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Prof. Aderonke Adepoju-Bello, Dean, Faculty of Pharmacy, University of Lagos, receiving demo vaccination with an injection model, by Pharm. Henry Adioha, founder/CEO, Totem Pharmacy, Ikorodu; while Dr Arinola Joda, vaccination project coordinator, Faculty of Pharmacy, University of Lagos (left) and Pharm. Ayorinde Akanbi, country brand lead, Pfizer Pharmaceuticals, observe the vaccination process, at the vaccination training exercise, conducted by Pharmalliance Consulting, in partnership with Pfizer Pharmaceuticals, at the Radisson Blu Hotel. Ikeja, Lagos, recently.

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Usifoh, Ahmed, others charge pharmacists to revisit practice basics

- As Babalola calls for disruptive dynamics in Pharmacy

By Ranmilowo Ojalumo

President of the Pharmaceutical Society of Nigeria (PSN), Professor Cyril Usifoh and other notables in the pharmaceutical sector have called on pharmacists in academia and other practice areas to revisit the basics of pharmacy training and practice,

saying this will help to chart a new course for the profession in Nigeria.

Usifoh made the call at the recent 20th Annual Scientific Conference of the Nigeria Association of Pharmacists in Academia (NAPA), held at Obafemi Awolowo University,

(OAU) Ile-Ife. Tagged "Ife 2022", the theme of the conference was "Pharmacy Education, Research and Practice: Revisiting the Basics".

In his remarks at the conference, the PSN president stressed that academic pharmacists are the engine room

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COL. (PHARM) STELLA NKIRU IBEH

Col. (Pharm) Stella Nkiru Ibeh is the managing director of the Nigerian Army Drug Manufacturing Company (NADMACO) Ltd. Born in 1973 to the family of Mr Sunday and Hajiya Habiba Ochu. She is an indigene of Abia State.

Ibeh had her elementary education at Therbow Primary School, Zaria, Kaduna State, before proceeding to Federal Government Girls' College, Bakori, Katsina State, where she obtained her West African School Certificate in 1989.

She attended Ahmadu Bello University, Zaria, for her Bachelor of Pharmacy Degree, which she obtained in 1998. She also obtained a master's degree in Pharmaceutics from the Department of Pharmaceutics and Pharmaceutical Microbiology of the same institution in 2009.

Ibeh had her first pharmacy practice experience as an IT student at the Ahmadu Bello University Teaching Hospital, Tudun Wada, Zaria in 1994. She also had a brief work experience in retail pharmacy at the Alfa Pharmacy and Stores, Sabon-Gari, Zaria in 1998.

She was commissioned into the Nigerian Army on 4 March, 2000, as a lieutenant and has steadily risen, while practising hospital and administrative pharmacy, to the rank of a colonel. She regularly participated as a volunteer in medical outreaches organised by the Nigerian Association of Physicians in the Americas between 2001 and 2003.

A Fellow of the West African Postgraduate College of Pharmacists, she is a former secretary of the Association of Lady pharmacists (ALPs), Kaduna State Chapter, and a member of the organising committee of the Association of Hospital and Administrative Pharmacists of Nigeria (AHAPN) Conference, held in Kaduna in 2003.

Ibeh has also participated in several peace-keeping missions, including the United Nations Peace Keeping Mission in Dafur, South Sudan, and also as a military observer to the United Nations operation in Cote d'Ivoire.

She is passionate about impacting lives and reaching out to the less-privileged. She is a member of many organisations, including Clinical Pharmacists Association of Nigeria (CPAN); the Nigerian Army Resource Centre and the Nigerian Institute of Management. Her immense contributions to her community have won her several awards and titles.

Col. (Pharm.) Ibe is happily married to Dr Godwin Joseph Ibeh and the marriage is blessed with three lovely children.



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Inspiration

"If you don't like the road you're walking, start paving another one." — **Dolly Parton**

"I'm not going to continue knocking that old door that doesn't open for me. I'm going to create my own door and walk through that." — **Ava DuVernay**

"Not having the best situation, but seeing the best in your situation is the key to happiness." — **Marie Forleo**

"We generate fears while we sit. We overcome them by action." — **Dr. Henry Link**

Strive not to be a success, but rather to be of value. — **Albert Einstein**

Life isn't about getting and having, it's about giving and being. — **Kevin Kruse**

Your time is limited, so don't waste it living someone else's life. —

Steve Jobs

Winning isn't everything, but wanting to win is. — **Vince Lombardi**

I am not a product of my circumstances. I am a product of my decisions. — **Stephen Covey**

Every child is an artist. The problem is how to remain an artist once he grows up. — **Pablo Picasso**

You can never cross the ocean until you have the courage to lose sight of the shore. — **Christopher Columbus**

Whatever you can do, or dream you can, begin it. Boldness has genius, power and magic in it. — **Johann Wolfgang von Goethe**

Go confidently in the direction of your dreams. Live the life you have imagined. — **Henry David Thoreau**

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5. PN is available online as mobile App and PDF.
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The inextricable nexus between suicide rate and public health has again been brought to the fore, with the recent commemoration of World Suicide Prevention Day (WSPD) on 10 September. Created in 2003, by the International Association for Suicide Prevention (IASP) and the World Health Organisation (WHO), the annual event is meant to raise awareness, seek collaborative support and make advocacy efforts on suicide prevention.

This year's theme, "Creating Hope through Action," particularly highlights the urgent need to lay a greater emphasis and effort on changing the narrative around mental health issues, countering misconceptions and addressing the perennial misunderstanding of highly stigmatised persons. It also underscores the imperative of offering concrete counselling to the depressed towards changing their orientation about life.

According to a recent WHO's report, more than 700,000 people die from suicide yearly. The agency further revealed that 77 percent of global suicide cases occur in low and middle-income countries of the world, of which Nigeria is one. Additionally, reliable reports and figures show that most cases of suicide are presaged by mental health disorders, caused either by substance abuse or by unbearable trauma which alters a person's psyche and self-worth.

Sadly, almost all the socio-economic factors that can predispose an individual to suicide are prevalent in Nigeria. The perilous state of the nation's economy has continued to wreak physical and psychological havoc

Curbing incidence of suicide in Nigeria

on many lives and homes. Persistent pangs of hunger, unemployment, job losses, threats of insecurity, marital crises, terminal diseases occasioned by lack of access to quality healthcare, as well as other indices of hardship, are potent forces that could predispose people to suicide. Unsurprisingly, figures from WHO and other credible organisations have indicated a surge in suicide rates in the country in recent times.

This sad reality calls for urgent and collaborative efforts on the part of the government, families, mental health experts, the media and, indeed, stakeholders in all strata of the Nigerian society to stem the tide of suicides in the country. The Nigerian government at all levels must demonstrate more sensitivity and responsibility in ameliorating the sufferings of the populace. This can be done through creation of palliative measures, provision of more job opportunities, supply of basic amenities, as well as ensuring availability of loans for entrepreneurs. These will go a long way in alleviating poverty, which has been identified as major cause of depression and, ultimately, suicide.

Government must also work towards creating a fully developed, comprehensive and integrated national suicide prevention plan, preferably overseen by a well-funded and fully active agency. While the country presently has the

National Suicide Prevention (NSP) agency, ostensibly established for advocacy against suicide, little or nothing is heard of its activities. We call on the government to revamp this agency and ensure that it delivers on its objectives to the citizens. Creation of local offices of the agency, as well as provision of rehabilitation centres for suicide survivors, will significantly help in fighting the suicide scourge.

We equally urge the government, through the Federal Ministry of Health as well as state health ministries or any other appropriate agency, to develop jingles in different dialects to help in dissuading people from committing suicide. In addition, there should be dedicated hotlines that citizens contemplating suicide can call to express themselves and get proper counselling and guidance.

Families also have cogent roles to play in the prevention of suicides in Nigeria. According to the WHO, suicide is the fourth leading cause of death among 15-19 year-olds. With the family being the first and most important agent of socialisation, so much can be done by family members to prevent their loved ones from contemplating or committing suicide. Parents should pay more attention to the activities and relationships of their wards, to ensure that they are not sinking into depression or getting

wrong pieces of advice. Children should be encouraged to be the best they can be, rather than being excessively pressured, demonised or have their self-esteem destroyed with harsh and derogatory words.

The media must also leverage their immense power to influence the minds of people towards positive and not depressive thinking. In a recent webinar organised to build journalists' capacity on suicide reporting, Dr Femi Olugbile, a consultant psychiatrist, urged pressmen to change their disposition towards suicide reportage with the goal of saving many, rather than being agents of destruction. Olugbile, a former permanent secretary, Lagos State Ministry of Health, said, "Given our collective antecedents, a modern, humane society will not just happen; it will have to be built and lovingly moulded. Every citizen has a role to play. The Press, as the Fourth Estate of the Realm, have a vital role in educating the citizenry, and shaping public perceptions concerning suicide and other mental health issues."

We equally urge Nigerians to be wary of the dangers of societal pressure - or the pressure to keep up with societal standards of success and happiness. This has been identified as a key factor in depression and suicide. Social media users, in particular, must exercise extreme caution, as not all that glitters is gold. Religious leaders, community leaders and mental health experts also have to help people to realise that there is no competition in destiny; everyone must run his or her race of life at a healthy pace.

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ENHANCIN 1000
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ENHANCIN TABLET (amoxicillin/clavulanate potassium) is indicated in the treatment of infections caused by susceptible strains of the designated organisms in the conditions listed below:

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Otitis Media—caused by β -lactamase-producing strains of *Haemophilus influenzae* and *Moraxella catarrhalis*.

Sinusitis—caused by β -lactamase-producing strains of *Haemophilus influenzae* and *Moraxella catarrhalis*.

Skin and Skin Structure Infections—caused by β -lactamase-producing strains of *Staphylococcus aureus*, *Escherichia coli* and *Klebsiella spp.*

Urinary Tract Infections—caused by β -lactamase-producing strains of *Escherichia coli*, *Klebsiella spp.* and *Enterobacter spp.*

PRECAUTIONS¹

• **General**

While amoxicillin/clavulanate potassium possesses the characteristic low toxicity of the penicillin group of antibiotics, periodic assessment of organ system functions, including renal, hepatic and hematopoietic function, is advisable during prolonged therapy.

A high percentage of patients with mononucleosis who receive ampicillin develop an erythematous skin rash. Thus, ampicillin class antibiotics should not be administered to patients with mononucleosis.

The possibility of superinfections with mycotic or bacterial pathogens should be kept in mind during therapy. If superinfections occur (usually involving *Pseudomonas* or *Candida*), the drug should be discontinued and/or appropriate therapy instituted.

DOSAGE AND ADMINISTRATION¹

Adults: The usual adult dose is one ENHANCIN 625 (amoxicillin/clavulanate potassium) every 12 hours or one ENHANCIN 375 (amoxicillin/clavulanate potassium) every 8 hours. For more severe infections and infections of respiratory tract, the dose should be one ENHANCIN 1000 (amoxicillin/clavulanate potassium) every 12 hours or one ENHANCIN 625 (amoxicillin/clavulanate potassium) every 8 hours.

Pediatric Patients: Pediatric patients weighing 40 kg or more should be dosed according to the adult recommendations.

Administration: ENHANCIN TABLETS (amoxicillin/clavulanate potassium) may be taken without regard to meals; however, absorption of clavulanate potassium is enhanced when amoxicillin and clavulanic acid are administered at the start of a meal.



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Implications of success

By Sir Ifeanyi Atueyi

Ethan Moore of Mississippi, USA, in defining success, said: "That person is successful who finds what God intended for him to do with his life, prepares himself to do it, and does it daily to the best of his ability." Success is doing the things you know you should do. Success is not limited to any one area of your life. It encompasses all facets of your relationships - as a spouse, parent, friend, neighbour and worker.

Consider the major seven areas of life - physical, mental, spiritual, family, finances, social and career. There is need for balance in these areas of life in order to enjoy a successful life. Each aspect of your life must be continually examined. Socrates said, "The unexamined life is not worth living." You must be dreaming about the person you want to be in each of these categories and not let circumstances interfere with your dreams.

Analyse your needs and wants in each of these areas. Remember that your needs could be God's way of telling you He has something good

waiting for you in that area. What would you like to see changed? Romans 4:17(NKJV) says, "...**God who gives life to the dead and calls those things which do not exist as though they did.**"

As God gave Abraham the visions and dreams of becoming the father of many nations, he staggered not at the promise of God through unbelief (or circumstances, as he was already 99 years old); but he was strong in faith, giving glory to God. Abraham's area of need was for a legitimate heir, a son. What is your own area of need? Do not look at the present circumstances and allow them to dictate your level of faith and hope.

Success is discovering your best talents, skills, and abilities and applying them where they will make the most effective contribution to your fellow men and women. It is doing what you do well, and doing well whatever you do.

Success is also not confined to any one part of your personality but is related to the development of all parts: spirit, soul and body. It is making the most of your total self. God wants to impart wisdom to your life. He wants you to live according to His own wisdom and is waiting for you to ask. With God's wisdom, your mind will be filled to overflowing with ideas

and insights for your personal life, family, business and other areas of your life.

You can know the will of God. Many of us believe that God has a will for our lives. We believe that He has a divine purpose and plan and desire for every human life; but we are not sure of how to discover His will. Having God's wisdom makes you know His will. It knows what God desires you to do about every situation or circumstance, as it arises. As you know and act

on what you know to be God's wisdom, the will of God, His plans, purposes, directions and desires for you will unfold. Proverbs 10: 24(NKJV) says, "...**And the desire of the righteous shall be granted.**"

Wisdom is the ability to discern what's right from what's wrong. It is the gift that gives us the capacity to make the right choice or

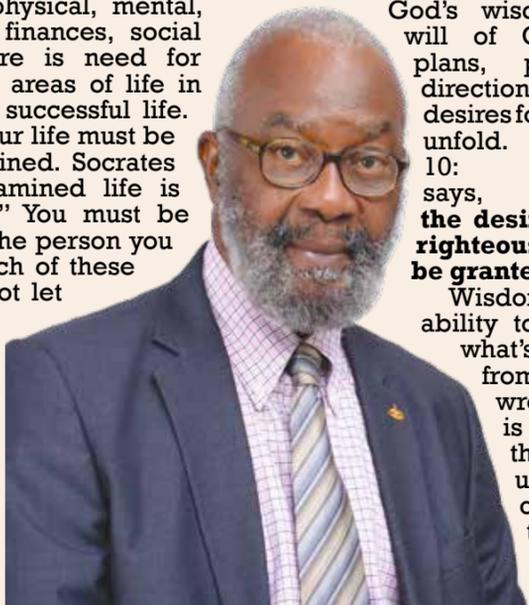
decision. If knowledge is power, then wisdom is using that power the right way.

1 Corinthians 1:24(NKJV) says, "...**but to those who are called, both Jews and Greeks, Christ the power of God and the wisdom of God.**" Christ is the power, the only way we can be saved. Knowing Christ personally is the greatest wisdom anyone could have.

You must admit that you don't know and then humbly ask God. The Bible says we are to come to God as children. Children do not hesitate to say they don't know. They are not ashamed of saying so. Don't be arrogant and pretend that you know.

In 2 Chronicles 20, Jehoshaphat, the king of Judah, woke up one morning in Jerusalem to find that he was completely surrounded by his enemies - the people of Moab, Ammon and Mount Seir. He prayed, concluding as follows: "**We have no power against this great multitude that is coming against us; nor do we know what to do, but our eyes are upon You**" (2 Chronicles. 20:12).

The leader and most powerful person, the king himself, humbled himself, confessed his ignorance, declared his weakness and total dependence on God. And God miraculously answered his prayers.



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The sales process (4)

By George O. Emetuche

(Contd from last edition)

The prospect or customer will show objection because they want to get good deals. People want to get great deals; for this reason, they usually come up with objections. The salesperson must be professional in handling objections or even rejection.

Sometimes salespeople experience outright rejection, which is more severe. Rejection simply means: "I don't want to do business with you!" The sales rejection scenario doesn't give the salesperson an opportunity to explore tactics. It's *case closed!* However, even when this is the case, be happy and move on. I agree with Brian Tracy's thoughts in handling objections when he said, "Some will, some won't, so what? Next!"

But in all this, the salesperson must keep moving forward because there is a sales target to meet. He should be confident, believable, detailed and likeable. The right attitude reduces sales objection.

Handling sales objection professionally follows a sequence. We teach the following sequence in handling sales objection.

Hear the prospect out: Listen to understand him.

