited by the PCN.

What do you think is wrong with the way pharmacy education is being run in Nigeria?

So far so good there are developmental changes, most especially the ongoing change from product-oriented to patient-oriented programmes. I am personally happy that there is PharmD programme now in Nigeria, but its difference from the B.Pharm. degree is not very clear.

How I wish the pharmacy curriculum could be reviewed in such a way that once a PharmD student reaches around 400 level, the student will move to a clinical setting to be trained in ward round participation, how to involve in decision-making with regard to drug therapy-related problems, the practical application of pharmacotherapeutics and how to interact directly with patients through patient counselling and rendering of appropriate pharmaceutical care.

I think this will go a long way and will make fresh graduates of Pharmacy ready to address challenges and by so doing, will enhance the recognition of pharmacy practice and its relevance to patients and other



Bashir Salisu Bawa

health workers.

The National Universities Commission (NUC) gave full accreditation to the Faculty of Pharmacy, KASU in 2019, with an interim accreditation status by the Pharmacists Council of Nigeria (PCN). How has it been since then?

Well, following the NUC and PCN interim accreditation, the faculty began induction of its pharmacy graduates. The pioneer inductees were 27 in number. And the faculty, ever since after PCN interim accreditation, has been undergoing restructuring - the appointment of new lecturers, laboratory technologists and equipment of various laboratories - in preparation for the next accreditation visit by the Council in other to meet up with the standard requirements.

If you had the opportunity of changing some things about pharmacy education in Nigeria, what would they be?

If I had the opportunity, I will definitely change the system to a more practical approach, where pharmacy students would have a longer hospital stay. This would definitely make the students have the minimum required skills that would make them capable of facing the realities while in practice, in order to discharge their obligations diligently.

More hospital stays would also reduce the way and manner pharmacists are being sidelined in clinical decision making and also boost inter-professional relationships with other health workers. As a result, I would also make sure that inter-professional education is in place, where the pharmacy and medical students would be attending lectures together on courses they have in common like Physiology, Anatomy, Biochemistry and Pharmacology. This will go a long way in uniting and bringing the two together at the students' level.

Getz Pharma launches Empiget for diabetes management

By Peter Ogbonna

Medical experts, drawn from cardiology, endocrinology and other fields relevant to the management of diabetes, have applauded Getz Pharma Nigeria Limited, a fast-growing pharmaceutical company in Nigeria, over the launch of Empiget, a brand of Empagliflozin molecule.

The experts, which included Prof. Olufemi Fasanmade, a consultant endocrinologist and professor of medicine at the Lagos University Teaching Hospital (LUTH); Prof. Amam Mbakwem, a consultant cardiologist and professor of medicine; and Dr Eburn Bamgboye, a consultant nephrologist and clinical director at St Nicholas Hospital, Lagos, described the drug as a “game changer” in diabetes management.

Welcoming guests to the launch, which took place in Lagos recently, the General Manager (Marketing) of Getz Pharma, Mr Syed Khairat Haider, said the company, with presence in over 27 countries around the world, is committed to improving the healthcare of Nigerians through qualitative and innovative products.

He added that Empiget, which also comes as a combination therapy with Metformin, is formulated to achieve quality outcomes in patient care, stressing that Getz is committed to making it affordable and available throughout the country.

Also speaking, Prof. Fatiu Arogundade, a consultant nephrologist and professor of medicine, who chaired the event, commended Getz for bringing Empiget to Nigeria, saying this will not only help to improve patients management but will assist medical practitioners to attain better glycaemic control and achieve better renal outcomes in patients with diabetic kidney conditions.

He commended Getz Pharma for making the drugs available in Nigeria within a few months of its launch on the international scene.



L-R, Dr Funsho Oloruntoba, GM (Sales) Getz Pharma; Professor Olufemi Fasanmade, consultant endocrinologist, LUTH; Professor Fatiu Arogundade, registrar National Postgraduate College of Nigeria; Professor Amam Chinyere Mbakwem, consultant cardiologist, LUTH; Dr Eburn Bamgboye, consultant nephrologist & clinical director, St Nicholas Hospital; Mr Syed Khairat Haider, general manager marketing; Dr Ramon Moronkola, consultant cardiologist, LASUTH; during the Getz Pharma Empiget launch, held at Radisson Blu Hotel, Ikeja, G.R.A. Lagos.

In his presentation, titled “Empagliforzin: New Era in the Management of Diabetes Mellitus”, Prof. Fasanmade described diabetes as a complex disease with multi-systemic effects on many organs of the body and often requiring the patient to see different specialists.

He disclosed that the prevalence of diabetes in sub-Saharan Africa is about 24 million, out of which Nigeria accounts for 4.5 million, with one in every 10 adult in Nigeria affected. This, he said, makes diabetes a serious health threat.

He commended Getz Pharma for its efforts in making available a robust product which, he said, will enhance the management of diabetic cases in Nigeria.

Fasanmade, a former president of the Endocrine Society of Nigeria, described the drug as a wonder

medication which will help to lower cardiovascular risk, glycaemic as well as renal risks in patients.

In her paper titled “Role of Empagliforzin in Reducing Cardiovascular Risks in Patients with or without Diabetes”, Prof. Mbakwem commended the coming of the product to Nigeria, stressing that Empagliforzin will help in better management of cardiovascular conditions as it helps to enhance the cardiac energy pool by increasing cardiac energy production from glucose and fatty acid oxidation.

She also commended the cardio protective qualities of the product, while pleading with the company to make the product even more affordable.

Speaking on the topic, “Role of Empagliforzin in Improving Renal Outcomes in Patients with Diabetic Kidney Disease” Dr Bamgboye said

one-third of the world’s population is at risk of diabetes, noting that the condition is a significant cause of cardiovascular and renal disease. He added that use of the drug will, among other benefits, lower the risk of hypoglycaemia in the treatment of patients with diabetes.

In his remarks at the event, Pharm. Kehinde Bankole, product manager at Getz Pharma noted that the company was the first to bring in the full range of Empagliforzin medication into the country. Similarly, the General Manager (Sales), Dr Funsho Oloruntoba while leading guests and dignitaries to unveil the product, reiterated the company’s commitment to quality healthcare for Nigerians.

He assured that Empiget will be made available and affordable across the country using the company’s wide distribution network.