Qualify if it's a true objection: Find out the objection(s) you are dealing with.

Gently explore and answer the objections: Take care of the objection.

See if the objection is handled: Find out from the buyer if the issue is dealt with.

Lead him to a close: Ask for the order; don't just assume he will buy after the process.

I wrote thus in the 11th Law of The 25 Unbreakable Laws of Sales: "If you sold without objection, you probably sold to your uncle!" I think our uncles are even showing objections today! You have to prepare adequately before going to the field.

Ask for the order and close the sale

As explained in objection handling techniques, asking for the order closes the sequence in handling sales objection. In sales, you don't assume they will buy. You must create the environment that will enable the sales to happen.

Asking for the order leads to closing the sale. You ask for the order professionally and in a way the prospect will say, "yes, I want it!"

But before you get to the level of asking the order that will lead to closing the sales, you must ensure that you met the closing requirements, which are:

The buyer must need what you are selling: If there is no need, there will be no sale.

The buyer must believe in you, in your product and in your company: Trust is imperative.

The buyer must be able to use the product you are selling: He can't buy what he can't use.

The buyer must be able to afford what you are selling: Ability to pay is real selling!

Follow up for resell and referrals

Following up for resell and asking for referrals is the last item in the sales process. Selling doesn't end in selling only once; what I call "one-off selling". You need to sell and sell again and again. You need to also take it to the next level of asking your customers to recommend you to their friends or people they know will need your products or services.

Making buyers to buy again is a function of their experience with the first purchase. A happy

customer will buy again. A repeat customer is a satisfied customer. When customers are happy, they will continue to buy.

Winning customers to your side is in product performance and relationship management. The more your products and services meet or exceed the expectations of prospects and customers, the more they buy. They more you maintain a robust business relationship with your prospects and customers, the more you sell to them.

Sales referrals is what I have done successfully and it is a winning sales strategy. Sales referrals work because they help bridge the trust gap between the salesperson and the referred prospect. The challenge is that many sales professionals don't ask for referrals. The two main reasons for this are **fear** and **ego**. They fear rejection, they are afraid of negative feedback. The second reason is ego issues. They are too big to ask! Asking this simple question will likely help your sales activities: "Do you know anyone

else who might benefit from my products?"

A recent study by Bain & Co. indicates that 87 per cent of contented customers would pass along names, but only 7 per cent of sales reps ever asked them. Asking for referrals is a smart selling strategy.

The advantage of a referral is that it leverages the existing goodwill. A referred prospect already has confidence in you, your company, or your product. I call this *transferred trust*. I wrote about it extensively in *The Selling Champion*. Transferred trust depends on the confidence built on the person referring the prospect. Thus, referred prospects will naturally move through the purchase process at a faster rate than cold calling scenario.

We have experienced this on several occasions as a leading player in the training and consulting industry. Several jobs we got came from referrals. Politely ask for a referral when you delight a customer. It is advanced selling strategy. You can't be sales wrong when you ask for referrals.

George O. Emetuche, CES, is a Brian Tracy endorsed serial



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Inquest

with
Patrick Iwelunmor

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While it is embarrassing to fart, especially in public places, health experts advise that you should fart as regularly as it comes because of the many health benefits associated with the act. Generally speaking, farting helps you expel bad gas out of the system and also rids the gut of unnecessary gaseous pressure emanating from the metabolic activities in the stomach.

It's not a mere coincidence that people who fart often are less likely to produce dangerously smelly stool compared to those who don't. The reason is not far-fetched. People who fart often expel bad gas, unlike those who hardly fart and so, when it is time for the latter to stool, you may need to cover your nose because all the concentration of gaseous compounds from the bowel are expelled at once.

"Farting can tell us a lot about our digestive health. It's actually very normal to pass gas over a dozen times a day, and lack of gas may indicate less diversity in lower digestive tract bacteria," says Kelly Jones, of Kelly Jones Nutrition. Jane Sylvia Migisha, a nutritional consultant, says the

average person farts about 15 times a day. "Farting is a normal part of digestion that reflects the activity of the bacteria in your gut. You might also notice that you fart more after eating foods that are difficult to digest, such as beans or raw vegetables," she averred.

Some studies actually suggest that smelling a stinking fart may be good for one's health and may prevent heart and kidney diseases. According to one of such studies, smelly farts enable the mitochondria to function better. Essentially, some benefits of farting include:

Alleviation of abdominal pain. Accumulated gas in the gut puts pressure on your abdomen. As a result, one can develop a swollen stomach and may also be in pain. Expelling gas can bring about immediate relief from such a condition. Holding or suppressing fart causes gas to accumulate in the gut – a situation that can lead to severe headache.

Reduction of bloating. Bloating happens when water and gas mix. It occurs when one eats a large meal and doesn't allow it to

The good side of farting

digest properly. Besides giving one a swollen belly, bloating can also cause serious pain. A study in the *Journal of Gastroenterology and Hepatology* says that farting leads to

the reduction of a swollen belly caused by bloating and thereby makes one feel relieved and comfortable.

Indication of food allergies. Being allergic to some class of foods can make one to expel more gas whenever they are consumed. It is important to note that eating certain foods causes farting and that means one's body is reacting and probably saying one should steer clear of such food.

Detection of problems with colon health. Farts with stinking smell, those accompanied by pain or those done too often can be signs that one's gut is not functioning well. This malfunctioning of the gut can also lead to other intestinal issues and constipation, a situation which can be very injurious to one's general wellbeing.

Prevention of illness
Farting leads to the release of some amount of hydrogen sulphide. Studies have shown that failure to fart causes this gas to keep accumulating inside the

body and in some cases, can lead to cell damage, cardiac problems and stroke. For this reason, it is recommended to fart 14 to 20 times in a day.

Signalling of health issues. Farting excessively can be a sign of an underlying illness. This symptom can be the way one's body chooses to announce that something is not right. It may be food-related or, in rare cases, a pointer to the presence of colon cancer.

Even though there is a general consensus among health experts that farting is good for the human health, there are however certain conditions that may trigger it. When one's digestive system does not tolerate glucose, the production of gas follows. The same thing is applicable when there is gluten intolerance, which occurs when the inflamed or injured intestine cannot absorb the protein gluten. Chronic conditions such as ulcerative colitis, Crohn's disease, diverticulitis, gallstones, cholecystitis, constipation, gastroenteritis, pancreatitis, and some types of cancer can also cause flatulence.

Also, while farting is encouraged, it should not be a license for reckless air pollution. Even though farting has many health benefits, it is advised that it should be done with some sense of dignity and decency.

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Why you need nutritional supplements (1)

By Mrs Chima Ejimofor

Food is any nutritious substance that people or animals eat or drink or that plants absorb in order to maintain life and growth. Nutrition, on the other hand, has been defined as the biochemical and physiological process by which an organism uses food to support its life. It provides organisms with nutrients, which can be metabolised to create energy and chemical structures. Failure to obtain sufficient nutrients causes malnutrition.

Nutrition is also the study of nutrients in food, how the body uses them, and the relationship between diet, health, and disease. It also focuses on how people can use dietary choices to reduce the risk of disease, what happens if a person has too much or too little of a nutrient, and how allergies work.

Nutrients provide nourishment. Proteins, carbohydrates, fat, vitamins, minerals, fibre, and water are all nutrients. If people do not have the right balance of nutrients in their diet, their risk of developing certain health conditions increases.

Macronutrients

Macronutrients are nutrients that people need in relatively large quantities.

Carbohydrates

Sugar, starch, and fibre are types of carbohydrates.

Sugars are simple carbs. The body quickly breaks down and absorbs sugars and processed starch. They can provide rapid energy, but they do not leave a person feeling full. They can also cause a spike in blood sugar levels. Frequent sugar spikes increase the risk of type 2 diabetes and its complications.

Fibre is also a carbohydrate. The body breaks down some types of fibre and uses them for energy; others are metabolised by gut bacteria, while other types pass through the body.

Fibre and unprocessed starch are complex carbs. It takes the body some time to break down and absorb complex carbs. After eating fibre, a person will feel full for longer. Fibre may also reduce the risk of diabetes, cardiovascular disease, and colorectal cancer. Complex carbs are a more healthful choice than sugars and refined carbs.

Proteins

Proteins consist of amino acids, which are organic compounds that occur naturally.

There are 20 amino acids. Some of these are essential, which means people need to obtain them from food. The body can make the others.

Some foods provide complete protein, which means they contain all the essential amino acids the body needs. Other foods contain various combinations of amino acids.

Most plant-based foods do not contain complete protein, so a person who follows a vegan diet needs to eat a range of foods throughout the day that provides the essential amino acids.

Fats

Fats are essential for: lubricating joints helping organs produce hormones

enabling the body to absorb certain vitamins reducing inflammation preserving brain health

Too much fat can lead to obesity, high cholesterol, liver disease, and other health problems. However, the type of fat a person eats makes a difference. Unsaturated fats, such as olive oil, are more healthful than saturated fats, which tend to come

from animals.

Water

The adult human body is up to 60 per cent water, and it needs water for many processes. Water contains no calories, and it does not provide energy.

Many people recommend consuming two litres, or eight glasses, of water a day, but it can also come from dietary sources, such as fruits and vegetables. Requirements will also depend on an individual's body size and age, environmental factors, activity levels, health status, and so on.

Micronutrients

Micronutrients are essential in small amounts. They include vitamins and minerals. Manufacturers sometimes add these to foods. Examples include fortified cereals and rice.

Minerals

The body needs carbon, hydrogen, oxygen, and nitrogen.

It also needs dietary minerals, such as iron, potassium, and so on.

In most cases, a varied and balanced diet will provide the minerals a person needs. If a deficiency occurs, a doctor may recommend supplements.

Here are some of the minerals the body needs to function well:

Potassium

Potassium is an electrolyte. It enables the kidneys, the heart, the muscles, and the nerves to work properly. The 2015–2020 Dietary Guidelines for Americans recommend that adults consume 4,700 milligrams (mg) of potassium each day.

Too little can lead to high blood pressure, stroke, and kidney stones.

Too much may be harmful to people with kidney disease.

Avocados, coconut water, bananas, dried fruit, squash, beans, and lentils are good sources.

In a perfect world, the human body would indeed get all the nutrients it needs from food.

However, processed foods



have been stripped of much of their nutrients content. (Continues next edition).

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

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Justus Akinsanya: Erudite nurse educator and pioneer of bio-nursing

By Ola Aboderin

“Innovative thinker and scholar, Justus Akinsanya was a leading figure in Nursing. His method of bio-nursing promoted a new biological approach to treatment, challenging widely accepted practice. Throughout his career in Britain and Nigeria, Justus made history as the first black member of the National Board for Nursing, Midwifery and Health Visiting.”

(Suffolk & North East Essex Integrated Care System, UK)



Justus Akinsanya

Arguably one of the most influential health professionals in recent history, Professor Justus Akinbayo Akinsanya was a nurse leader, researcher and administrator ahead of his time. From the moment he began to practise – both in Britain and later in Nigeria – he purposely set out to transform the dominant approach to the nursing profession in his time, an approach he considered to be limiting the capabilities of the practitioners. This ultimately led to the birth of his innovative “bio-nursing” principle, which prioritises and promotes the biological approach to treating patients.

It must be noted that before Akinsanya’s trailblazing model, nursing education and practice had, for many years, highlighted the “compassion” and “caring” aspects of nursing and the behavioural aspects of nursing roles. Akinsanya, however, observed that the paucity of focus on the biological sciences led to a critical imbalance in nursing knowledge, thereby hindering

nurses from practising safely and optimally. He was particularly concerned about the number of adverse patient outcomes he observed, which he felt were avoidable.

Akinsanya was of the view that for nurses to be autonomous practitioners, delivering nurse-led services and undertaking independent prescribing in practice environments that are dynamic, unpredictable and reactive, they required a range of knowledge types to inform clinical decision-making and deliver holistic care. Top on the list of what must be done, according to him, was a greater infusion of the biosciences in nursing practice and education. He was particularly keen on reminding nurses who had gradually misconstrued their practice to be more of a social and behavioural science, that the biological sciences are the backbone of their work.

Essentially, bio-nursing, according to Akinsanya, is clinical nursing that uses, in theory and

practice, the principles of natural sciences such as Biology. In his words: “For years, textbooks of Anatomy and Physiology for nurses – my own included – have started from the skeleton, then described the systems, ending with the nervous system. But in the bio-nursing approach, you start with the nervous system because that is what controls the rest.”

This innovative approach, best known as the *Akinsanya model of bio-nursing*, has become rapidly popular, and presently forms a part of nurse training programmes in many countries around the world. So transformative were Akinsanya’s contributions to nursing education and practice that he was at different times acclaimed to be “Britain’s best known black nurse”, and a “seminal force in nurse education.”

A publication of the NHS, UK, said of the erudite nurse: “Professor Akinsanya’s contribution to nursing education is nothing short of pioneering. From his beginnings as a black male nurse in a female-dominated profession, to his ground-breaking concept of bio-nursing and his prolific academic career, his considerable influence can still be felt in the healthcare field today.”

Road to impact

Akinsanya was born on 31 December, 1936, in Okun-Owa, Ijebu, Ogun State. He was the youngest child of Prince Isaac Akinsanya and Chief Susanah Adefowoke. He had his early education in Nigeria before travelling to the UK. His initial intention was to study Economics, but he later changed his mind and instead registered as a student fever nurse at Abergele Sanatorium in North Wales. He later completed his nursing training at Crumpsall Hospital, Manchester.

In 1960, he qualified in general nursing, specialising in tuberculosis cases. In 1967, he did courses in orthopaedic, dermatological and psychiatric nursing and qualified as a sister tutor. He was advised to become a nurse teacher, and after completing his A-Levels, he went on to obtain BSc Honours in Human Biology from the University of London. On graduation, however, he found that no hospital wanted to employ a graduate tutor. Peggy Nuttall, then editor of the *Nursing Times*, convinced him to write an article, “Tutors Wanted: Graduates Need not Apply”. The article gained widespread attention and he was subsequently offered employment to tutor at Kings College Hospital in London.

In 1975, Akinsanya decided to return to Nigeria to render much-needed nursing education services to his fatherland. Soon after his arrival, he was recruited by the Nigerian Nursing Council for different strategic positions (deputy secretary/registrar (education), 1975-1976; acting secretary/registrar, 1977-1978). He subsequently lectured at the Institute of Management and Technology, Enugu, from 1976 to 1977. He also served as editor of the *West African Journal of Nursing*.

Ground-breaking research

It is noteworthy that Akinsanya spent his years of service in Nigeria shaping nurse-training programmes to meet the needs of the various communities in the country and throughout West Africa. He later returned to the UK, where

he embarked on a PhD programme at the Faculty of Science, University of London. It was in completion of the programme in 1984 that he produced the landmark thesis that would revolutionise the practice of Nursing. It was titled “Knowledge of the life sciences as a basis for practice: some problems in nurse education.” This was eventually published as “Knowledge of the Life Sciences as a Basis for Practice.” He introduced and elucidated the concept of bio-nursing in the publication.

The impact of the publication was so seismic that in 1985, he became one of the early professors of Nursing at the Dorset Institute of Higher Education, now Bournemouth University. He was, in fact, the first black person to occupy the position. Four years later, he became the academic dean of the Faculty of Health and Social Work at Anglia Polytechnic University. Years later, he was made the pro-chancellor of the institution.

Throughout his career, Adesanya attended conferences, taught and mentored all over the world. Indeed, as an expert on the UK’s NHS once wrote, he is “remembered by his peers as a motivated and endlessly cheerful family man, with a penchant for bow ties. Throughout the world, his reputation as a human biologist, nurse educator and researcher is well-known through his writings in numerous journals and publications.”

Awards and recognitions

Following the wide acclaim that greeted his thesis publication and subsequent research efforts, Adesanya was awarded Fellowship of the Royal College of Nursing (FRCN) in May 1988. That same year, he was appointed to the English National Board for Nursing, Midwifery and Health Visiting in 1988. The Board had the legal responsibility for approving institutions in England where professional nursing and allied courses were provided. Adesanya was the first black nurse to ever assume the position.

Akinsanya died in August 2005, leaving behind a wife and three children. In his honour, the Research Society of the Royal College of Nursing (RCN), UK, instituted the Akinsanya Award for Innovation in Doctoral Studies in Nursing. It is an innovative nurse research prize that involves UK-wide competition across all nursing disciplines. His family also started the Justus Akinsanya Fund for Education Advancement (JAFEA) to celebrate outstanding improvement, achievement in education and professional development, and to commemorate Akinsanya’s indelible legacies.