Seagreen tasks women on regular health check

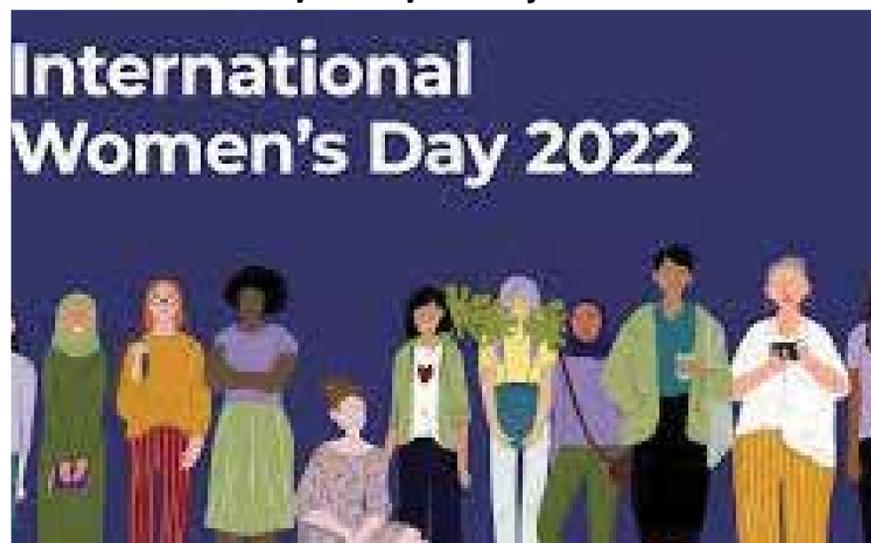
By Adebayo Oladejo

As part of events to mark this year’s International Women’s Day, Seagreen Pharmaceutical Nigeria Limited has called on women to go for regular check-ups to maintain good health at all times.

In a press release sent to *Pharmanews*, the company’s General Manager, Pharm. Ikenna Enwelunta, stated that there is great value for women in seeing doctors for check-ups, stressing that regular visits will enable the physician to monitor both physical and mental health.

According to him, some preventable or mild ailments could get worse due to a lack of monitoring and addressing such issues early, saying having a strong relationship with one’s healthcare provider will make it easier to receive care and treatment when needed.

Speaking further, Enwelunta noted that the International Women’s Day is a global day to celebrate the social, economic, cultural, and political achievements of women, adding that it also marks a call to action for accelerating women’s equality.



He emphasised that this year’s theme, “Gender Equality Today for a Sustainable Tomorrow” highlights the contribution of women and girls around the world, who are leading the charge on climate change adaptation, mitigation and response, to build a sustainable future for all.

His words: “Seagreen Pharmaceutical wishes to identify and congratulate all women

across the world and particularly Nigerian women for their immense contributions towards societal cohesion and national development.”

He also seized the opportunity to recommend Klovinol as a trusted pessary in the treatment of vaginal infections, adding that the product has become a household name in the management of vaginal infection.

In her remarks, Seagreen’s Marketing Manager, Mrs Evelyn Okorie, noted that Klovinol is a brand of proactive pessaries that has a spectrum of antimicrobial activity which covers the three most prevalent forms of vaginitis: bacterial vaginosis, vaginal candidiasis, and trichomoniasis. This, she said, makes it suitable for empirical or syndromic management of vaginitis, including mixed infections.

She said Klovinol is a drug of choice for vaginitis, as it restores a healthy vaginal flora, adding that the drug was first introduced into the market a few years ago and is specially formulated for the management of vaginitis caused by bacterial, fungal, and protozoal organisms.

“Klovinol has three constituents –Lactobacillus spores, Clotrimazole and Metronidazole, hence it gives symptomatic relief to affected patients while also re-establishing the normal healthy flora in the vaginal microenvironment. Klovinol is the only product of its kind that has all these unique attributes in one,” she said.

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Small leaves, fountain of health

By Pharm. Ngozika Okoye

B. Pharm., MSc (Clinical Pharmacy), MPH, FPCPharm
(Nigeria Natural Medicine Development Agency)



Phyllanthus amarus

Small leaves, botanically known as *Phyllanthus amarus* Schum and Thonn. (Fam: Euphorbiaceae), is a small, erect, annual herb that grows up to 30-40cm in height. The plants of the genus *Phyllanthus* are widely distributed in most tropical and subtropical countries. The common names in English include "carry me seed", "stonebreaker", "gale of the wind", "seed-under-leaf, and "egg woman". Locally, it is called *geeron-tsuntsaayee* (bird's millet) in Hausa; *enyikwonwa* or *ngwu* in Igbo and *iyin olobe* in Yoruba.

Constituents

The phytochemical analysis of the *P. amarus* extract confirmed the presence of tannins, saponins, flavonoids, steroids, terpenes, benzenoids, alkaloids and lipids, and also plant-based polyphenol, called phyllanthin.

Preparations

P. amarus is available as capsules, powder and dried herbs. Its leaves, stems, and roots can be used to make teas, tinctures, and extracts. Poultices can be made with fresh shoots and leaves for topical application.

Pharmacological actions and medicinal uses

P. amarus has antimicrobial, diuretic, antiviral, anti-diabetic, hypotensive, analgesic, anti-inflammatory and antipyretic properties. Thus its use in the treatment of infections of the bladder, urinary tract and skin, gonorrhoea, hepatitis B, jaundice, diarrhoea and dysentery. It is also effective in the management of wound, ulcers and urogenital diseases, including heavy menstrual bleeding.

P. amarus is generally employed to treat chronic liver disease to reduce pain, expel intestinal gas, to stimulate and promote digestion, as anti-helminthic to expel intestinal worms and as a mild laxative.

The traditional uses of *P. amarus* for kidney stones and gall bladder stones have been validated by clinical research, where *P. amarus* extract was found to inhibit calcium oxalate crystal formation. Scientists have found that certain species of *Phyllanthus* may help prevent liver inflammation and damage.

Studies show that *Phyllanthus amarus* demonstrated in vitro and ex vivo HIV-1 inhibition of reverse transcriptase,

receptors, and proteases, suggesting that *Phyllanthus* can eradicate the hepatitis B virus (HBV), thereby effecting cure for

chronic infections.

Animal test-tube experiments by scientists have shown that an extract of *Phyllanthus* slowed tumour growth by inducing apoptosis in a wide range of cancer cells.

The nephroprotective properties of *Phyllanthus* against gentamicin and acetaminophen, which has been evaluated and demonstrated, is reported to be due to the inherent antioxidant and free radical scavenging constituent of the plant extract.

Adverse effects

Side effects tend to be mild and may include upset stomach and diarrhoea. It may further reduce uric acid levels and increase the risk of liver damage in people with Wilson's disease.

Due to inadequate research, *Phyllanthus* should not

be taken by children, pregnant women, and nursing mothers.

Use of *Phyllanthus* comes with the risk of drug interactions. Research has shown that concomitant use of *Phyllanthus* with blood thinners like aspirin can keep blood from clotting, leading to bleeding and easy bruising.

By potentiation, *Phyllanthus* can also potentially enhance the effects of antidiabetics and antihypertensives, causing a serious drop in blood sugar (hypoglycaemia) blood pressure (hypotension), respectively.

Economic uses and potentials

A pack of 500g dry powder costs about N17,500.00; a bottle of 30ml costs between N10,500 to N14,000. A pack of capsules costs about N12,500 to N25,000.