Writing on the Akinsanya Award, which is awarded as a scholarship, Professor Veronica Bishop, founding editor, *Journal of Research in Nursing*, said: “Justus Akinsanya (whom I knew well) was an extraordinary man. Full of energy, recognising exciting opportunities and creating new ones, he achieved both academic and political “clout”. To continue his name through the annual Justus Akinsanya scholarship, managed through the *Journal of Research in Nursing*, is in keeping with a key aim of the journal – to promote excellence in patient care and to encourage research-based practice.”

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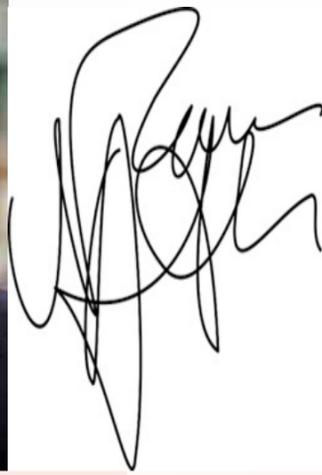
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Secrets in celebrities' signatures (6)

By Dipo MacJob (Dr Write)



be backstage, making things happen, especially because of his evasive character in Mr Bean. Alas! Mr Bean is not a conservative person in real life. His signature reveals clearly that he loves to express himself, to be

Rowan Sebastian Atkinson, popularly called "Mr Bean", was born 6 January, 1955. An English actor, comedian and writer, Mr Bean, in my opinion, is a brand that is somewhat the flagship of non-verbal intelligence. For many of those who have watched his contents over the years, especially the "Mr Bean" series, you will quite agree with me that he hardly ever speaks, let alone converse with anyone; yet, viewers never fail to fully understand the message he communicates with his comical gestures.

Without mincing words, Mr Bean's craft is legendary. However, are there secrets we can find out about his true personality, judging from his signature? Are there personality traits from his signature that tally with his character on stage? That is my focus in this edition.

It is now a statement of fact that personality traits and, by extension, human behavioural tendencies can be projected from the way and manner in which someone writes. That is because handwriting analysis is a body of knowledge that has been proven over decades that there is a correlation between how you write and who you are.

As I often say in this column, the basis for which handwriting analysis or graphology finds relevance in personality profiling is because no two people will write the same way. Based on this, graphology has helped provide solutions to human challenges in the areas of recruitment, education, criminal justice system, psychotherapy, vocational guidance etc. One major edge graphological assessment has over all other profiling tools is that it still remains the fastest personality profiling tool globally as at today. Strangely, many do not know this.

For some months now, we have been doing a series on celebrities' signatures, discovering the secrets and those little details about each celebrity, which many out there aren't aware of, using the perspective of graphology.

Judging from the character of Mr Bean and perhaps from a number of his media interviews, Rowan Atkinson comes across as a rather conservative fellow. You may assume that he is not given to too many words and prefers to

seen, to be heard. So, Mr Bean is not as quite as he looks. He actually has a persona when he is before the audience, which is different from his true self.

One other thing which we would be looking at in his signature is a trait in graphology

referred to as "too many irons in the fire". This refers to someone who does a lot of things at the same time. At times, it could be a result of the giftedness of the person in question; hence, they find it difficult to juggle tasks effectively at times. This could cause the individuals involved to miss out on essential details.

The way to easily see this trait is when there is some sort of collision between the upper and lower letters or words within a write up. That can be indicative of the trait. Such people always have a lot on their plate and sometimes find it difficult to set their priorities right.

I am sure you now know something new about Mr Bean even if he doesn't say a word to you privately? Do not miss the next edition, we shall examine another celebrity and see the connection between their handwriting and their true



personality.

Always remember, "if you must get it right, you must do it the WRITE way"



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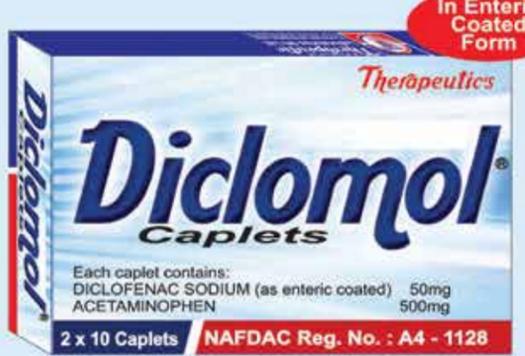


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An eye infection is any disease of the eyes caused by a harmful microorganism, such as a virus, bacterium, or fungus. It is a condition that occurs when bacteria, fungi, parasites, or viruses infect the eye. The World Health Organisation (WHO) says anyone who lives long enough will experience at least one eye condition during their lifetime.

According to experts, while some eye infections can cause vision impairment, many do not but can lead to personal and financial hardships because of the treatment requirements associated with them. Eye conditions encompass a large and diverse range of morbidities that affect different components of the visual system and visual function; whereas, vision impairment occurs when an eye condition or infection affects the visual system and one or more of its vision functions.

According to the WHO, globally, at least 2.2 billion people have a vision impairment or blindness, of whom at least one billion have a vision impairment that could have been prevented or has yet to be addressed. In the US, a National Institutes of Health (NIH) study

found that although 94 per cent of Americans aged 12 and older have good vision, the remaining 6 per cent, or about 14 million, are visually impaired and of these figure, more than 11 million have uncorrected visual impairment, such as near-sightedness.

In Nigeria, the situation is similar. According to a study in *Investigative Ophthalmology and Visual Science (iOVS)* (volume 50, issue 5), 4.25 million adults, aged 40 years and above in Nigeria, have moderate or severe visual impairment or blindness. The study, titled, "Prevalence of Blindness and Visual Impairment in Nigeria: The National Blindness and Visual Impairment Survey" also showed that more than one million adults with blindness in Nigeria are in urgent need of attention, as are the additional three million with severe and moderate visual impairment, who would benefit from eye care services.

The study also show that this million-plus pool of persons with blindness also impinges on national productivity, as it entails not only a loss of income of affected individuals but also lost wages and time of those caring for them. The study therefore

recommended that in a resource-constrained country like Nigeria, priorities should be set with specific attention paid to the older population, as an overwhelming proportion of blindness is concentrated among this segment of the population.

Components of the eye

Dr H. Patel, a medical expert, stated that the eye is one of the most important organs of the body and a healthy pair of eyes means a clear vision, which plays a major role in day-to-day life and quality of experiences.

Similarly, while examining the anatomy of the eyes and how they work, a professor at an eye centre in China, Xi Chu Tsai, explained that humans have binocular vision, meaning that both eyes create a single combined image, noting that optical components create an image, which further gets perceived and interpreted by the brain via connecting neurons and the entire machinery works in quite an intricate manner.

Patel, in his analysis of eye components said, "**Eyelids** are the outermost protective parts of the eye. They act as '**shutters**' and primary barriers against external environment. Boundaries of eyelids are covered by tiny hairline termed as **eyelashes**. As we go past eyelids, the next component is the circular frontage of the spherical eyeball, termed as **cornea**. Cornea is the first optical component of the eye machinery, dealing first-hand with the incoming light. Its function is of a primary filter, before passing on the light to the **lens** and **retina**."

"The central portion of the front of the eyeball is termed as **iris**. Iris is a pigmented structure. Eye colour (black, brown, blue etc.) is defined by the pigmentation of iris. The central aperture of the iris is called **pupil**. It is circular in shape, and allows

light to pass through onto the lens. Just like the aperture of a camera, it controls the amount of light that goes in. In bright environments, the pupil of the eye constricts, while in dark environments, it dilates. The process of dilatation and constriction of pupil is not instantaneous. This is the reason we can't see anything for few moments when we enter from bright sunlight to a dark interior, and also the reason we can't keep our eyes wide open when we suddenly switch on the lights in the middle of the night".

Explaining further Patel said, "Located right behind the pupil is the transparent structure termed as the **lens**, responsible for correct focusing of the visuals. It is flexible in nature, and adjusts according to the external lighting. The lens is encapsulated in a thin transparent body, and is connected with the eyeball by a pair of muscles. It refracts the light, and helps in focusing it correctly to the back of the eyeball (retina). **Retina** is the innermost layer of the eyeball structure. Retinal membrane can be imagined as the wall on which the images are projected. The light passing through cornea, pupil, and lens gets focused on the retinal membrane.

"In addition to tissue components, retina is made up of two types of cells: **rod cells** and **cone cells**. The former are considered to be responsible for dim light vision, whereas the latter are considered to be responsible for bright light vision. Cones play a critical role in perception of the images with sharp contrast. Deficiency of either type of cells would cause abnormalities in the ocular function. Retinal membrane contains an area called **macula**, which is yellow in colour. The centre of macula is called **fovea**, which contains the highest concentration of cone cells. The part of the image projected on the

continued on page 13



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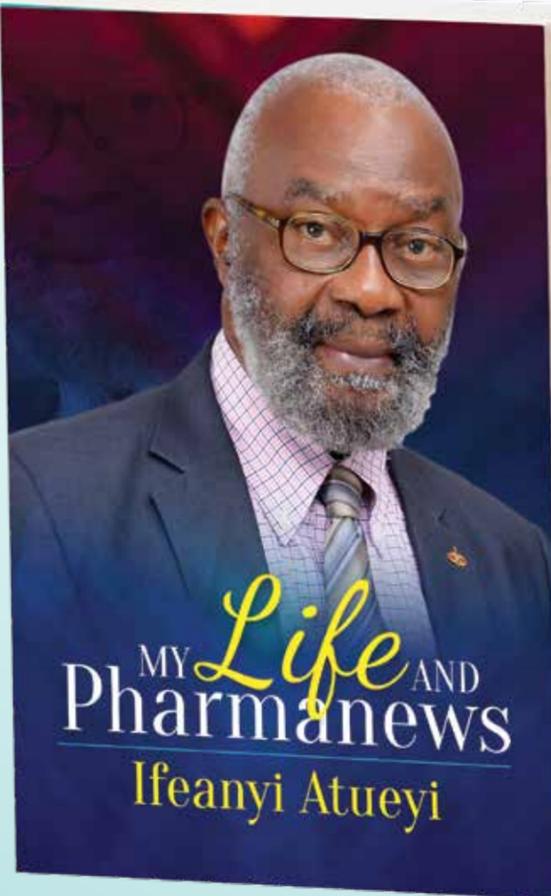
Meanwhile, with the victory of the Nigerian troops at Nsukka on July 14th, despite the stiff resistance by Biafran soldiers (leading to the death of Kaduna Nzeogwu), it was apparent that the next target was Enugu town itself. Everyone began to scamper out of Enugu to save their lives. Coincidentally, I was posted to the same International Red Cross Hospital at Achi as a pharmacist, to work with the chief pharmacist there. The chief pharmacist, who was my boss then, was Pharm. Mike Odumodu, the father of Dr Joe Odumodu, former Managing Director of May and Baker Plc. Pharm. Bruno Nwankwo was also posted to the same hospital.

It was within a few days of my arrival at the hospital that I sighted Joan, who was one of the nurses in charge of the wards. Of course, falling in love or getting into a relationship that would lead to marriage was the last thing on my mind at this time, considering the chaos all around. But then, as someone has rightly said, "Love can be found in unexpected places. Sometimes we go out searching for what we think we want and we end up with what we're supposed to have." It struck me, from the moment I saw her and the few other times that I was able to observe her that she was a beautiful and special kind of woman, who I would like to be my wife. But since she always seemed too busy to notice me, I had to devise a way to get her attention.

It was the practice then for the hospital wards to regularly send to the pharmacy department a list of drugs and other items that were needed in the wards. Joan was the one responsible for compiling the order, which she sent through

A JEWEL IN A DUEL (3)

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



a ward attendant to the pharmacy. On a certain day, when the ward attendant came with the order, I saw it as my chance to reach Joan; so I told him to ask his boss to come herself. The attendant left and came back shortly, saying that his boss insisted that he should bring the needed items. Still, I sent him back with the same instruction.

before it could fully germinate, Achi fell to the Nigerian troops and everyone had to run for safety. From Achi, I was posted to a quality control laboratory in Port Harcourt, while Joan was recalled by Iyi-Enu Mission Hospital, which had converted Okija Grammar School at Okija to its new operational base.

Collapse of the Cocoon

Settling down in Port Harcourt was relatively easier for me, especially since it was a bit far from the epicentre of the war. Moreover, the assurances given by the Biafran government made it feel like the situation was under control and the invading forces would soon be repelled. In fact, I was so relaxed in Port Harcourt that I got myself an apartment and had it furnished.

Shortly after arriving in Port Harcourt, I decided to visit Okija to see my mum and Joan. Incidentally, Okija was never invaded throughout the war. In fact, some people from other communities that had fallen to the control of the Nigerian troops had to take refuge at Okija.

When I met Joan at the hospital, it was a pleasant surprise for her and a great delight to me. We had some time to catch up on the time we had been away from each other. Before returning to Port Harcourt, I used the opportunity to introduce her to my mother and other members of my family, and she was very well received – as if she had been a part of the family all along.

Even more interesting was that one of my relatives, Lady Winny Erinne, who was around for the introduction had been her teacher at St. Stephen's Primary School, Umuahia. As Joan would later admit, this warm reception by my family left a lasting impression on her and, combined with other qualities she saw in me, she became convinced that I was her future husband. This introduction was also later reciprocated in her family – and thus was our relationship sealed and set to move to a more serious level.

Continues next edition

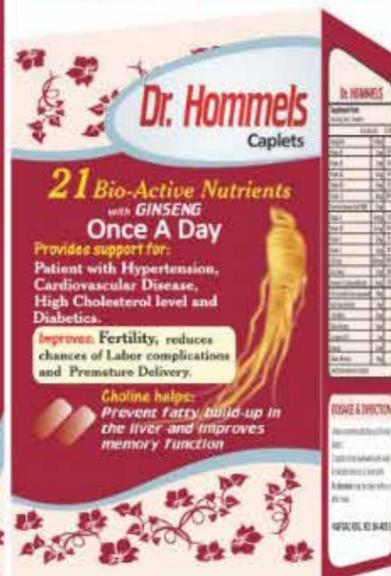
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Trends in treatment of eye infections

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fovea is usually the most accurately registered visual memory.”

Patel added that **sclera** is the outermost white-coloured protective coat of the eyeball. It is essentially tougher, compared to the delicate internal structures within the eyeball. He also explained that **choroid** is the middle layer of the eyeball wall, sandwiched between retina and sclera. It also helps in clarity of vision by absorbing excess light. The muscles which attach sclera to the iris are termed as **ciliary body**, which play a role in flexible focusing of the image through the lens.

He said: “Once the incoming light is filtered, reflected, and refracted appropriately to produce an image on the back of the eyeball, the neurological systems come into play. The part of the optic nerve that is attached to the back of the eyeball is named as **optic disc**. This is the region where rod cells and cone cells are least in the concentration, and therefore, any image projected to this area is often missed. It is also called a ‘**blind spot**’ due to this reason. **Optic nerves** connecting the eyeballs to the brain are responsible for transmitting the visuals to the brain, where they are processed into the meaningful information.”

Patel further pointed out that the complexity of the anatomy of the eye is immense, and despite being considered a well-understood structure, newer knowledge about it keeps surfacing through research. He cautioned that any harm to any component of the eye portends an unfavourable condition for the eye which can lead to vision impairment.

Vision impairment

As previously hinted, vision impairment occurs when an eye condition affects the visual system and one or more of its vision functions. According to WHO, a person who wears spectacles or contact lenses to compensate for their vision impairment still has vision impairment, saying vision impairment has serious consequences for the individual throughout life. WHO posited that many of the consequences can, however, be mitigated by timely access to quality eye care and rehabilitation.

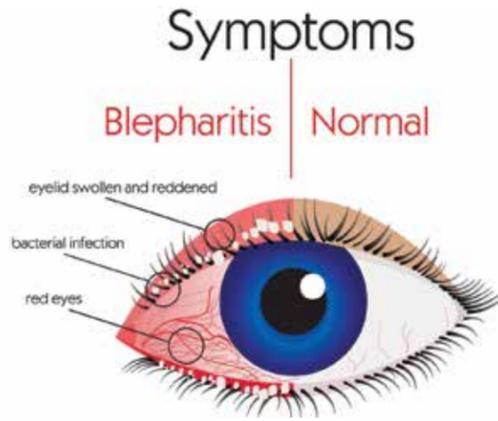
Symptoms of eye infection

According to Adam Debrowski, an expert at All About Vision Centre, an optical centre in Dallas, Texas, United States, as well other eye specialists, the symptoms of an eye infection depend on the underlying cause. Such symptoms can include red eyes, eye pain, eye discharge, watery eyes, dry eyes, light sensitivity, swollen eyes, swelling around the eyes, itching and blurry vision among others.