There are potentials for small leaves, *Phyllanthus amarus*, in research, pharmaceutical and cosmetics industries, and also in cultivation, processing, packaging, distribution and sales.

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PANS-UNIBEN president visits Pharmanews

- Says plan underway to launch PANS media department

By Adebayo Oladejo

Amidst the ongoing strike by members of the Academic Staff Union of Universities (ASUU) the new leadership of the Pharmaceutical Association of Nigerian Students (PANS), University of Benin (UNIBEN) Chapter, represented by the President, Gerald Kosisochukwu Nnadi, recently paid a scheduled visit to Pharmanews Limited.

The courtesy call which took place at the company's corporate office in Lagos had Sir Ifeanyi Atueyi, managing director, Pharmanews; Mr Patrick Iwelunmor, editor-in-chief; Mrs Temitope Obayendo, online-editor; and Mr Adebayo Oladejo, senior reporter, in attendance.

Visibly excited at meeting the *Pharmanews* publisher, Sir Atueyi, in person for the first time, Nnadi explained that the visit was necessary to appreciate the



L-R: Mr Patrick Iwelunmor, editor, Pharmanews; UNIBEN PANS President, Gerald Kosisochukwu Nnadi; Pharm. (Sir) Ifeanyi Atueyi, Pharmanews publisher and Mrs Temitope Obayendo, online editor, Pharmanews, in a group photograph during the visit.

celebrated octogenarian for his leadership and mentorship role in

the profession. He added that the visit was also to announce the plan of his administration to establish

a media crew department to be called 'PANS Media Crew' for the association.

The PANS-UNIBEN president further disclosed that he conceived the media initiative when he was in 300 Level, at a time he was planning to become the association's public relations officer (PRO), adding that he had to nurture the initiative until 500 Level when he eventually became the president.

He asserted: "It worries me and makes me highly concerned how PANS, at every chapter, rely solely on dues and contributions from the public to run its affairs. It's even worrisome when such a chapter does not have good numerical strength; they suffer more. So I felt if an Initiative of this nature could be nurtured and established, it would not only generate funds for PANS but also serve as a skills acquisition avenue for pharmacy students

"The reason for coming today was to see the 'oracle of pharmaceutical journalism' himself, seek his blessing and to partner with *Pharmanews* to organise an elaborate launch for the programme, where Sir Atueyi and other heavyweights in the industry will be present. We also hope to introduce the concept to the national PANS, and we hope it will benefit all the chapters nationwide."

Applauding the initiative, the *Pharmanews* boss noted that he was quite aware of the daunting task of running a media activity, adding that it required adequate planning and technical dexterity. He also expressed worry about the funding and handling of media equipment and gadgets, noting that, while the concept is good, the implementation will be highly technical and requires detailed discussion.

Atueyi further stated that that he usually encourages people occupying leadership positions to streamline their programmes for easy execution before leaving office, adding that the PANS president who will be leaving the office in less than a year time would have a daunting task to plan very well and be tactical about the execution of the concept.

Atueyi, who is known to have soft spot for PANS-related initiatives urged the president to rest assured that God has started using him for something great, adding that such a project should not be rushed but must be adequately planned, so that by the time it is finally implemented, it will fully serve its intended purpose.

Reacting to the initiative from the PANS president, the duo of Mr Iwelunmor and Mrs Obayendo noted that while conceiving an idea is good, implementing and sustaining such an idea is where the actual challenge lies, adding that as good as the initiative looks on the paper, the president would need to do proper findings on its cost implications, as well as other vital details.

They, however, commended the president for thinking outside the box, saying history will remember him for good if the initiative works out perfectly at the end of the day.



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Towards professional excellence: The role of the academic pharmacist

By Adaobi Uchenna Mosanya

Blacksmith, either do your job or get off the bench," goes a Spanish adage. Anything worth doing is worth doing well. Professional excellence is to be extremely good at one's job. It is not about how much but how well. A professional in any occupation is recognised by his excellence, which marks him out among his peers. Excellence is never an accident but attained in professional life over a long period. One cannot be an excellent academic pharmacist in one day.

Excellence is a habit, not an act. As the famous Philosopher, Aristotle said, "We are what we repeatedly do." The path to professional excellence is an arduous one and many have fallen out because of its demands. Nevertheless, it is always important to strive for it.

Who is an academic pharmacist? A pharmacist in academia is one who is employed usually full-time in an educational institute, whose role involves teaching student pharmacists and engaging in scholarly work or research. They are also known as research-based academicians.

Pharmacy practitioners in other settings apart from the academic institutions can be adjunct academic pharmacists. These practice-based pharmacists are part-time faculty members who give lectures, as well as serve as mentors for the professional training of pharmacy students, especially in hospitals and community settings.

Some of the research areas for academic pharmacist are: drug discovery, manufacturing, and formulation, improvement in pharmacy practice, as well as enhancing therapeutic and health outcomes. The hours adding up to excellence are long but they are necessary to utilise available occasions for advancement and impact in society. Before advancing, one has to enter into the university, first as a lecturer, then become a senior lecturer, reader, and finally a professor. A pharmacist can be promoted in an academic career by acquiring international reputation and roles, especially in research (Hensley, 2017).

Pharmacists who desire to work with students, as well as carry out research are usually attracted to practice in academia. It inspires them to see young people interested in one's profession. And for them, it is a privilege to prepare the next generation of pharmacists.

Apart from the already mentioned roles of pharmacists in academia, others are indispensable to achieve professional excellence. They include: publishing impactful



papers in reputable peer-reviewed journals, attending and speaking at conferences, as well as volunteering to serve as external examiners and other service activities.

Path to excellence

A career in academia offers a high level of job security and opportunities for professional advancement. There is no excuse for failure to strive for excellence. To succeed, one should realise what the expectations are. For every profession, there are excellent standards. Some of the expectations for the academic pharmacist are: appropriate postgraduate education and training, board certification, commitment to a practice or research area, a good understanding of the evaluation and promotion processes, etc. The attributes of 7-star pharmacists apply as well to academic pharmacists. These are: compassionate caregiver, decision-maker, active communicator, lifelong learner, good manager, possesses good leadership qualities and can be a teacher and a researcher (Azhar et al., 2009)

Where there are no clear expectations, one can become anxious and confused (Rigoni & Nelson, 2016). A good grasp of the expectations enables one to define one's expectations. Balancing expectations in teaching, research and service is crucial. These include seeking and finding a good, willing and senior faculty mentor, documentation of one's achievements, seeking feedback and being open to criticism. It follows that the academician implements and tracks corrective

measures early in his career.

Role of mentorship

A scholar can only become a good mentor in the future after struggling to be a good mentee as a young career fellow. One should avail oneself of the blended learning techniques. Striving for excellence means looking for how to improve. A mentee can learn from a mentor how to apply scientific knowledge in teaching, research or providing expertise, as well as the ability to solve problems. Decision-making and problem-solving skills are two sides of a coin. They lead to professionalism and prestige, which invariably bring about autonomy, another attractive characteristic of the career in academia. A sense of responsibility, self-discipline, and initiative come with autonomy. Without these traits, it is impossible to achieve professional excellence.