“Anytime you suspect an eye infection, you should always visit an eye doctor. Trying to self-diagnose your condition can delay treatment and, in rare cases, even threaten your vision. If you experience eye infection symptoms and wear contact lenses, take your contacts out and wear eyeglasses until a doctor can diagnose your condition,” Debrowski said.

Types of eye infection

According to a popular Indian veteran ophthalmologist at Disha Eye Hospitals, Kolkata, and Dr Samar K. Basak, there are numerous different types of eye infection. He specifically identified 12, which include conjunctivitis, keratitis, acanthamoeba keratitis, blepharitis, cellulitis, ocular herpes, endophthalmitis, chlamydia trachomatis, sty, dacryostenosis, corneal ulcers, and orbital cellulitis.



Conjunctivitis

According to WHO, conjunctivitis is one of the eye conditions that do not cause impairment. Commonly called pink eye, it is highly contagious and can easily spread in environments where there are many people working together closely. It is a common eye infection that also spreads in schools among children. Basak explained that conjunctivitis

can have viral or bacterial origins and most often, the infection will go away, but treatments can speed up the process. Any bacterial conjunctivitis can be treated with antibiotic eye drops, while conjunctivitis due to allergies can be treated with antihistamines. However, there is no treatment for

Keratitis

Keratitis occurs when the cornea gets infected. It can be a bacterial infection, a viral infection,

a fungal infection, or a parasitic infection. Basak affirmed that antibacterial eye drops, antifungal eye drops, or antiviral medications or eye drops may address it, though depending on the cause of the infection.

Acanthamoeba keratitis

Acanthamoeba keratitis is a rare disease that may occur when amoebae invade the cornea of the eye. Basak warned that people who wear contacts should follow their safety precautions and avoid swimming with their contacts, to reduce the risk of this, saying the amoeba can cause an infection of the eye that can lead to visual impairment or even blindness.

Blepharitis

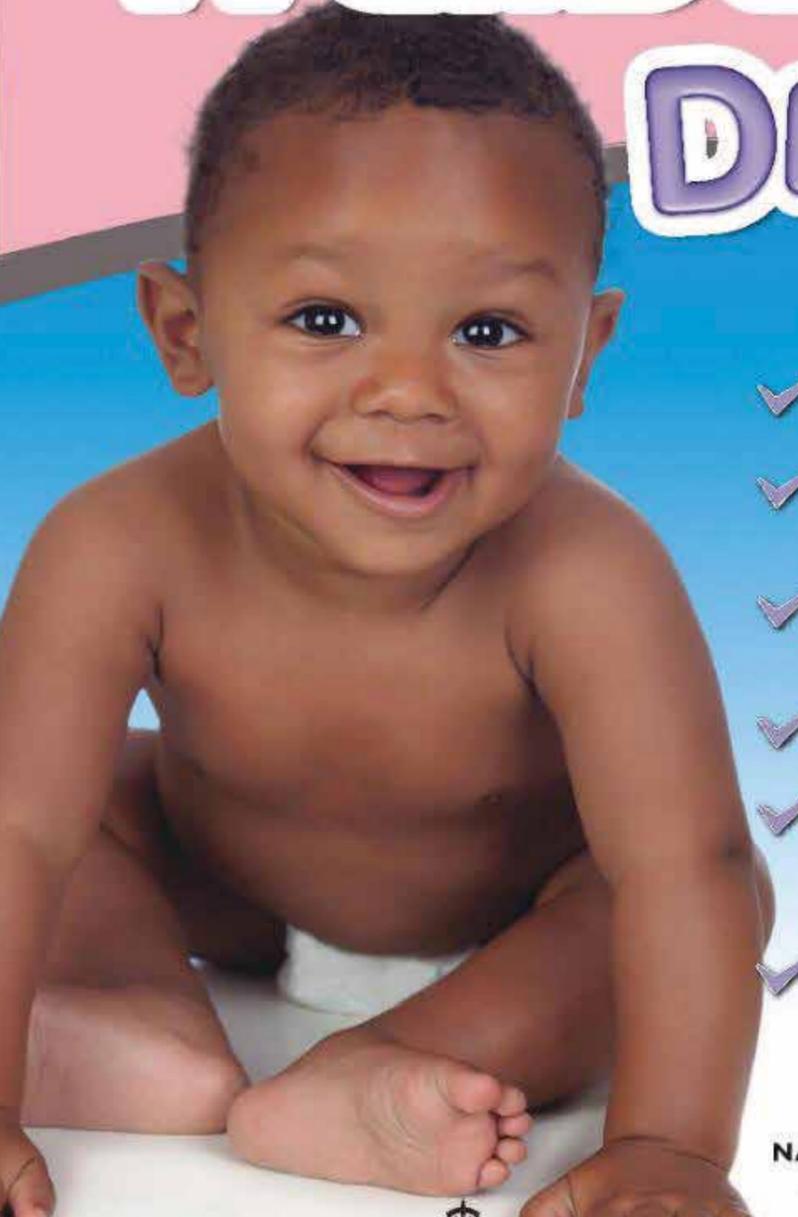
Blepharitis, or inflammation of the eyelids, is often caused by the oil glands inside the eyelids getting clogged up or infected with bacteria. It can be addressed by cleaning the eyelids with sanitary towels, using corticosteroids to treat inflammation, and using eye drops or ointments that moisten the eyes or contain antibiotics.

Uveitis

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Trends in treatment of eye infections

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The uvea is the middle layer of the eyeball that is responsible for delivering blood to the retina, the part of the eye that sends images to the brain. Thus, it is a very important structure to keep healthy in order to be able to see. Uveitis occurs when the uvea is infected. Uveitis, according to doctors, most commonly results from immune system conditions, viral infections or eye injuries. Uveitis affects approximately one in 4500 people and it is most common between the ages 20 to 60. In western countries, anterior uveitis accounts for up to 90 per cent of uveitis cases.

The symptoms of uveitis may include redness, pain, blurry vision, light sensitivity, "floaters" in visual field. However, it is also treatable. In most cases, uveitis is treated with eye drops or eye injections to relieve pain and inflammation. If the infection has spread beyond the eye, oral antibiotics will be prescribed as well. Also, in severe cases, medications to subdue the immune system will be recommended as well, but the infection typically improves after a few days of treatment and normal vision should return.

Cellulitis

Cellulitis occurs when tissues become infected as a result of a scratch or some other injuries. It can also be the result of bacterial infections like a staph infection (Staphylococcus). Cellulitis can also result from a bacterial sinus infection, or infection of another nearby structure. There is also the belief that cellulitis is most common among the paediatric population. According to Basak, treatment for this infection may consist of applying warm, damp towels to the eyes and using antibiotics or other



medications.

Ocular herpes

Exposure to the herpes virus can lead to ocular herpes (the herpes simplex type 1 virus), which can lead to inflammation and scarring of the cornea. The Optometrists Network, a group of optometrists across the United States of America, posited that ocular herpes, sometimes referred to as a 'cold sore on the eye', is a common condition and recurring viral infection that causes inflammation and, if left untreated, can cause permanent scarring of the cornea.

The group jointly noted that eye herpes is highly contagious and can be transmitted through close contact with someone who has an active virus, or through self-contact and contamination from a cold sore on the lip.

The group explained that eye herpes can range in severity, from mild to sight-threatening, depending on the type that include:

Herpes keratitis: This is the

most common form of eye herpes, caused by a viral corneal infection. This type of ocular herpes usually affects only the top layer (epithelium) of the cornea, and generally heals without scarring.

Stromal keratitis: This form results as the infection spreads deeper into the cornea. This type of eye herpes can lead to scarring, and partial or total vision loss.

Iridocyclitis: This is a severe form of eye herpes that results from inflammation of the iris and surrounding tissues inside the eye. Iridocyclitis is a type of uveitis that affects the frontal part of the eye. When the infection develops in the retina or the inside lining of the back of the eye, it is known as herpes retinitis.

According to the Optometrists Network, the symptoms of ocular herpes, just as other eye infections, will include eye sores, redness of the eyes, irritation, swelling, tearing, foreign body sensation, watery discharge, light sensitivity and recurrent eye infections among others. The group noted

that in some cases, inflammation of the cornea will cause irritation, or a sudden and severe pain in the eye, and cloudy or blurry vision, adding that symptoms typically present in one eye, though it can sometimes affect the other eye as well.

According to the doctors, there is currently no cure for eye herpes. In most cases, eye herpes will heal on its own in a week or two, but if symptoms persist, there are treatments that can control the infection. If the corneal infection is only superficial, the eye doctor will prescribe an antiviral medication in the form of an eye drop, ointment, or oral medication. And if the infection has spread into the deeper layers of the cornea, corticosteroid eye drops is prescribed to reduce inflammation and prevent corneal scarring. These drops are typically used in combination with antiviral drops.

Endophthalmitis

Endophthalmitis is a severe inflammation of the inside of the eye, caused by a bacterial or fungal infection. Candida fungal infections are the most common cause of endophthalmitis. However, this type of infection can also develop after an eye injury, or more specifically, when the eye is penetrated by an object. In rare cases, endophthalmitis can develop after certain eye surgeries, such as cataract surgery. Basak however said while the infection can be treated with antibiotics, it can lead to blindness if not treated.

Chlamydia trachomatis

Chlamydia trachomatis bacteria can infect the eye, leading to trachoma and it can occur as a result of being in an unsanitary environment. The bacteria will typically infect the inner eyelid. Eventually, this can lead to scarring

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Usifoh, Ahmed, others charge pharmacists to revisit practice basics

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of the pharmacy profession, noting that they are the producers of men of honour that make up the profession. He reiterated PSN's commitment to working with NAPA for a better pharmacy profession.

In his words, "I look forward as your president to working with NAPA in achieving our collective goal of defending the course of Pharmacy to be able to perform her leadership roles in ensuring medicine security for the health of our nation.

"It is certain that if we will be able to play our roles properly, we must have a good grasp of the basics of the profession in all ramifications. Those of us in academia must be leading from the front. We must be seen to be ahead. We are the teachers, the researchers and the developers of policies. Our calling and industry exist to serve Pharmacy and produce pharmacy professionals that are able, capable and trustworthy."

Usifoh also stated the need for academic pharmacists to collaborate with other stakeholders in the sector, so as to achieve the ultimate goals of producing quality pharmacists and ensuring medicine security for the country.

Earlier in his remarks, Vice-Chancellor, OAU, Professor A. S. Bamire, stated that the roles of academic pharmacists cannot be overemphasised, adding that there is a need to revisit the basics, so as to move the profession forward.

Also speaking, a former Board Chairman of the Pharmacists Council of Nigeria (PCN), Emeritus Professor Festus Adio Ogunbona, who was the chairman of the occasion, said, "Pharmacists in academia need to revisit the basics so that they can continue to produce men of honour."

Current Registrar of the PCN, Pharm. Ibrahim Babashehu Ahmed, revealed that the Council was having strategic interactions with NAPA, assuring that the interactions will be fruitful and beneficial to the pharmacy profession and Nigeria, as a whole.

According to Ahmed, "It's a known fact that members of NAPA are critical stakeholders in the healthcare sector. This is so because they take time to train, educate, develop and assess pharmacy students, pharmacists and other healthcare professionals and conduct research through their expertise. This has positioned members of NAPA as a gateway for competencies and skill development, as well as exploring research and development for the progress and development of our country Nigeria.

"The theme of this conference is apt. We really need to revisit the basics. Over time, pharmacy research and practice have travelled on divergent paths and current events in the healthcare space demand that these divergent paths should be collapsed into one path so that the outcomes of research feed



L-R: Dean, Faculty of Pharmacy, OAU, Prof. Margret Afolabi; Pharm. (Alh) Olufemi Adebayo; VC, Chrisland University, Prof. Chinedum Babalola; Prof. Francis Oladimeji; PSN President, Prof. Cyril Usifoh and National Chairman, NAPA, Dr Olugbenga Akinkunmi, at the NAPA conference, held at OAU recently.

the practice components of the profession.

"We, at PCN, will always look forward to evidence-based innovations that will guide the formulation of policies and regulations. We are also open to collaborative research, especially in those areas that are directly linked with the PCN mandate."

The National Chairman of NAPA, Dr Ezekiel Olugbenga Akinkunmi, in his opening address, explained that the theme of the conference was selected with the aim of re-examining the core duties of academics, which are teaching, research and community services.

Akinkunmi said, "It is in view of the present realities of our time that we have chosen the theme of this conference. We feel that despite the increasing complexities of our world, the solution to our increasing challenges can only come through simplicity and a return to the basics. As pharmacists in academia, our roles are well-defined. First, we are pharmacists, the noblest of all known professions and the live-wire of the healthcare system. Secondly, we are academics, the intellectual department and think-tank of all progressive economies.

"As an association, our members are responsible for the training of pharmacists. As it were, the viability of the future pharmacists depends largely on the vitality of the association. The fact remains that if we fail, the whole profession fails. God forbid, but the present reality of decay in our society attests convincingly to this assertion. There is need for all to rise and assist the academia and our educational system."

While presenting the keynote address, the Vice-Chancellor, Chrisland University, Abeokuta, Professor Chinedum Peace Babalola, noted that it is

imperative to not just to revisit the basics but to actually trigger disruptive dynamics (DD) from the basics, saying this is the only way to go if the profession must move forward.

According to Babalola, disruptive innovation of basic preliminary courses that will include case studies and use of visual aids, such as virtual laboratories, anatomage, short videos, among others, is vital for pharmacists in academia to move the profession forward.

She noted that, in the past, the pharmacist was only a basic scientist, contented with just choosing any area of practice, whereas the training received was rigorous enough to make him or her fit into whatever other areas of endeavour desired.

"The scope of pharmacy practice is rapidly changing and the enablers for this to occur will be system changes that unlock the potential of pharmacists to practise to their full scope," Babalola said.

She further explained that sustainable development of a discipline such as Pharmacy at the postgraduate level remains in the relevance of education received, noting that the focus of postgraduate pharmacy education in advanced societies has shifted to paying more attention to scientific research, problem-solving, programme management, self-education and disciplinary integration.

The Chrisland University VC however admitted that adequate funding is required to meet emerging trends in pharmacy education, adding that development of academic staff and infrastructure is among the key areas of investment required to advance pharmacy education in Nigeria.

She further emphasised that there is already a paradigm shift in pharmaceutical research, noting that the slogan in research has changed from "publish or perish" to "publish, societal impact or perish".

"Emphasis is no longer only on number of publications but more on impact of publications and strength of journal," the keynote speaker said, adding that research must be relevant to trending health challenges and students must also be encouraged to participate in research and innovation endeavour.

According to Babalola, one of the ways to revisit the basics and cause disruptive dynamics in pharmacy practice is to allow drug information apps to rapidly replace official books in pharmaceutical premises.

"Electronic medical records of patients should be accessible in hospitals, community pharmacies and personally to patients via seamless connection. In microbial studies, bioinformatics is used to establish intra and inter-relationship between microorganisms. Hence, there is need to set bioinformatics curriculum.

"This curriculum should cover aspects, such as biology and bioinformatics, biologic sequencing alignment, DNA sequencing technique, motif research, protein folding method, repetitive patterns of biological sequences, detecting DNA coding regions, gene evolution, bioinformatics platform, and docking," Babalola said.

The keynote speaker averred that now is the best time to disrupt learning, research and practice in pharmacy profession.

"We have to be proactive," she urged. "Ideas for strategy are required on our part as academic pharmacists. There is a great need to collaborate with one another and other professionals and scientists in our job. New knowledge, new skills, new approaches are needed to teach both basic and practice-based courses. With the help of God and a positive mindset, all things are achievable."

Trends in treatment of eye infections

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of the cornea and potentially permanent blindness.

Sty

A sty may result from an infection of the interior, upper, or lower eyelid. It often resembles a pimple that has developed in an oil gland on your eyelid. Basically, it is a red, painful lump near the edge of the eyelid that may look like a boil or pimple. A warm washcloth applied to the eyelid may relieve pain and discomfort. The sty may be treated with simple mild soap. Swelling can be addressed with over-the-counter medications.