One can learn, besides, how to create new knowledge by conducting research and how to disseminate the results through appropriate media. Other skills that could be learnt from mentors are the ability to balance career and personal life. That is, to create time in one's schedule for leisure, family obligations, social and religious responsibilities, and commitments. Achieving this balance prevents burnout.

Independence, self-motivation and collaborative spirit are what a good mentor should bring about in their mentees. Despotism and domineering as well as indulgent and spoon-feeding

attitudes are two extremes to be avoided to bring about in a mentee a constant striving for professional excellence. Virtue is in the middle, according to the famous Saint Thomas Aquinas. To find a good mentor is to find a treasure.

Flexibility and diversity

An attractive aspect of the work in academia is flexibility and a variety of activities. So, there is never a dull moment. In other words, the academician must embrace diversity to progress. With all these plethoras of activities and responsibilities, it invariably means that an academic pharmacist has to be multi-tasking. Multi-tasking does not mean biting more than one can chew; it means having a plan, a schedule for the multiple tasks to carry them out at the appropriate time and place.

Weekly calendar, noting what to do when to do and how is important to schedule. It means focusing on what one is doing at each point in time, without worrying about other pending or undone tasks. It does not mean fretting about and having several unfinished tasks; it means accomplishing each task very well to the last detail, adding the finishing touches which are a mark of excellence.

To succeed, one needs to be organised. An added trait to those who multi-task effectively is delegation. It is the ability to share jobs, to count on others and have a healthy form of dependence because nobody is a super being.

Innovative thinking and continuous development

As a researcher who seeks out new solutions for new problems while relying on previously useful solutions, innovative thinking is of utmost importance. Innovative solutions and thinking about pharmacy issues lead to new ideas in general pharmacy practice, as well as in the academic setting. It, therefore, means that academic pharmacists need to be in touch with their fellow pharmacists in practice field for synergy.

What does it profit a pharmacist in academia and the society at large, a research that is far removed from real-time? What good is research that has no relevance to the patient in today's world? Networking and collaboration with colleagues in academia and practice/ industrial teams help to prevent that kind of situation from occurring. Working in isolation is not acceptable. Openness to new ideas is crucial to evolve and grow. The need for both national and international teambuilding for an academic pharmacist can never be

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Pharmacists who desire to work with students, as well as carry out research are usually attracted to practice in academia. It inspires them to see young people interested in one's profession. And for them, it is a privilege to prepare the next generation of pharmacists.



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L-R: Managing Director Audion Pharmacy, Mrs Edith Nwachukwu receiving award from the MD M&B, Patrick Ajah



L-R: Head of procurement M&B, Mrs. Chukeluba and Chief Anthony Ogbuagu (Ogbuagu Pharm)



L-R: The MD, M&B, Patrick Ajah, handing award plaque to Alhaji Ibrahim Olayiwola of Ibrophy Intergrated Nigeria Plc.



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Towards professional excellence: The role of the academic pharmacist

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overemphasised.

Mediocrity is the fungus of the mind. It is also the sepulchre of excellence. An academic pharmacist who asks for his name to be included as an author of a manuscript without making any contribution to it is mediocre. And one who accepts to add such a name is worse off. The secret of joy in work is excellence, and knowing how to do something well is to enjoy it.

To build excellence in one's chosen area(s), the academic pharmacist needs continuous professional development through workshops and seminars, enrolling in online courses, etc, because excellence is the unlimited ability to improve the quality of what one has to offer. After the learning process follows the application of the knowledge acquired, for example, effective use of technology in teaching, research writing skills, research conducting skills together with a good knowledge of statistical analysis. Excellence is a way of life. Hard work and dedication are virtues necessary for a successful lifestyle.

Professional excellence is to be extremely good at one's job. It is not the same as perfectionism. Perfectionism is focused on 'doing the thing right', on how things appear, and if others think it's done right (Winn, 2013). While excellence is about 'doing the right thing'. It is focused on the reason for the task and the results. Excellence is trying to do one's best. Lecturers need to choose an area they are passionate about, to be creative when pitching. However, commitment is much more important.

Managing challenges

Academia is not an easy option for pharmacists. Some of the challenges are failure to get grants, or one's research might not go as expected. However, successes are often.

An unappealing aspect of a career in academia is low salaries. Money should not be the most important factor in making a decision but rather future job satisfaction. Delayed gratification today for something great tomorrow is key. Nevertheless, funding is a necessity for achieving excellence. Undoubtedly, it is a challenge to find funding but one must not lose heart. Lecturers are expected to fundraise and form their research teams. They are usually promoted because of their fundraising and impactful research abilities.

Academicians should be able to seek legitimate outside sources of income (e.g. through consulting projects) to supplement their faculty salary. They can set up spin-off companies related to their work. Applying and getting grants, as well as winning awards can

Academicians should be able to seek legitimate outside sources of income (e.g. through consulting projects) to supplement their faculty salary. They can set up spin-off companies related to their work. Applying and getting grants, as well as winning awards can make pharmacists stand out among their peers. Launching a related business helps to take care of the economic responsibilities needed to successfully conclude the research.

make pharmacists stand out among their peers. Launching a related business helps to take care of the economic responsibilities needed to successfully conclude the research.

For this to be a reality, they need to collaborate initially with people who complement their skills and have the same goals. Besides, it pays to do so with people with a good reputation. Patience is an important virtue to succeed in academia because the impact of research might need many years before it is palpable.

Kurt Tucholsky once said, "The will to win, the desire to succeed and the urge to reach your potentials will unlock the door to personal excellence." These words can be used as keys by academic pharmacists who wish to unlock the door to professional excellence. On their path towards professional excellence, academic pharmacists will have ups and downs. It is a path of roses with thorns. It is expected that they acquire the ability to handle with equanimity both failures and successes.

Failures should be considered as a spur to aim higher. Failures are not the end of the world, although they are experienced as setbacks. As a famous scientist, Thomas Edison in his experiments exclaimed after 999 failures that he had succeeded in eliminating 999 ways of not inventing the electric bulb. It is human to make mistakes, and such should be understood as part of the learning process.

The great scientists and thinkers that ever existed since the beginning of mankind made mistakes. One distinguishing mark of all is the ability to learn, thereby adding to the existing knowledge. This led to the mastering of their work which is the foundation of lasting self-confidence and self-esteem.

Handling leadership and interpersonal relationships

It has also been recognised that one of the least appealing aspects of the career of a pharmacist in academia is management and administration. However, readiness to take up, at the right time, some managerial roles

as dean, department head, exam officers, etc is necessary. Therefore, it is required that we invest adequate resources in developing our inherent leadership potentials.