Dacryostenosis

Dacryostenosis is narrowing of the nasolacrimal duct, which drains tears away from the eye. Dacryostenosis can be present from birth (congenital) or develop after birth (acquired). Either type can lead to tearing or an infection of the tear (lacrimal) sac (dacryocystitis) or a blocked tear duct. It can occur as a result of an infection in the tear glands.

Corneal ulcers

This a condition in which inflammation of the outermost layer of the eye results in pain. It can occur from direct injury to the eye or from a bacterial, fungal or viral infection. The symptoms will include eye redness, eye pain, excessive tearing, the sensation of a foreign body in the eye and worsening or blurry vision. Treatment may include an antibiotic, antifungal or antiviral medication if the condition is related to an infection. Treatment of non-infectious causes may include an eye patch.

Orbital cellulitis

Orbital cellulitis is an infection of the soft tissues of the eye socket behind the orbital septum, a thin tissue which divides the eyelid from the eye socket. Infection isolated anterior to the orbital septum is considered to be preseptal cellulitis.

The American Academy of Ophthalmology, in its publication, says orbital cellulitis infection most commonly occurs when a bacterial infection spreads from the paranasal sinuses into the orbit. In children under the age of 10 years, the academy said paranasal sinusitis most often involves the ethmoid sinus which spreads through the thin lamina papyracea of the medial orbital wall into the orbit.

It added that identifying patients and effectively treating upper respiratory or sinus infections before they evolve into orbital cellulitis is an important aspect of preventing preseptal cellulitis from progressing to orbital cellulitis. "Equally important in preventing orbital cellulitis is prompt and appropriate treatment of preseptal skin infections as well as infections of the teeth, middle ear, or face before they spread into the orbit", the academy said.

Diagnosis of orbital cellulitis is based on clinical examination. According to the academy, the presence of some signs is suggestive of orbital involvement and the signs mostly include proptosis, chemosis, pain with eye movements, ophthalmoplegia, optic nerve involvement as well as fever, leucocytosis (75 per cent of cases), and lethargy. Other signs and symptoms include rhinorrhoea, headache, tenderness on palpation, and eyelid oedema.

"Intraocular pressure may be elevated if there is increased venous congestion. In addition to clinical suspicion, diagnostic imaging using computed tomography (CT) may help distinguish between preseptal and orbital cellulitis while also looking for complications of orbital cellulitis (see below)", the



academy added.

The management of orbital cellulitis requires admission to the hospital and initiation of broad-spectrum intravenous antibiotics that address the most common pathogens, the American Academy of Ophthalmology has posited. According to the academy, blood cultures and nasal/throat swabs may be undertaken, and the antibiotics should be modified based on the results. In infants with orbital cellulitis, a 3rd generation cephalosporin is usually initiated such as cefotaxime, ceftriaxone or ceftazidime along with a penicillinase-resistant penicillin. In older children, since sinusitis is most commonly associated with aerobic and anaerobic organisms, clindamycin might be another option. Metronidazole is also being increasingly used in children. If there is concern for MRSA infection, vancomycin may be added as well.

There is surgery for orbital cellulitis, though the process appears complex and most understood by the surgeons, yet the American Academy of Ophthalmology attempts to break down the process. According to the academy, the prevalence of subperiosteal or orbital abscess complicating an orbital cellulitis approaches 10 per cent. The clinician should suspect the presence of such an entity if there is progression of orbital signs, and/or systemic compromise despite the initiation of appropriate intravenous antibiotics for at least 24-48 hours. In these cases, a contrast-enhanced CT scan should be ordered to evaluate the orbit, the paranasal sinuses, and/or the brain.

Some complications tend to arise from orbital cellulitis. The academy said the complications of orbital cellulitis are ominous and include severe exposure keratopathy with secondary ulcerative keratitis, neutrophilic keratitis, secondary glaucoma, septic uveitis or retinitis, exudative retinal detachment, inflammatory or infectious neuritis, optic neuropathy, panophthalmitis, cranial nerve palsies, optic nerve edema, subperiosteal abscess, orbital abscess, central retinal artery occlusion, retinal vein occlusion, blindness, orbital apex syndrome, cavernous sinus thrombosis, meningitis, subdural or brain abscess, and death.



The WHO concern

According to the WHO, in its report titled "World Report on Vision", released in 2019, at least 2.2 billion people globally have a vision impairment or blindness. This figure takes into consideration those with near vision impairment due to presbyopia (1.8 billion, including both addressed and unaddressed presbyopia), and moderate to severe distance vision impairment or blindness due to unaddressed refractive error (123.7 million, e.g. myopia or hypermetropia), cataract (65.2 million), age-related macular degeneration (10.4 million), glaucoma (6.9 million), corneal opacities (4.2 million), diabetic retinopathy (3 million), trachoma (2 million), and other causes (37.1 million), including those causes that were not classified in surveys or do not fit into any of the aforementioned categories. In addition, WHO said the figure also takes into consideration 188.5 million people with mild vision impairment in which the causes are unknown.

Also, according to the report, many eye conditions are unevenly distributed globally. Children in Africa and Asia are at greatest risk of acquiring measles, rubella and vitamin A deficiency disorder and their associated eye-related complications. Trachoma, the main cause of infectious vision impairment, is still to be eliminated in some parts of 44 countries of Africa, Central and South America, Asia, Australia and the Middle East.

WHO also reported that in the absence of accessible eye care services, people with eye or vision problems, particularly in low-income settings, resort to self-medication using local remedies, or access local informal providers such as drug sellers, or traditional or spiritual healers. These interventions can be harmful and can also delay accessing more appropriate care. WHO specifically cited Nigeria's situation to be worrisome. "For example, in the Nigeria national survey almost half of the participants who had undergone a procedure for cataract had been couched (a traditional procedure) and almost three quarters of these eyes were blind," WHO said in the report.

WHO worried that most patients that ought to seek treatment cannot afford it. It therefore projected that population ageing will impact significantly the number of people with eye conditions, noting that by 2030, the number of people worldwide aged 60 years and over is estimated to increase from 962 million (2017) to 1.4 billion, while numbers of those aged over 80 years will increase

from 137 million (2017) to 202 million. The population changes WHO said will lead to considerable increases in the numbers of people with major eye conditions that cause vision impairment.

"The number of people with the age-related eye condition glaucoma, for example, has been projected to increase 1.3 times between 2020 (76 million) and 2030 (95.4 million); and those with age-related macular degeneration, 1.2 times between 2020 (195.6 million) and 2030 (243.3 million) (Fig. 2.6) (1, 6). Similarly, the number with presbyopia is projected to increase from 1.8 billion in 2015, to 2.1 billion in 2030 (8). As most people over the age of 70 will develop cataract, the number with this condition will also increase substantially," the agency said.

Prevention of eye condition and general consideration

In view of the likely upsurge in eye conditions in the near future, experts have advised every individual to make efforts to prevent infection and the least of the preventive measures to wash the hands before touching the eye. Also, due to the important role that the eye plays in the body, as well as the potentially permanent damage that eye infections can cause, doctors say it is best to prevent them rather than cure them. This is why patients are advised to have their eyes checked regularly regardless of whether they have any specific concerns or not.

The WHO says everyone experiencing symptoms that are associated with an eye infection needs to visit an ophthalmologist, who can diagnose the condition and, from there, prescribe the correct treatment. Diagnosis usually requires a simple eye examination wherein the ophthalmologist uses a lighted device to look at the cornea and retina.

In cases where there is a discharge from the eye, a sample of the discharge is examined to identify the kind of infection that is causing the problem. Since an eye infection can be a result of another disease, patients may also be tested for diseases such as chlamydia, gonorrhoea, and herpes simplex.

According to WHO, eye conditions that can be targeted effectively with preventive interventions include trachoma, onchocerciasis and myopia. In addition, the prevention or management of other health conditions can be effective in reducing incidence of secondary ocular conditions. Preventive interventions in the field of eye care generally fit into two categories: (i) interventions that aim to prevent the incidence of eye conditions before they occur by targeting the causes and risk factors; and (ii) measures taken to prevent eye conditions that are secondary to other health conditions

"A person suffering from an eye infection should be careful while the infection is active. This is because bacterial and viral infections can easily be passed on even through simple skin contact. Thus, precaution must always be practiced. Sharing of personal things, such as makeup and towels can also be a way for the infection to be transferred," WHO warned.

Report compiled by Ranmilowo Ojalumo with additional report from the World Health Organisation, Investigative Ophthalmology and Visual Science (iOVS), News Medical, Baptist Health, American National Institutes of Health (NIH), Nigerian Optometric Association, Healthline, Medical News Today, All About Vision, of Disha Eye Hospitals, Optometrists Network, American National Eye Institute and American Academy of Ophthalmology.

Prognostics of failure in Nigeria's healthcare delivery system

By Patrick Iwelunmor

The quality and accessibility of healthcare services in Nigeria have always raised many questions in the minds of patients, healthcare experts and the general public. Many people believe that Nigeria is seriously lagging behind in terms of the delivery of quality healthcare services to its teeming population, most of who are financially handicapped due to the precarious economic situation of the country.

While healthcare in Nigeria is supposed to be the concurrent responsibility of government at all levels, there seems to be an imbroglio in the sense that government has not done enough to safeguard the lives of its citizens who now patronise charlatans, parading themselves as traditional and alternative medicine practitioners.

According to the World Bank, Nigeria spends about 3.89 per cent of its GDP on healthcare; yet there is nothing significant to show for it, in terms of improvement in the general health indices of the populace. If the World Bank figure is true, then it means there is something amiss in government quarters because that figure is quite significant enough to spur some level of improvement in the health sector of the country.

Unfortunately, there has been the perennial issue of corruption in Nigeria's public health sector. Despite the creation of the Anti-Corruption and Transparency Unit (ACTU) in the Federal Ministry of

Health, sharp practices still take place with the connivance of senior officials and their cohorts in the several agencies and parastatals.

In January 2021, the Socio-Economic Rights and Accountability Project (SERAP) raised the alarm concerning the disappearance of the sum of N3.8 billion meant for teaching hospitals, medical centres and the National Agency for Food and Drug Administration and Control (NAFDAC). In a letter dated 2 January, 2021, and signed by SERAP's Deputy Director, Kolawole Oluwadare, the organisation observed that: "Corruption in the health sector can cause serious harm to individuals and society, especially the most vulnerable sectors of the population. These missing funds could have been used to provide access to quality healthcare for Nigerians, and meet the requirements of the National Health Act, especially at a time of COVID-19 pandemic."

Some of the examples of corrupt practices that have continued to undermine the delivery of quality healthcare services to the Nigerian populace include employment racketeering, bribery, diversion of funds and conversion of medical cases to private practice. These realities are not only prevalent in Nigeria but also in many other low and middle income African countries.

According to Transparency

International, these factors thrive largely "because competence and integrity are undermined by poor working conditions and a weak system." In spite of all the reforms and monetary allocations in the Ministry of Health, Nigeria's national health access remains at 43.3 per cent, leaving the remaining 57 per cent to seek self-help measures. This accounts for the embarrassing

rate of patronage accorded quacks and charlatans, especially those in the traditional and alternative medicine practice.

Another issue that should bother Nigerians is the fact that of the 30,000 primary healthcare centres spread across the 774 local government councils in the country, less than 6,000 can

actually provide basic health services. It has also been discovered that 70 per cent of primary healthcare centres lack drugs and personnel.

The malfunctioning of primary healthcare centres in Nigeria has led to more spending in trying to cure diseases which are largely

continued on page 29



Dr Christian Okeke
St. Agnes Hospital, Maryland, Lagos

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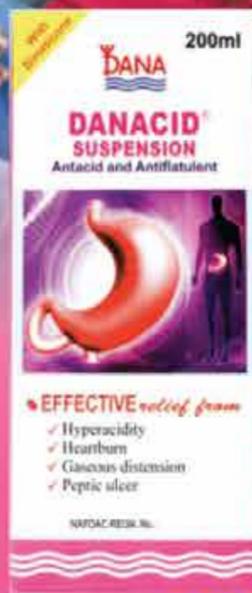
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How I'm adjusting my lifestyle to stay healthy in old age – Atueyi

On 1 October this year, Pharm. (Sir) Ifeanyi Atueyi, the founder and publisher of **Pharmanews** will be marking his 83rd birthday. In this exciting interview with **MOSES DIKE**, the multiple-award winning veteran pharmacist and pharmaceutical journalist speaks on his 83rd birthday, his retirement plans, as well as the lifestyle modifications that have helped him to stay healthy and active in old age. **Excerpts:**



Pharm. (Sir) Ifeanyi Atueyi

You recently marked 43 years of uninterrupted monthly publication of Pharmanews. How have you been able to navigate the vicissitudes of pharmaceutical journalism, which was a largely uncharted territory in Nigeria as at when you started in 1979?

I do not do many things but the few I do, I try to do them well. In order to do them well, I must love and enjoy doing those things. What you don't love to do, you cannot enjoy doing it and you cannot shine or excel in that area.

Your natural gifts or talents are relevant in whatever you find yourself doing. If what you are doing is in line with what God had planned for you, you will find satisfaction and joy in it. Many a time, people are in the wrong jobs or careers and they never enjoy or succeed in those areas.

I learnt my own lesson from my personal experience. I found myself in Pharmacy because I had no interest in Medicine which I was best qualified to study. Eventually, when I graduated in Pharmacy in 1964, my greatest problem was knowing what to do.

As a young man, I worked, at different times, as a medical representative, community pharmacist, hospital pharmacist, manufacturing pharmacist, and sales and marketing pharmacist. During the Nigeria-Biafra war, I was the officer in-charge of the pharmacy department of a military hospital. In all these, I did not find fulfillment and I was wondering how my working life would end.

It was only when, by

divine revelation, I discovered my prospective future in pharmaceutical journalism in 1979 that I settled down and focused on my business. When you are in the assignment God has planned for you, you don't envy anybody or compare yourself with another person because your calling is unique to you.

On 1 October, you will be marking your 83rd birthday. How has old age affected your participation in pharmaceutical and other social activities?

Growing old makes me to gradually cut down my spheres of activities, although I have never been a person of many interests. I have slowed down in attending some physical meetings; however, I have continued to attend our national conferences. I have a record of attending our national pharmaceutical conferences every year for 48 years.

Also, I am still the vice president of the Nigeria Academy of Pharmacy (NAPharm) and therefore very actively participating. I am a foundation member and Life Fellow of the Academy.

From 1977, I was a regular face at FIP conferences which were held mainly in European countries but since 2007, my interest gravitated towards the Nigerian Association of Pharmacists and Pharmaceutical Scientists in the Americas (NAPPSA) where I am a foundation member and also foundation Fellow. Attending these international conferences offers me the opportunity of travelling and resting.

My interest in church activities and the Full Gospel Business Men's Fellowship International (FGBMFI) continues to grow with age. In the FGBMFI, I have reached the level of Life Member and National Director Emeritus. Spiritual life demands steady and continuous development. You continue to grow to maturity. It has no end until life itself ends.

I love to read and write inspirational books. I have asked God to enable me

produce one inspirational book every year, since 2004. Hitherto, I have written 21 books.

My responsibilities in the affairs of my town, Okija, in Anambra State, continue to grow. Today, I am the eldest, "Okpala", in my immediate community. This involves providing leadership, counselling and guidance from the wisdom and experience of my age. I should be visiting home more often but for the current insecurity in the country. Thank God for modern communication systems.

At 83, you have been able to manage your physical and mental health quite commendably to the point that you still do a lot of things. Can you tell us some of the lifestyle modifications and habits you have formed to help you stay active and healthy?

I value my health because there is not much I can achieve without good health. Concerning food, my wife is very much concerned about what I eat. I am a diabetic and she keeps away from me high glycaemic foods and drinks. I have not been known for

heavy eating. Now, the quantity I consume is drastically reduced but the nutritional value is improving.

I concentrate on fruits and vegetables. I do not eat junk foods which destroy the body. I load myself with essential vitamins and minerals in form of supplements. I like to drink Lasena Water because of its alkalinity. Since I work from home, I rarely eat food outside, where I cannot control what I eat or drink.

I cherish my daily siesta. If you love me, you will not disturb me between 2.00 and 4.00 pm. It is my lunch and rest period.

I have never been a lover of exercises but for health reasons, I walk around within our compound and occasionally along the streets. In the office, I don't sit down for long. I stand, stretch and walk around.

However, despite these measures to maintain good health, it is the grace of God that I enjoy.

What are your thoughts on retirement? Have you fixed any time for retirement?

I do not know of any fixed age to retire from serving God. If you are not serving God, then you are serving Satan. But you cannot serve two masters.