Workloads can be heavy but we cannot shy away from greater responsibilities. As the saying goes, the reward for good work is more work. But it is equally healthy to know when to say "yes" or "no".

To enjoy all the roles of an academician and carry them out effectively, self-management skills are needed. Leadership begins with the leadership of oneself, which is called self-leadership, personal effectiveness or self-management. One cannot give what one does not have, it is as simple as that. What can we make of a leader who is not punctual, for instance, to meetings?

Self-discipline is paramount to teach with authority through one's lifestyle. What about emotional intelligence? This is often a neglected but important aspect of personality development. How we handle our emotions and other people's emotions is essential.

Interpersonal relationships are fundamental in academia. No man is an island. The professional ambiance found in academic institutions demands its etiquette. In such an environment, there is always an established hierarchy that ought to be respected and fostered. There is also a diversity of persons from different backgrounds and cultures. Cultural awareness or sensitivity is the first step towards cultural competency. It is the recognition that differences between cultures exist and are based on many factors, including religion, race, ethnicity, gender, education, nationality, politics and geographic origin (Matsumoto, 2007; Alsharif et al., 2019).

We cannot afford to overlook certain social etiquette, which simply means, consideration for the other person. Consideration in terms of beliefs, preferences, position, etc. Professional ethics are equally important. It is defined as the personal and corporate rules that govern behaviour within the context of a particular profession. Lack of

familiarity with the principles of ethics in this noble profession can cause irreparable damage to the career ambitions of the person involved as well as to the society (Kholghipour et al., 2018).

In conclusion, the assurance that pharmacists are competent falls at the feet of educators and the public's health is better off. They are perceived as prestigious members of the community. It flows as a natural consequence that if academic pharmacists strive for excellence, then they will produce competent pharmacists in various fields of practice. Public health also could be better ensured by expecting a better working relationship between the agencies and academic institutions through improvements to advisory committee recruitment.

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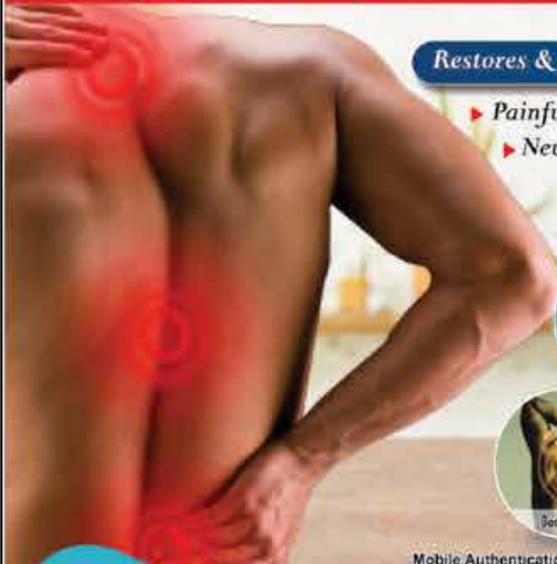
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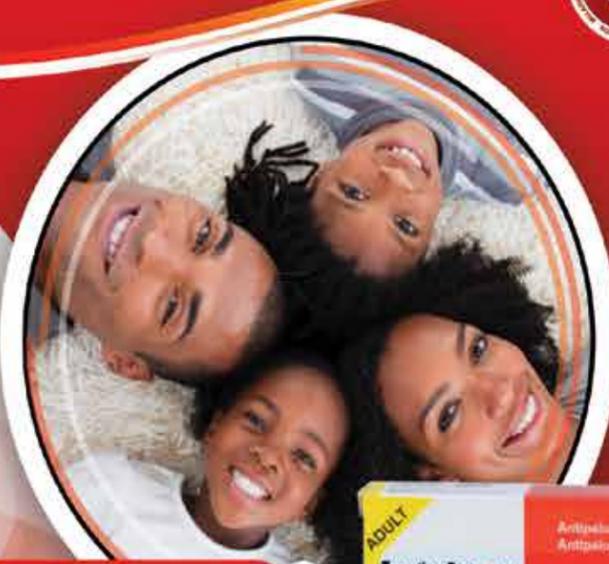


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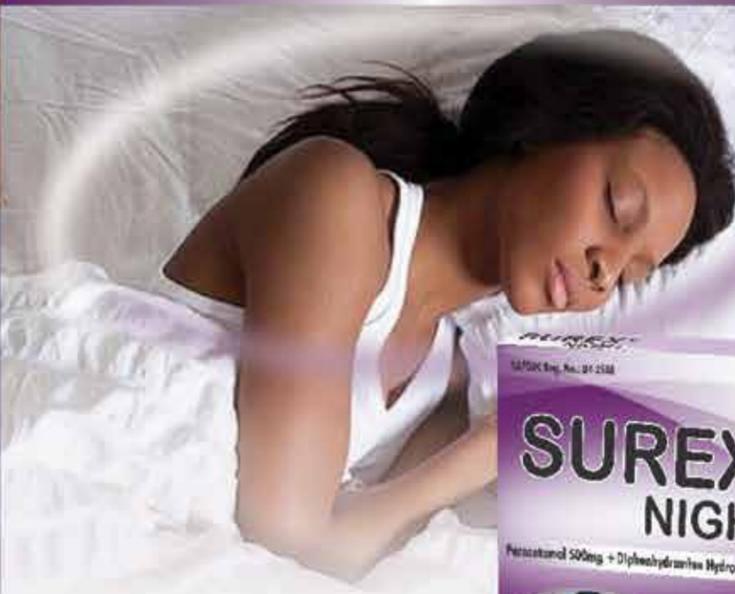
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Adeyeye, Onyechi, Igwe extol culture of excellence

continued from back page

Recounting her admission to the university in 1971, the Director-General, National Agency for Food and Drug Administration and Control (NAFDAC), Prof. Mojisola Adeyeye, said she was inspired to pursue her scholastic dreams at Nsukka, even though it was very cumbersome, leaving the ancient city of Ibadan where she resided to pursue her studies in the eastern hinterland.

"Leaving my western state capital home (Ibadan) to the east just after the war was very challenging but the "can do" attitude and thirst for education, being the first to go to the university, overcame my fears. We left Ibadan around 6 or 7 and arrived at Nsukka around 4 pm. The journey was tortuous because of the ravages of the war – gullies on the road, bridges that were now iron plates over the water and you must alight from the vehicle for the driver to get the vehicle to the other side to reduce the weight. I arrived with high hopes that I would get a great education. And, yes, I did", she recalled.

Speaking of how her lecturers inculcated the principles of hard work, dedication to studies and the culture of excellence into her, Adeyeye said: "They made sure that we got the best. I couldn't remember a teacher missing a class. They challenged us to be the best. There was discipline and integrity in exam processing. If there was an infraction, the student was



Prof. Mojisola Adeyeye
DG, NAFDAC

punished and other students would know, to serve as a deterrent. What did I learn? That you can be firm as a teacher or supervisor and that deterrents must be set to have quality."