It is important to know whether what you are doing is of man or of God. If man has engaged you for work, there must be definite terms of agreement. The conditions of service are clearly defined. But if God sends you on a mission or gives you an assignment, you can only take instructions from Him. He will also make the necessary provisions for you to succeed. There is no room for negotiation of conditions of service.

This is why it is difficult for me to determine when to stop working. If He asks me to stop working this month, that's it. I must obey Him.

Actually, I try to make my own plans as a human being. Of course, God wants us to make plans but such plans must be submitted to Him for consideration and approval, according to Proverbs 16:3. It is only the plan of God that will come to pass. Proverbs 19:21 (NKJV) says, **"There are many plans in a man's heart, nevertheless the Lord's counsel - that will stand."**

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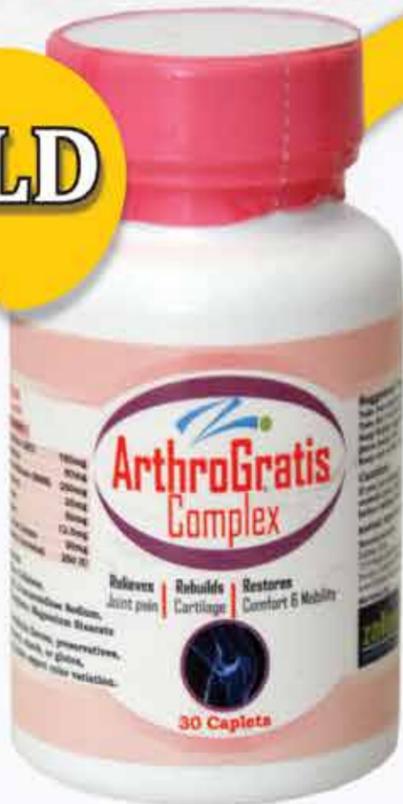
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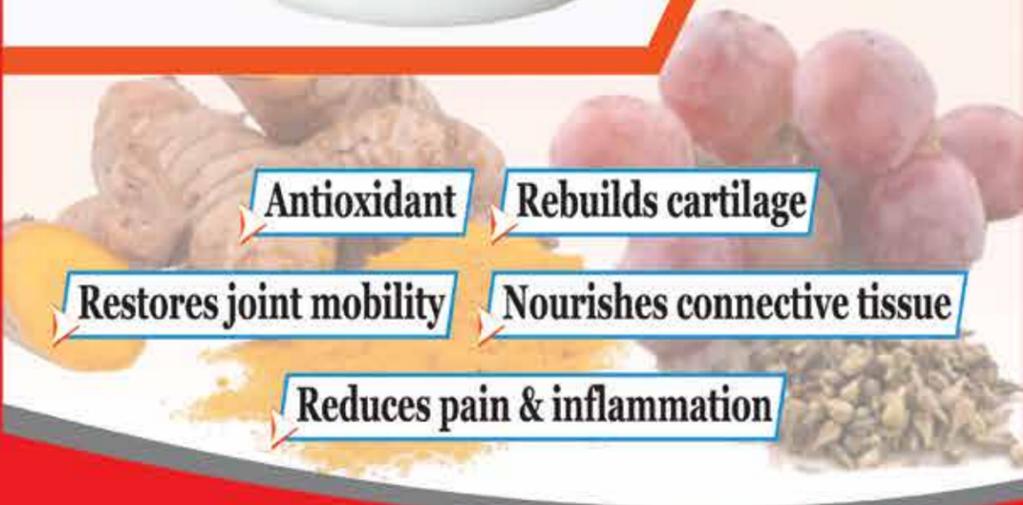
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Pharmalliance partners Pfizer, trains 120 pharmacists on vaccination

By Temitope Obayendo

To expand COVID-19 vaccination centres as well as empower pharmacists on vaccines administration, Pharmalliance Consulting Ltd, in partnership with Pfizer Pharmaceuticals, has trained about 120 pharmacists on COVID-19 vaccination.

The training, which recently held at the Radisson Blu Hotel, GRA, Ikeja, was facilitated in conjunction with the Faculty of Pharmacy, University of Lagos, UNILAG.

Speaking in an exclusive interview, dean of the faculty, Prof. Bello Adepoju, emphasised the need for more pharmacists to be trained on vaccination, due to the degree of acceptability and accessibility of pharmacists in the communities, in comparison with hospitals and health centres.

According to Adepoju, "The percentage of people that are vaccinated in Nigeria against COVID-19 is very low, compared to the population and the government too discovered that, which explains the rationale behind the approval of pharmacies as vaccination centres.

"Pharmacists are accessible and the people believe in pharmacists. There is a kind of belief and trust that the people have in pharmacists. There are so many pharmacy stores around and they are very accessible; so people can easily go there and get vaccinated against any pandemic situation that we have. It is just like in preparation for any unforeseen pandemic that may come upon the nation in the future.

"Even now as we speak, it is not everybody that is vaccinated. Some people don't even believe in it but by the time that they come into the pharmacy, and the pharmacist is now taking them through a kind of discussion and enlightenment on vaccination, they will have proper knowledge about it."

Participants at the programme were trained by lecturers from UNILAG's pharmacy faculty, who had previously undergone a Training of Trainers programme, facilitated by Taneja College of Pharmacy, University of South Florida.

In ensuring effective training of the participants, Pharmalliance supplied the imported injection models and other vaccination equipment used at the programme. Project Catalyst for Pharmalliance, Adeshina Opanubi, said this was done to ensure that the training would not end with the participants, but rather spread to as many pharmacists in Nigeria as possible.

Also speaking at the programme, Grace Ikani, founder/CEO, Cutting Edge Pharmacy and chairman of the Pharmalliance Management team, said the current state of pharmacy practice in Nigeria shows that the future of community pharmacy lies in the rendition of value added services.

"For us in Pharmalliance, we have identified about five of such services we want to build our competency in and vaccination is one of them. Coupled with the recent approval given by NPCHDA for pharmacists to be approved as vaccinators and pharmaceutical premises as vaccination sites, we believe it is most expedient for colleagues to quickly scale up to take advantage of these positive developments so that we can better serve the Nigerian populace," Ikani said.

Opanubi specially appreciated Pfizer and lecturers from UNILAG



A cross section of trainers and participants at the training programme.

who made the training a possibility. "The quality of the content delivered was truly world class

as attested to by the participants. Our unreserved appreciation also goes to Pfizer Pharmaceuticals for

supporting this laudable initiative. We are very positive about the future of community pharmacy in Nigeria and look forward to playing a part in making this dream a reality."

Ayorinde Akanbi, country brand lead, Pfizer, also thanked Pharmalliance for the opportunity of the partnership.

"We are pleased to associate with Pharmalliance once again. We have worked actively together with them in the recent past to raise clinical competence in selected disease areas and look forward to doing more with them in the future", he stated.

Pharmalliance is a network of retail pharmacy businesses with a vision to help its members raise the bar of practice through capacity building programmes and provision of support services such as insurance, accounting and auditing.

Pharmalliance member businesses are located all over the country including states like Lagos, Ogun, Oyo, Rivers, Edo, Benue, Cross Rivers, Akwa Ibom among others.

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

Meningitis: History and causative factors

By Patrick Iwelunmor

Meningitis is an infection of the meninges, the protective membranes that surround the brain and spinal cord. It can affect anyone but is known to be most common in babies, young children, teenagers and young adults. Meningitis can pose very fatal consequences, if not treated quickly.

A seriously debilitating disease that requires immediate medical help, meningitis is caused by some bacteria (bacterial meningitis). In the United States, the most common ones are: Streptococcus pneumoniae (pneumococcus), Neisseria meningitidis (meningococcus) and Listeria monocytogenes (in older people, pregnant women, or those with immune system problems).

In Nigeria, cerebrospinal meningitis (CSM) is a major epidemic disease which has cases reported every year. The highest cases and burden are reported in the Meningitis Belt, a part of Sub-Saharan Africa. The belt

in Nigeria, includes all the 19 northern states and the Federal Capital Territory (FCT). Though the Nigerian government has assured that meningitis vaccine is free, there are insinuations that some teaching hospitals in the country charge money for it.

The first meningitis outbreak was recorded in Geneva, Switzerland, in 1805. Descriptions of the disease were given separately by Gaspard Vieusseux (1746-1814) and Andre Matthey (1778-1842) in Geneva and Elisa North (1771-1843) in Massachusetts. Since then, several outbreaks of the disease have been reported in Europe and the United States.

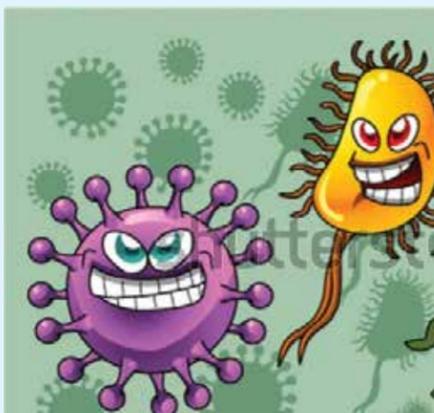
Viral and bacterial infections have been understood to be the most common causes of meningitis. Other causes may include cancer, fungi and drug-induced reactions. Some of the meningitis cases caused by fungi and bacteria are contagious and can be transmitted by coughing, sneezing or through close contact.

Africa recorded its first outbreak in 1840. Subsequent epidemics in the continent became much more common in the 20th century. Nigeria and Ghana reported the first major epidemics between 1905 and 1908. A large number of people were reported to have died from the disease in those outbreaks.

Austrian bacteriologist, Anton Vaykselbaum, who described meningococcal bacteria in 1887, wrote the first evidence that linked meningitis to bacterial infection. While Heinrich Quincke (1842-1922) made use of a new technique of lumbar puncture (1891) to provide an early analysis of cerebrospinal fluid (CSF), William Mestrezat (1883-1929) and H. Houston Merritt (1902-1979) compiled large series of CSF profiles in meningitis.

More symptoms of meningitis were described by the end of the 19th century. The symptoms of the disease were described in 1884 by Russian physician, Vladimir Kernig (1840-1917) in 1899 and by Polish physician, Jozef Brudzinski (1874-1917). The symptoms were then called Kernig's sign and Brudzinski sign in 1882 and 1909 respectively.

By the second half of the 20th century, the influenza viruses A and B adenovirus were found to be connected to meningitis as well. A.A. Smorodintsev proved in



1968 that there are more than 200 different viruses and their serotypes that may cause meningeal infections. Armstrong and Lilly in 1934 isolated the virus from the cerebrospinal fluid of patients.

The following are types of meningitis:

Bacterial meningitis

Bacterial meningitis can be caused by Streptococcus pneumoniae (pneumococcus), Neisseria meningitidis (meningococcus) and Listeria monocytogenes. Haemophilus influenzae type b (Hib) was a common cause of meningitis in babies and young children until the Hib vaccine became available for infants.

The onset of bacterial meningitis is often indicated when bacteria get into the bloodstream from the sinuses, ears or throat. The bacteria moves to the brain through the bloodstream.

Viral meningitis

Viral meningitis is more common than the bacterial form and usually not less serious. Several viruses can cause the disease, including some that can cause diarrhoea.

Fungal meningitis

Less common, compared to bacterial and viral meningitis, fungal meningitis is rarely contracted by people who are healthy. The disease is more likely to affect people who have a compromised immune system and those suffering from HIV/AIDS.

Parasitic meningitis

Parasitic meningitis is rare and caused by animal parasites. Eating animals like snails, slugs, snakes, fish, or poultry that are infected by parasites or their eggs can predispose one to the disease. There is a higher risk with raw or uncooked foods. This type of meningitis is not contagious.

Amoebic meningitis

A rare and fatal infection caused by a single-celled bug called Naegleria fowleri, which lives in soil or warm, fresh water amoebic meningitis is common with people who swim in areas where the amoeba lives. It is also not contagious.

Non-infectious meningitis

Non-infectious meningitis is caused by diseases like lupus or cancer. It is also reported in people who have had a head injury, brain surgery or those who have taken certain medications. It is not contagious.

Chronic meningitis

Chronic meningitis develops over the course of weeks. It is the result of infections with a fungus or the mycobacteria that cause tuberculosis. As these organisms get into the tissue and fluid surrounding the brain, they cause meningitis.

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Boost your mental alertness with Ludo

By Ranmilowo Ojalumo

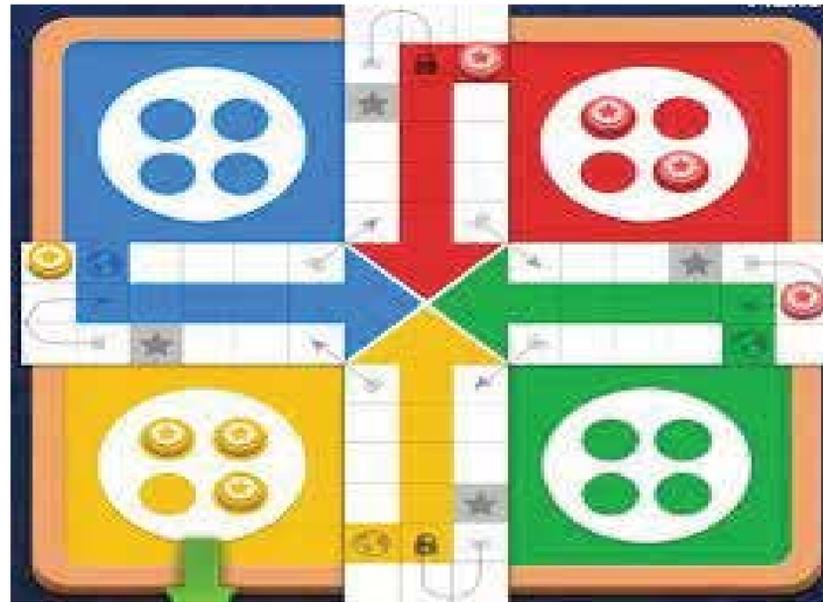
One game that appears so simple that many may not consider it an important sport is Ludo. It is one of the board games that anyone can play, irrespective of age, sex or status. Yet it comes with immense health benefits.

According to medical experts, one of the top health benefits of playing Ludo is the enhancement of brain function. A study specifically revealed that Ludo reduces risks of mental diseases by reducing the risk of cognitive declines, such as that associated with dementia and Alzheimer's. Alzheimer's is a disease that first affects the part of the brain associated with learning. Early symptoms often include changes in memory, thinking and reasoning skills.

Mental illness is considered a common disorder in Nigeria. Indeed, President of the Association of Psychiatrists in Nigeria (APN), Taiwo Obindo, who is also the chairman, Faculty of Psychiatry, West African College of Physicians, Nigeria Chapter, recently disclosed that over 60 million Nigerians are suffering from mental illness, while only about 10 per cent of the figure are able to access appropriate care. This makes it a necessity for everyone to be conscious of his or her mental health and playing Ludo will help in this regard.

Origins and strategy

Ludo is a strategic two to four players board game, involving four tokens for each player racing clockwise from start to finish, based on the roll of dice or sometimes die. Each player is assigned a colour and has four tokens in their colour.



they are safe from other tokens and players.

Ludo is derived from the Indian game *Pachisi*. The game and its variations are popular in many countries and under various names. It was also known as *Chaupar* in ancient times. The contemporary version was played by the Mughal emperors of India; a notable example is Akbar. *Pachisi* was modified to use a cubic die with a die cup and patented as "Ludo" in England in 1896. The Royal Navy took Ludo and converted it into the board game, Uckers.

In Ludo game, special areas of the board are typically coloured bright yellow, green, red, and blue. Each player is assigned a colour and has four tokens in their colour.

The board is normally square with a cross-shaped play space, with each arm of the cross having three columns of squares, usually six per column. The middle columns usually have five squares coloured; these represent a player's home column. A sixth coloured square not on the home column is a player's starting square. At the centre of the board is a large finishing square, often composed of coloured triangles atop the players' home columns.

Mental balance and relaxation

According to Ludo Skill, a Ludo Game resource centre, the game is enjoyable, fun, and interesting. More importantly, findings from a survey conducted by Harris Interactive, a worldwide market research and consulting firm, and focus groups hosted by best-selling author and women's lifestyle expert, Jennifer Loudon, revealed that casual games, including Ludo provide mental balance, stress relief and relaxation. Specifically, 53 per cent of the participant of the survey believed that playing game board, which Ludo was also part of it, can reduce stress.