President of the UNN Faculty of Pharmaceutical Sciences Alumni Association, Sir Ike Onyechi, while eulogising the faculty for nurturing great men and women who have continued to make invaluable contributions in Nigeria, especially in the health sector, amplified the importance of growing people in any society.

"An ancient Chinese

proverb says, "If you want one year prosperity, grow grain. If you want ten years prosperity, grow trees. If you want hundred years prosperity, grow people." Our gathering today besides its slant is basically to make plans on how to keep growing people by growing our faculty", he said.

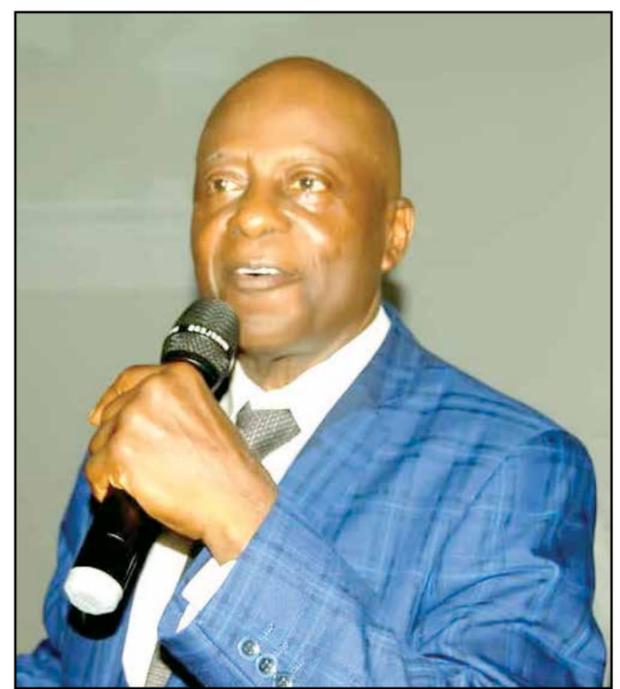
Onyechi added that, in line with its avowed culture of excellence, the alumni had established an endowment fund for the UNN pharmacy faculty, modelled after the Harvard example. He said:

"Borrowing from the Harvard example, we have settled for the formation of an Alumni Foundation, as a vehicle for promoting an endowment fund, to create a long-lasting financial legacy for our faculty.

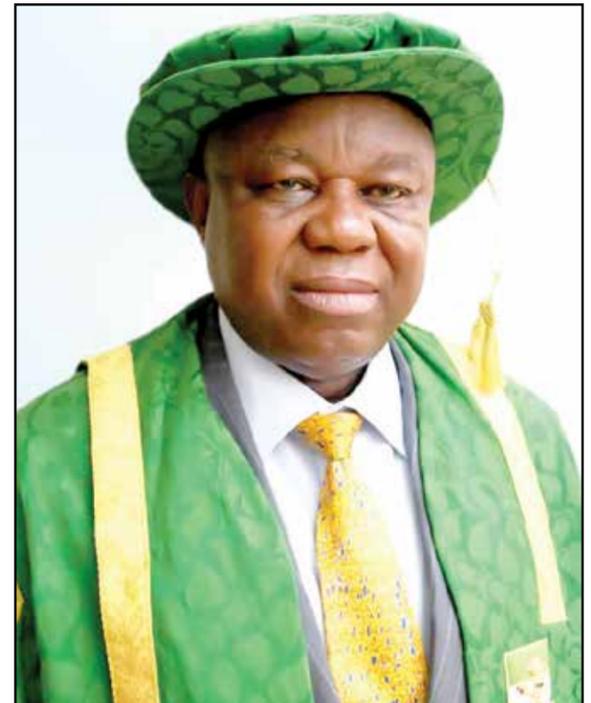
"This is necessary because in Nigeria today, there are significant gaps in the funds available to universities. Government budgets are totally insufficient, and this generates an ever-increasing pressure on students (and their families) as the only viable source of funding. This vicious cycle continues to perpetuate, leading to frustration and resignation. This is where an endowment fund becomes a significant game changer."

On his part, the Vice-Chancellor of UNN, Professor Charles Arizechukwu Igwe, thanked the alumni association for finding time to reconnect with their alma mater and for deeming it fit to celebrate the 50th anniversary of the pharmacy faculty.

"It gives me great pleasure, this day, to witness this epoch-making event that has drawn great and respected alumni of



Sir Ike Onyechi
President of the UNN Faculty of
Pharmaceutical Sciences Alumni Association.



Professor Charles Arizechukwu Igwe
Vice-Chancellor of UNN

the University of Nigeria, from far and near, back to the lion's den, where you were groomed. East or west, they say, home always remains the best. As vice-chancellor of this great university, I feel greatly excited, encouraged and honoured that you could set aside your numerous engagements and tight schedules, as distinguished pharmacists, to come and celebrate your faculty in this her 50 years of golden existence", he said.

Concluding, Igwe gave a descriptive summary of the reputation of the UNN Faculty of Pharmaceutical Sciences: "The Faculty of Pharmaceutical Sciences has really distinguished herself in a very outstanding way. This is a faculty that has produced about six vice-chancellors – Udeala, Akubue, Adikwu, Okore, Esimones and just very recently, Akah; a faculty that has two of her staff as current UNN Governing Council members; a faculty that has produced two NAFDAC Directors-General. Her products are dazzling in their respective areas of practice, winning laurels, every now and then".

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Accolades, as PCN moves to regulate pharma marketers, sales reps

continued from back page

a very long time, there has not been a regulation on pharmaceutical products marketing, and this has contributed to the chaotic drug distribution Nigeria is experiencing. The PCN has been receiving reports of unethical practice by pharmaceutical marketers and their representatives. Many have been dragged to the Council's disciplinary committee and the tribunal by their companies.

"The PCN regulation on pharmaceutical product marketing will bring sanity to Nigeria drug distribution system. It will also promote ethical practice among pharmaceutical marketers, sales representatives and allied players in the healthcare system. The regulation provides for who is a pharmaceutical representative and who is a sales representative and spells out the code of practice for each category.

"Each category is expected to be registered by the PCN and issued a biannual certificate. This certification was scheduled to start by January 2022 and all pharmaceutical companies are expected to key into this. Henceforth, a person will not be permitted to act as a pharmaceutical or sales representative or present himself as a pharmaceutical or sales representative on behalf of a company in the Nigerian pharmaceutical industry without an accreditation and renewal of permit by the Council."

There however appears to be a slight change in the enforcement schedule. At a recent stakeholders meeting with sector heads of the Nigerian Association of Industrial Pharmacists (NAIP), the PCN registrar reached an agreement with the body to commence implementation of the new regulation by June 2022, while full enforcement will start by January 2023.