A related research in 2021 revealed a similar finding. The study, titled, "Application of Ludo Board Game in Increasing the Activeness of the Physics Study Group of MTS DDI Seppange Students", was carried out at the Physics Education Study Programme, Faculty of Mathematics and Natural Science, Alauddin Islamic State University Makassar, Indonesia. The study aimed to describe the activeness of the members of the physics science study group by implementing the Ludo Board Game and seeing the students' responses to the application of the game in increasing the activity of the members of the physics science learning group.

To achieve the goal, descriptive research was carried out using the Ludo. The subjects of the study were students of the university (class VIII MTS DDI Seppange) in the 2019/2020 school year. Using observation, questionnaires, interview techniques and documentation, the results showed that there is an increase in the activity of the students' study groups after the implementation of the Ludo Board Game. The study was also published in *Jurnal Pendidikan Fisika*, an open-access scientific journal of the Indonesian University.

Further, according to the scientific review of a team, led by Dr Michelle Heben, an internal medical specialist, University Hospital of the University of

Michigan, USA, Ludo can keep the condition of the brain at its peak. The medical experts averred that keeping one's mind engaged means one is exercising the brain and making it to be stronger – and a stronger brain has lower risks of losing its power.

Heben specifically said: "The game (Ludo) 'ignites' the brain part related to elaborate cognition and prolonged memory; encourages the important perceptive abilities, such as decision making and problem solving. Moreover, Ludo Game can also improve the performance of the brain's neurological system which is responsible for stroke. Also, playing Ludo can help to lower blood pressure."

Added benefits

Another vital health benefit of playing Ludo is that it strengthens the body immune system. Studies have actually established that the human body immune system is linked to one's psychological condition and mental state.

Additionally, Dr Heben's team also noted that Ludo aids children's brain development. "Board game, such as Ludo, plays a very important role in child health and brain development. It helps children develop logic and reasoning skills, improves critical thinking and boosts spatial reasoning. Encouraging children to play different types of board games can also increase verbal and communication skills, while helping develop attention skills and the ability to concentrate and focus for longer periods of time", the team submitted.

Aside from the health benefits of Ludo, it has also been established that the game helps to strengthen bonds among family members and friends. Sanjiv Mehta, a 57-year-old government employee in India affirmed this in an interview published by *Forbes* (India version) in August, 2022. He said: "During the lockdown, passing time, especially during afternoons, was proving to be incredibly difficult. Online Ludo was a blessing for my family and me. We would not even realise that we've spent hours playing the game."

Government intervention

Meanwhile, the Lagos State Government has stated its commitment to further bring Ludo Game into limelight. The Director of Sports Development, Lagos State Sports Commission, Mr Moses Kolawole, made the assertion recently at the maiden Nigeria Ludo Championship, held at Teslim Balogun Stadium. The championship, which was staged in July, 2022 was organised by Gbolad Continental Ventures, in conjunction with the Lagos State Sports Commission.

Kolawole stated that many Nigerian families once enjoyed Ludo, unlike in recent times when it has been practically abandoned. He enjoined Nigerians to embrace the game again, not just in the family but also at competitive level.

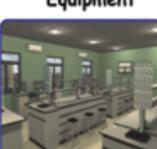
Also speaking during the championship, the convener, Olaide Graham, said, "Ludo Game is a sport that helps build strategy and critical thinking. It is a game that can bring unity among people who cannot engage in other sports such as football, basketball and other popular events."

Thankfully, Ludo Game is easy to play. After one exposure, one can subsequently continue to master it. The board is also not expensive, as it can be as cheap as N2000 or less; hence almost anybody can afford it. One can also play the game online through the Online Ludo app. As such, there is really no barrier for anybody that desires to start playing Ludo and enjoys all its health and physical benefits.



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OAU pharmacy faculty remains prestigious, despite odds – Dean

- Commends faculty alumni for donating facilities

By Ranmilowo Ojalumo

Dean of the Faculty of Pharmacy, Obafemi Awolowo University (OAU), Ile-Ife, Osun State, Prof. (Mrs) Margret Olubunmi Afolabi, has stated that the faculty has not lost its reputed glory, despite the several challenges that have besieged it over the years.

Afolabi said this during a recent interview with *Pharmanews*, against the backdrop of inadequate funding in many federal universities in the country, which she said has led to infrastructural decay for years.

She added that this was one of the frustrations that led to the on-going protracted strike by the Academic Staff Union of Universities (ASUU).

First established as a Department in the former Nigerian College of Arts, Science and Technology, Ibadan Branch, in 1957, OAU pharmacy faculty is the first of such in the country, with an enviable record of having produced many notable pharmacists over the years.

Afolabi maintained that despite infrastructural challenges that have affected the learning environment, compared to the early days of the faculty, the faculty still retains its tradition of excellence, stressing that this is a top priority for the management.

According to her, "The major bane now, which is the main reason for the ASUU tussle with the Federal Government, is the problem of resources to work with in an academic environment. I have been in the Faculty of Pharmacy in OAU for decades now. People of my calibre witnessed the heydays of research in an academic environment. But for you to now see the way the equipment and facilities are degenerating, without replacement or repair is a great cause for concern."

"When you hire an employee and the instrument is not there for him to work, then the employee will not be motivated to work. This is the situation in public universities in Nigeria now and my faculty is not an exception; but in spite of the challenges, we are still moving on."

The dean who reiterated that the faculty remains "the great Ife Pharmacy", further said: "The faculty has been producing great Pharmacy graduates for about 60 years now. Most of the pharmacists you see in some of the schools of pharmacy in the country today graduated from this faculty. Most of the products of the faculty are in various works



Prof. (Mrs) Margret Olubunmi Afolabi

of life, doing exploits in the industry, in the hospital; some are into community practice, and media, among others."

She however applauded the efforts of some alumni members for coming to the aid of the faculty with the provision of certain infrastructure.

She said: "I must say that this faculty is very lucky. As I said earlier, many of our graduates are captains of industry. They are seasoned professionals, politicians. Some of them have diversified into media, some into telecommunications and they are breaking grounds in such environments. So, some of them decided to assist us with certain infrastructure. They come as individuals; they also come as a class set."

"The people we have trained in this faculty are really giving back with legacy projects. For instance, two class sets donated two different boreholes to the faculty. So we now have two different boreholes for uninterrupted water supply in the faculty. Another set came up and donated a high power generator for the faculty, so that we don't depend on the national grid. Because if work is going on in the laboratory

and in the course of an experiment, there is power outage, it could disrupt what one has been doing for hours. So, these are some of the areas that our alumni are coming to support us to sustain the status and integrity of the faculty that trained them."

Afolabi added: "The government gave us a building through TETFund but it was an empty building and for a very long time, we couldn't make judicious use of the building. But our alumni have started coming back to furnish the building for us. A class set donated a boardroom and furnished it for us. Another set also furnished one of the lecture theatres, which is currently in use by the students."

"Then another set decided to provide Wi-Fi and a projector for us. Again, another set donated solar inverter for energy generation, so that we will not be distracted by power outage while lecture is going on and they also ensured that there is power point projector for lecturers to project their lectures. This is how we have been managing in the faculty."

The dean however challenged the government to

take urgent measures to save the public university system in the country from total collapse, noting that it is not normal for a federal university to rely solely on its alumni for provision of infrastructures.

According to her, "Some of our old students are also equipping our laboratories but we can't continue to depend on them 100 per cent. Government intervention is still very crucial and this is the reason ASUU is crying out with a unified force. We are only hoping that the narrative will change anytime soon. The time for the government to act is now."

In the same vein, Afolabi, who is a professor of Pharmacy Administration, called on all pharmacy graduates from the faculty to use the quality training they have received to create a niche for themselves.

She said, "Pharmacy is a noble profession and it is a lucrative one. What you make out of your

training depends on you. What you make out of the tools you have been given depends on you. The curriculum of pharmacy is very broad. In which case, we take our students through various aspects of life and disciplines. There is Chemistry in Pharmacy, there is Pharmacology, there is Microbiology, and there is Business Management, as well as Public Health.

"There is also Pharmacognosy, which focuses on anything about herbs or natural products. All these we try to impart to the students within five years of their training. But after the training, a wise one needs to sit down and think about the area to explore. This is the only thing that will make you, as a pharmacy graduate, to stand out, by creating a niche for yourself."

"Like I mentioned, there are some of our graduates that are into agriculture. Some are into robotics and some are computer gurus. Some are in the industry. So, for you to make it, it depends on how best you make use of these tools and training you have been subjected to."

Prognostics of failure in Nigeria's healthcare delivery system

continued from page 18

preventable. This aberration will continue until the primary healthcare centres begin to adequately play their preventive roles through education on lifestyle choices, frequent health checks, enlightenment, awareness, campaigns, screenings, sex education, distribution of mosquito-treated nets, distribution of contraceptives to women, as well as education on hygienic practices, safe water and clean environment.

The Nigerian Association of Resident Doctors (NARD) and its parent body the Nigerian Medical Association (NMA) have for so many years been engulfed in series of industrial disputes that have led to the collapse of activities in public hospitals in the country, thereby forcing patients to seek alternative solutions in private hospitals. Such scenarios had led to the death of many patients and had forced many of our best brains to seek better working conditions abroad.

Even most of the private hospitals themselves are not well-equipped to offer excellent services. Some of them are actually death centres. The few private hospitals that are doing well in Nigeria are those owned by religious missions like the Roman Catholic Church, the Anglican Communion, the Ahmadiyya and the Seventh Day Adventist – just to mention a few. Stakeholders

have argued that the fortunes of the Nigerian health sector will continue to dwindle with the unending brain drain, caused by the very abysmal working environment in the country.

During the commemoration of the World Family Doctors' Day (WFDD) 2022, the Society of Family Physicians of Nigeria (SOFPON) said urgent steps must be taken to address the lack of funding for the nation's healthcare sector. They also called on stakeholders to intervene in reversing the alarming increase in the prevalence of non-communicable diseases in the country. Briefing journalists in Jos in May 2022, the physicians declared that family doctors are taking the lead in providing the health needs of families all over the country.

Addressing the media, SOFPON President, Prof. Musa Dankyau said, "Nigerian family doctors are always there to care. The theme highlights important issues for SOFPON members, as we join our colleagues all over the world. Family doctors are present at all times because continuity of care is a fundamental feature of our practice. We continuously provide care from cradle to the grave through our first contact practice and coordination with other specialists and health professionals.

"This creates a special challenge for Family doctors today to adopt and constantly refine new strategies and technologies

including telemedicine which will enable us to always be there. Family doctors are there, wherever and whenever that may be. We are at the frontline, delivering service in a variety of health institutions from one-man to large Tertiary Hospitals. This also comes with significant risks for SOFPON members working at the frontline of disease outbreaks and insecure locations throughout Nigeria."

Dankyau also urged his colleagues to be steadfast in championing the cause of good governance which has positive outcomes for the health sector in particular. "We must therefore remember to be advocates for good governance as a basis for providing solutions to insecurity and health governance as a bedrock of a robust health system which can respond effectively to disease outbreaks," he said.

Dr Christian Okeke of St. Agnes Hospital, Maryland, Lagos, also believes that government should make the working environment more rewarding for Nigerian doctors. Aside from the increment of their salaries, he recommends the provision of adequate security for them and their families.

According to him, St. Agnes is one of the few hospitals that provide both primary and secondary health care services to patients. Originally a Catholic hospital, St. Agnes' door is open to all Nigerians and foreigners,



Dr Christian Okeke
St. Agnes Hospital, Maryland, Lagos

irrespective of tribe, race or religion. The hospital has both in-house and visiting consultants who also handle referrals.

Realistically, government alone cannot provide adequate healthcare services to the Nigerian populace. It has to work in tandem with the private sector to achieve excellent universal health coverage in the country. Though Nigeria has adopted social health insurance and has aligned itself with the global clamour for universal access to affordable health care, the government and all stakeholders must work together to ensure that policies and projects are pursued and implemented with nationalistic zeal.

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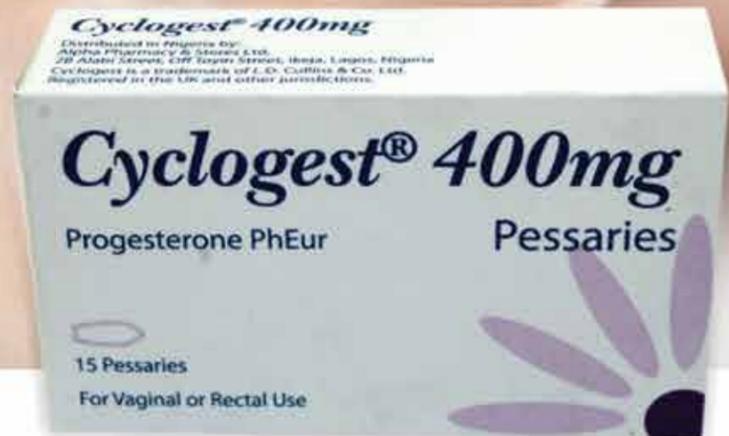
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Seven traits of highly successful business owners (2)

By Pharm. Sesan Kareem

Successful business owners think big, learn continuously and attract great talents to achieve their organisation's mission and objectives. These traits were comprehensively discussed in the last edition of this column. However, successful entrepreneurs and managers have four other traits. These include:

4. Team playing: Highly successful business leaders understand that team wins the championship, not individual talent. They develop and maintain an organisational culture where everyone in the team is carried along, and no one is left behind. Everyone in the team has a sense of belonging and responsibility to contribute their quota to the growth of the organisation. They believe "each of us needs all of us and all of us need each of us". Their philosophy is "everyone is important". So they treat everyone with dignity and respect.

Be a great team builder. Develop a culture of mutual respect and accountability. Give room for constructive criticism at all levels of the organisation. Operate an open-door policy. Let everyone in your team know that their voice matters and they are appreciated. Be a leader, not a boss.

5. Systems and processes: Successful business leaders believe in efficiency of the system and effectiveness of the people. Therefore, they build necessary processes and system to get things done quicker, better and cheaper. They don't just build system and processes, they also document them so that anyone can plug into the system, know what to do and achieve required results.

Simplify your business procedure. Document your processes. Have Standard Operating Procedures for each unit. Build a culture where everyone in your team belief in system and processes.

6. Discipline: Being an incredibly successful business leader requires a high dose of personal discipline. Great entrepreneurs and business executives have developed the discipline to concentrate at work, be highly result-oriented, meet timeline and deadlines. They are known for honesty, probity and high standard. They have developed the discipline not to give excuses but focus on results. They complain less and work more. They constantly look out for opportunities to grow, improve and innovate. They major the major and minor the minor. They don't waste their time on frivolities. They are disciplined enough to keep striving until they achieve their set goals.

Create time on a daily basis to learn, stay fit and relevant in your field of endeavour. Be known for taking your business and career serious. Be disciplined with your time. Work while you work. Avoid productivity killers and time wasters. Be known for excellence and getting results.

7. Hunger for more success: Incredibly successful business owners and chief executives are hungry for more success out of life. They are hungry to solve more problems to more people, create more solutions to societal needs, build new products and services, break into new markets and new industries, and acquire new companies.

When Mark Zuckerberg started Facebook, it was a simple social media platform to connect people

across the world in its early days. Gradually, Mark and his team started building new tools, new solutions and new business models that enhance the user experience of the platform and made Facebook a very successful company in the 21st century.

Mark has acquired Instagram and WhatsApp to consolidate his market share and leadership in the social media platform.

Jeff Bezos started by selling only books on Amazon. Today, Jeff and his team sell almost everything on Amazon. They have built different solutions and companies. Jeff acquired companies like Zapoo, Alexa and Washington Post.

Aliko Dangote keeps expanding his business empire across sub-Saharan Africa on a yearly basis because he is hungry for more success.

Out of the seven habits of incredibly successful business leaders, this habit of hunger for more success is the master key to achieving massive success in business and career.

Be hungry to learn more, create more, build more, achieve more, contribute more and live more because there is more out of life for you. Be contented with your life but never be satisfied with who you can become and what you can build because the room for improvements and massive success is never filled.

If you are in business, you are a gladiator. You must always be on top of your game because we are in a volatile, unpredictable, chaotic and ambiguous business world, where things change with a speed of light and what works yesterday may not necessary get us results today.



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

Therefore, the choke cord to your business is you. Your ability to develop the skill sets, mindset and the habits that will help you succeed remarkably depends on you. Sincerely, I don't know what the future holds for businesses in the world - the new technology that will surface and change the game or the new policy or industry that will emerge and put everyone on their toes; but this is what I know, you can become an incredibly successful business leader, if you develop and master the seven habits elucidated above.