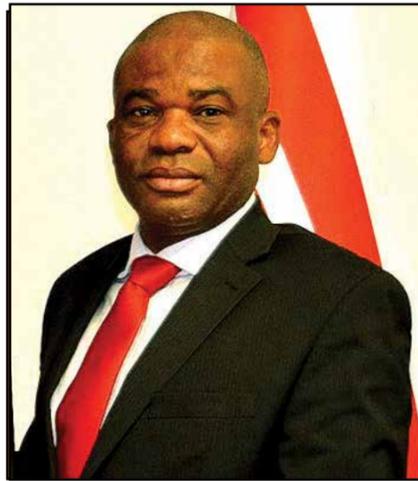
With this, by January, 2023 all companies are expected to have registered their sales and marketing teams with both NAIP and the PCN, with violations attracting possible penalties, as stipulated in the gazette.

It was also agreed at the meeting that companies can start submitting to NAIP and the PCN names of their former sales reps who left without clearing their indebtedness to the company. The PCN promised to do everything necessary to bring such defaulters to book.

Reacting to the PCN move, the Managing Director, Miraflash Nigeria Limited (Pharmaceutical), Pharm. Moses Oluwalade, told *Pharmanews* that the compulsory licensing of sales reps will bring sanity to the pharma industry.

In his words: "The compulsory licensing of sales reps is a good move that will bring sanity into the system. Today, there is chaos everywhere in the industry; you see one pharmaceutical sales rep working with two different companies in the same industry. I even got information about a rep working in three companies, collecting salaries from three different companies in the same industry. This is not good.

"The reason the sales reps can do this is because there is no data and the country is very big. No background check. Even if you



Pharm. Dr. Elijah Mohammed

want to do background check, there are no facilities to do it. For instance, somebody has worked with companies A, B, C and D. He knows he has duped companies B and C. So, by the time he's preparing his CV for submission to another company, he will not include those companies that he has duped. By the time you want to do background check, you will not be able to contact the right company because there is no registration of sales representatives.

"So, if the sales reps are being registered by the PCN, it will be a good one; so that anybody applying to work as a sales rep in the industry will be licensed. PCN has said the licence will last for two years and is renewable, which is a good move. So if you are applying as a sales rep and you don't have a licence, you will have to go and collect your licence before I can employ you."

Oluwalade also called for more funding for the PCN to enable it enforce the new law and every other assignment it sets to pursue.

According to him, "The only issue I have with the plan is the fact that PCN has a lot of work at hand to do. There are a lot of unregistered premises that the Council ought to have closed down but the Council has limitations in terms of staff, equipment and funding.

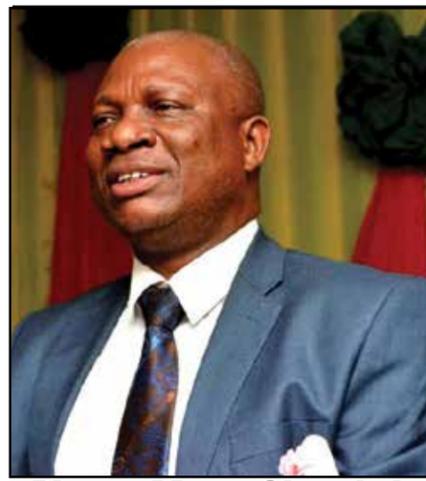
"I am calling on government to allocate more funding to PCN so that it can engage more staff, and secure more vehicles for mobility. Let there be more capacity building for the Council in the area of personnel and let there also be more equipment. With these, I believe the Council will do a good job."

Also speaking with *Pharmanews*, the National Chairman of NAIP, Pharm. Ken Onuegbu, said he would always support the PCN's decision, as the industry urgently needs it.

Onuegbu said, "There has been a lot of madness, a lot of chaos, a lot of unethical practices perpetrated by the sales reps in the pharmaceutical industry. The new law has come to sanitise the industry to a very large extent; so we need it to bring sanity into the profession. There is no single day passing without hearing one ugly story or the other on the unethical and sharp practices of the sales representatives.

"As for me, it is a welcome development and at NAIP, we are supporting the PCN and also supporting ourselves to be able to achieve something positive."

While acknowledging that the PCN has so much to handle at



Pharm. Moses Oluwalade



Pharm. Ken Onuegbu

the same time, Onuegbu said the Council does not have to carry out the enforcement in isolation but in partnership with NAIP.

According to him, "Where PCN cannot meet up, we are ready to complement their efforts. We are ready to bring in other professionals. If we keep hiding under inadequate resources and personnel, we cannot achieve any good results. Even if there are not enough resources or personnel, let us start somewhere. By the time we are in the middle of it, assistance will come.

"I don't want to buy the idea from some quarters that PCN doesn't have enough capacity. It is a federal government agency; so the Council can mobilise and bring in more people to achieve the set goal. More importantly, PCN is not doing this alone but in partnership with the major stakeholders in the pharmaceutical industry."

Also applauding the move, the Managing Director of Reals Pharmaceutical Limited, Pharm. Ade Popoola, further stated that the PCN has to scale up capacity to monitor the more than 3,000 personnel involved in the marketing and sales of pharmaceutical products across the country.

Popoola said: "It is very easy to put up a policy, but monitoring may be a challenge and as long there is a challenge in monitoring, it may not be a successful programme. It is good to put up this kind of policy, but it will be good if a monitoring system is also put in place to monitor the execution.

"The Council can also allow the industry to self-regulate. For instance, NAIP can be given the power and then back the body up. When the industry self-regulates on this kind of challenge, it will allow the Council to focus on other key issues in the industry."

In his reaction to the new law, the National President, Society for Pharmaceutical Sales

and Marketing (SPSM), Pharm. Tunde Oyeniran described it as commendable. He however urged the PCN not to make the regulation one-sided but holistic, adding that the Council should also discuss with the sales reps before enforcing the new law.

Oyeniran said: "It is a welcome development. However, the PCN should have consulted wider. Today, a large number of up to 70 percent of the sales reps in the country are not pharmacists but you are making a law without even talking to them at all. It shouldn't have been so. Although I am a sales and marketing person, I am a pharmacist and that is my primary constituency; but because so many things have come into play, today, up to 70 percent of sales reps in the pharma sector are not pharmacists and about 60 percent of the sales managers are also not pharmacists. About 50 percent of national sales managers are also not pharmacists.

"With the figure I have given, it is obvious that majority of the people in sales and marketing in the pharma sector are not pharmacists. Even in the pharmaceutical manufacturing companies, before now, quality control people used to be purely pharmacists, but today, I am sure more than half of them are not pharmacists.

"Now my big question is, do we really have enough pharmacists that will occupy the marketing and sales representation positions? By the way, all over the world, that is not the primary work of pharmacists. Pharmacists' primary work is patient care, hospital practice, and community practice. Those are our primary work as pharmacists.

"To me, it will be underusage of pharmacists to ask them to go and be doing the work of sales reps. I believe there are other important roles pharmacists can render to the society, to the community and the economy. I hope all the challenges will be sorted out before full implementation and enforcement start. My own prescription to this issue is that let there be provision of more knowledge content, have a thorough examination system for the reps."

The SPSM president also stated that the activities of managers in the industry should equally be looked into, saying some managers are also perpetuating unethical practices.

Oyeniran added: "But again, we need to look at it from another angle. How about the pharmaceutical companies that refused to pay sales reps? There are places that sales reps are being owed and the companies refused to pay to date.

"The regulation should not just be made to protect the company owners alone but also the other parties. Now, the reps have been mandated to be registered and licensed, but the reps are not the only one doing this kind of unethical behaviour in the pharmaceutical industry's sales and marketing. There are area managers who are stealing; there are business development managers who steal; there are national sales managers who steal. What is happening to them?"

"Regulation has to be with human face and fair to all. If the other parties were to have been involved from the onset, then the regulator would have also known their plight which would have been added to the new rule."

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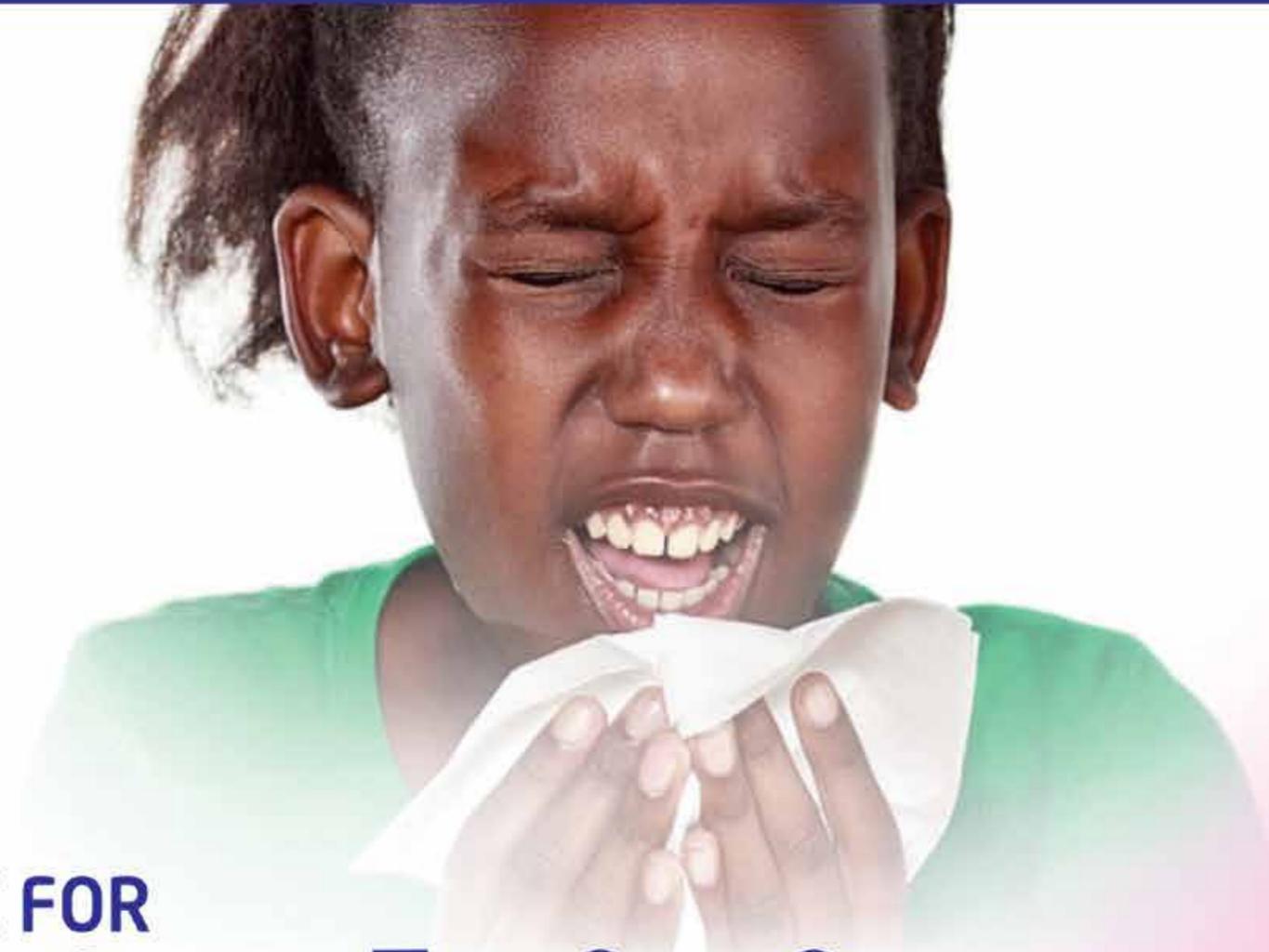
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Accolades, as PCN moves to regulate pharma marketers, sales reps

- SPSM president calls for more holistic approach

By Ranmilowo Ojalumo

Stakeholders in the pharmaceutical sector have commended the Pharmacists Council of Nigeria (PCN) over its decision to regulate the activities of sales and marketing representatives in the pharmaceutical industry, saying it is a timely move that will further sanitise the industry.

The PCN had introduced a new law mandating all pharmaceutical products sales and marketing representatives in the country to be registered with the Council and obtain a practising licence.

While speaking on the new law in Lagos recently, Registrar of PCN, Pharm Dr Elijah Mohammed, stated that the Council had been inundated with complaints regarding the activities of some sales and marketing representatives, which were said to be further complicating the chaotic drug distribution system in the country.

According to Mohammed, "For continued on page 56



L-R, 3rd Place Winner, Dr Godwin Yohanna Abrak, resident doctor, Barau Diko Teaching Hospital, Kaduna; 2nd Place Winner Dr Olaniyi Olaoye, resident doctor, Ekiti State University Teaching Hospital, Ado Ekiti; and Dr Adebayo Olaolu, resident doctor from the Federal Medical Centre, Owo, Ondo State, the overall winner, at the grand finale of the maiden edition of the Shalina Rising Star Contest in Lagos.

Adeyeye, Onyechi, Igwe extol culture of excellence

- As UNN pharmacy faculty marks golden jubilee

By Patrick Iwelunmor

The contributions of the Faculty of Pharmaceutical Sciences of the University of Nigeria, Nsukka to the development of sound men and institutions in Nigeria and beyond were brought to the fore as the alumni association of the faculty, recently celebrated its golden jubilee.

The four-day event which took place from 31 March to 3 April 2022, provided an opportunity for old friends and acquaintances, bonded by the fire of intellectual zest and success stories, to come together once again and rekindle past but memorable experiences.

continued on page 54

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