ACTION PLAN: Identify one of the above habits you can master that will give you a special advantage as a business leader. Take action to start developing this capacity.

AFFIRMATION: I am open to developing the habits of successful business leaders. 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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Investment in pharma industry strengthens national security – Anyakora

Bloom Public Health has been in the forefront of championing innovative collaborations aimed at improving quality service delivery within and outside the Nigerian health sector. A reputable technical partner to numerous national and international health-related projects, it is steadily expanding its operations across the African continent. In this exclusive interview with **PATRICK IWELUNMOR**, the Chief Executive Officer of the company, Professor Chimezie Anyakora, analyses the impact the organisation has made so far, while examining other pertinent issues affecting the Nigerian pharmaceutical industry. Excerpts:



Professor Chimezie Anyakora

Bloom Public Health has been involved in many health-related projects within and outside Nigeria, as a technical partner. Can you shed more light on some of these projects and the roles you played?

Bloom Public Health is a public health think-tank that is building its reputation as one of the most credible technical partners to health-related innovations within and outside Nigeria. Our projects span majorly four key areas: public health supply chain, pharmaceutical quality systems, laboratory strengthening and diagnostics, and policy for public health.

In the area of laboratory strengthening and diagnostics, Bloom has been in the forefront, strengthening and building capacity in both analytical and diagnostic laboratories across Africa, by forming strategic partnerships and collaborations with internationally reputable organisations with similar goals. We have supported and will continue to support both government and private labs across Africa on their journey to ISO 17025 accreditation.

Bloom Public Health has also excelled in the diagnostic space within Nigeria. A recent achievement is the establishment of Delta Plus Diagnostics, a world-class, fully equipped, and Nigeria Centre for Disease Control (NCDC) recognised molecular laboratory complex in Ogunu, Delta State.

With our technical support, we achieved the establishment of this laboratory and its journey to NCDC optimisation. We currently run a partnership with the Medical Lab Science Council and Nigeria National Accreditation Services to strengthen medical labs across the country.

Bloom Public Health's interventions extend beyond the analytical and diagnostic space. We are also actively involved in the fight against falsified and substandard medicines in Africa and in ensuring sustainable availability and access to safe, quality, and affordable medicines on the continent. In Nigeria, we have partnered with the University of Michigan in a USAID funded project to carry out a nationwide medicine quality study and also evaluating screening technologies for combating counterfeit drugs.

To achieve our goal of advancing Universal Health Coverage in Nigeria, we recently signed a Memorandum of Agreement (MoA) with the Ebonyi State government, along with our strategic partners (Zipline, Sterling Bank and Healthspaces), to establish a Drug Revolving Fund (DRF) scheme in Ebonyi State. We are establishing an innovative healthcare supply chain system in Ebonyi State that will leverage cutting edge technology to centrally procure, store, manage, and provide last mile distribution of pharmaceutical and other medical products to healthcare facilities across the State. This intervention is already being scaled up in other states.

We have also partnered with

Nigeria's National Institute for Pharmaceutical Research and Development (NIPRD) in a WorldBank-funded programme to support selected Nigerian pharmaceutical manufacturers through the process of WHO Prequalification. This will be the biggest pharmaceutical intervention in the country and will be a great model for other African countries. This intervention is unique because for the first time, it will be country-led with a huge patriotic mindset.

A couple of years ago, we instituted an Africa-wide PIC/S Initiative (AwPI) with the aim of introducing African regulators to the Pharmaceutical Inspection Cooperation Scheme (PIC/S). This process is the fastest route for medicine authorities in Africa to ascend to a stringent regulatory authority status. About twenty five regulators participated and a few of these regulators are currently in an advance stage of PIC/S membership.

You have been an advocate of Nigeria's self-sufficiency in drug production and distribution. When do you think this tall dream will come to fruition with our overdependence on India and China for APIs?

There is no other path; Africa needs to be self-sufficient in medicine supply. That is the only way to attain medicine security. The recent COVID-19 pandemic has shown how urgent this is. We need to secure our medicine supply chain.

To do this, we need to have the commitment of every stakeholder, including the government, investors, regulators and even the general public because each stakeholder plays a role in actualising this. I must say that we are advancing this discussion and a lot has been happening here.

In Nigeria, there is a possibility of having locally made API soon and many manufacturers are gearing up to increasing their manufacturing capacity. NAFDAC's 5 + 5 policy will also advance this cause. In other countries, similar decisions are being taken. All in all, I think we are already in the path of a significant progress in self-sufficiency and I hope we continue on this path.

With the recent establishment of the African Pharmaceutical Technology Foundation, an innovative institution that will strengthen Africa's access to the technologies that support the manufacturing of medicines, vaccines, and other

pharmaceutical products, we are very hopeful that self-sufficiency in medicine manufacturing will be greatly advanced.

The APTF, apart from providing funding, will serve as a transparent intermediary, advancing and brokering the interests of Africa's pharma sector with global pharmaceutical companies to share IP-protected technologies, know-how, and patented processes. This provides a huge opportunity for Nigerian manufacturers. Bloom Public Health hopes to be in the forefront of educating and enlightening Nigerian pharmaceutical manufacturers on the great opportunity this provides.

It is estimated that the global pharma contract manufacturing market will hit 130 billion dollars by 2026. What does this portend for the Nigerian pharma manufacturing industry?

This will put more pressure on Nigeria to continue depending on imported medicines. The bigger the contract manufacturing market the more competitive it is and the more the pressure it puts on local manufacturing because of economy of scale.

But we can also see it as an opportunity because we can play in that market, making Nigeria a contract manufacturing hub to support the rest of Africa. This requires a well thought out, sustained plan to achieve. Already, a few companies are doing contract manufacturing in Nigeria but we need a strong legal framework that will make it work. There is a lot of intellectual property issues that should be protected to make it a win-win for everyone on both sides of the contract.

What is the state of the Pharma City Project that you collaborated to flag off with NAIP and the Ebonyi State Government?

This is one project that will cause a renaissance in the pharmaceutical sector in Nigeria. It is still going on as scheduled and we are making progress at the right pace. We focused in the last several months on making sure the land is legally secured and all the stakeholders are aligned with us. This required a lot of negotiation and meetings. This is very necessary because we want people's investment to be secured. Right now, we are set to start some construction of the infrastructure. In the coming months, there will be a lot of awareness creation on the project.

Pharmacy, as the park is called, will be a compact modern-day pharmaceutical industrial estate that brings together pharmaceutical companies of various sizes, service providers, and companies providing support services to co-locate and share infrastructure.

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My journey through education, career and retirement - Distinguished Prof. H.A.B Coker (2)

Distinguished Professor Herbert Afamefuna Babington Coker is an erudite scholar and researcher of great repute. A devout Christian and retired professor of pharmaceutical chemistry, Coker is especially acclaimed for his contributions in the area of sickle cell disease (SCD), among numerous other accomplishments. University of Port Harcourt, where he has lectured for the past 12 years, on largely pro bono basis.

Fondly called "Rabbi" within the precincts of College of Medicine, University of Lagos because of his very friendly disposition to colleagues and students, the revered don jocularly refers to himself as "Rabbi and the Lord Bishop of the Lost Tribe (slave returnees) of Nigeria." In this exclusive interview with **MOSES DIKE**, Professor Coker lets us into the interesting world of his upbringing, education, career and retirement. **Excerpts (Contd from last edition):**



Prof. H. A. B. Coker

Having attained the compulsory retirement age of 70, you exited active service in August, 2021 from the Faculty of Pharmacy, University of Lagos. Can you share with us some the highlights of your 37-year career at the faculty? What would you consider as your biggest legacy there?

I joined the academic staff of the School of Pharmacy, University of Lagos in 1984. I was very privileged and lucky to serve under mentors, such as Prof. Etienne Essien and Prof. Duma-Badu who took me through the labyrinths of information dissemination and the art of good teaching. I was a fresh PhD graduate from Glasgow with all the knowledge of Synthetic Pharmaceutical Chemistry and Spectroscopy, but the very fine techniques of engaging youngsters and making them appreciate knowledge-based Medicinal Chemistry and the application of the subject matter to everyday practice by the professional is a different ball game.

My very senior colleagues, Essien and Duma-Badu, were to take me through the nitty-gritty, right from 200 levels to the MSc classes. As a matter of fact, Prof. Duma-Badu would go through my lecture notes, put his red pen on every paragraph on my entire lesson notes. I humbled myself and subjected myself to these various learning curves. The multiplier effect of this method of teaching ensured that, by the second semester, I had become a champion of the trade with time. I started noticing that I was being endeared to the students. I doubled up on that with some industry and self-application.

With time, my publication prowess improved a great deal. Professor Essien would pass by my door and say "Dr Coker, we are owing the press some papers." I got to know later that Prof. Essien expected that the ideas we

shared together the previous day where meant to be implemented on the bench and the results arising therefrom developed for publication purposes. Put summarily, these gentlemen where my academic fathers-in-Israel.

At a point in time, there was professional exodus in Nigeria; the academic staff were leaving for overseas countries, especially Saudi Arabia. I got an invitation too as assistant chief pharmacist, in Riyadh, Saudi Arabia. As I was preparing to leave for Saudi, my mother passed on. Obviously and sensibly, her burial and last funeral rites commanded the pride of place in my chequered agenda.

I was a little bit dejected and disappointed. I braced up for another interview that came up with a slot for Oman. No sooner had I got the letter of invitation than my father passed on, 4 December 1991, and was laid to rest December 20, 1991. Then I shelved the idea of travelling altogether.

When all was past and done with, Prof. Essien wrote to me and encouraged me to get myself together and settle for serious work. He said he wanted me to sit on that chair before my colleagues returned from the diaspora. On my visits to Uyo, we spoke at length in the presence of Prof. Etim Moses Essien, the renowned haematologist.

The post of professor of Pharmaceutical Chemistry was advertised in the newspapers about one or two years later. I was then a senior lecturer. We all went for the interview and at the end of the day, it pleased the good Lord Almighty to lift Prof. Coker on to the chair of Pharmaceutical Chemistry, University of Lagos. I must sincerely commend Professor Etim Moses Essien, who has been my mentor in the area of Haematology and Internal Medicine.

Essien had listened to my

delivery on Xenobiotics and sickling in the sickle cell diseases (SCD). He was present at the Federal Palace Hotel with other haematologists, such as Prof. Akinsete, Prof. Akinyanju and many other medical doctors. There was this Imbroglia between the pharmaceutical scientists and haematologists. The haematologists were completely averse to some of the claims of pharmaceutical scientists and traditionalists. The Nigerian Association of haematologists released a communique at the end of the exercise at that Federal Palace Hotel, dispelling any beneficial effect of any natural product not approved by the association in the management of sickle cell disease.

Prof. Essien called me later to his room at the Federal Palace Hotel. During our discussion, he bared his mind on SCD and opened my inner eyes to the physiology and pathology of the sickle cell and sickling. We perused his post-doctoral work at the Macmaster University. As at 1:00 am in the morning I was still with Prof. Essien, listening to this narrative, just like a father talking to his son who is also a participant on the bench. Unfortunately, we lost Prof. Essien; he passed on some two to three years ago. I paid homage and rendered my tribute to the family.

The recently discovered medication, Adulhem (Aducunamab) reminds me of Professor Essien's post-doctoral work at Macmaster University, where he was looking at the myriads of enzymes connected with the sickling phenomenon. The mechanism of action of Adulhem, we are told, is based on the inhibition of certain proteinous enzymes connected with sickling; and this was what Prof. Essien was highlighting to me so many years ago.

In effect, Prof. Essien opened my thoughts to the fact that beyond medicinal chemistry, target-oriented approach towards discovering new molecules can bring about anti sickling, a fundamental phenomenon in Drug Discovery. I should say our own Prof. Etim Essien should share in this glory of the discovery of Adulhem.

My circumstance and physical health notwithstanding, our struggle in the area of sickle cell disease continues. Even in retirement, my junior colleagues and young PhD holders are up to the task and by the grace of God we will make our pointed contributions.

At what point in your career were you elevated to the position of distinguished professor? What were the factors or achievements that qualified you for this elevation?

Well, I sincerely appreciate the University of Lagos for considering me appointable as a distinguished professor of Pharmacy and Pharmaceutical Chemistry. It is an honourable post and the university has a Senate Committee that looks into all applications and recommendations by the different faculties and relevant departments. The eligibility of any candidate is solely the responsibility of the

Senate Committee, in line with laid down criteria.

It makes me happy that my contributions, both academic and non-academic, are worth the while in the institution; but then I must let you know at any point in time that there are many other colleagues in the university who are just as good as any nominee but have not shown any interest. Some university professors and researchers are just contented with carrying on with their daily chores. My humble belief is that we are all contributing towards a common goal.

At the valedictory service held in your honour by the Faculty of Pharmacy, UNILAG, we learnt you were popularly called "Rabbi" by staff of the College of Medicine because of your supportive and friendly disposition towards staff and students some of whom have also become professors. How have you maintained your relationship with this group and what lessons do you have for younger lecturers?

If there are any benefits and joy in a teacher's life, the event of 24 August captured it all. Even in the midst of the coronavirus pandemic and all the associated protocols, you could see how the entire alumni of the Faculty of Pharmacy turned out, either physically or by virtual representation.

With a strong element of humility, the university environment is never a bed of roses. There are always rancours within the establishment, within the faculty, the departments and within the various units. Every professor or academic personnel lives to tell his own stories, if they so wish. Today it is "hosanna", tomorrow it is "crucify him". You might be entirely surprised that the youngsters you carried on your back, five to six years - sacrificing every effort and time that all may be well at the end of the day and even going further to provide and facilitate employment for him or her - may very well be the first person to hack you in the back when conditions become convenient.

If, at an auspicious time, an event like the send-forth comes around and you have a mammoth crowd of alumni come around to say, "Master, thank you very much and God bless you", to me it simply shows appreciation. Leave the rest to God, Almighty.

My send-forth was a resounding testimony to the appreciation of a good teacher and mentor who has touched the lives of fellow mortals. The entire alumni came out and surreptitiously gave back to me what I equally gave to my teachers and mentors. It was all a gamut of interviews - a series of zoom interactions with the different 37 sets of graduands - all culminating in the event of 24 August. They all zoomed in on that day from various walks of life across Nigeria, and from Britain, South Africa, Australia, the US and from Canada.

The physically present were not left out, they took turns to climb the podium and rendered their hearts, some read poems, and some made eulogies. Spiritually speaking, it was not me. It was God who came down on the 24th. I was so carried aback that I said to myself, "So this is the way God does His thing?"

Any day, anytime good mentorship holds the ace, a good teacher is a good teacher especially when geared to the benefit of mankind and to the glory of God. In due time, your mentees will so honour you.

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Ajumose Eko 2022: Community pharmacists react

The 41st Annual Scientific Conference of the Association of Community Pharmacists of Nigeria (ACPN), tagged "Ajumose Eko 2022", was recently held in Lagos State. In this edition of Viewpoint, our reporter, **Adebayo Oladejo**, who was at the event, spoke with participants on their assessment of the conference. Below are their responses:

Better than 2021 edition - Ezenwane

We were the host of last year's conference in Abeokuta, Ogun State, but with what we saw here in Lagos, I can say there was a great improvement. Things are moving toward a global trend and the technology displayed at this year's conference made things easier. So, it was better than Abeokuta 2021.

However, the conference hall that was used for the opening ceremony was not spacious enough and hindered a lot of people from seeing what happened inside the hall. Although large screen televisions were provided, that cannot be compared to having a

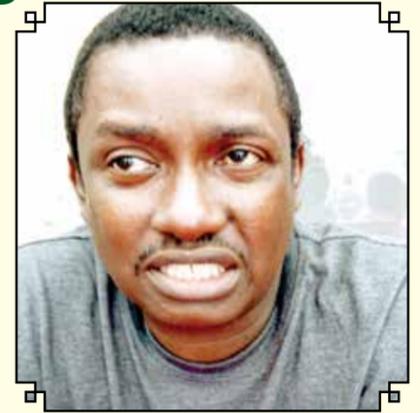


bigger and spacious hall. Those of us who sat outside did not find it convenient. I will give the conference 85 per cent.

Pharm. Nneka Ezenwane Ota, Ogun State

Well-organised, a step ahead - Adigun

The conference was much better than we have had in the past, in terms of organisation, planning, logistics, the theme of the conference, and other things that had to do with the event. This is a step ahead of what we had been doing in the past conferences. It's no longer an era where you have to fight tooth and nail to get a pack of food; with your meal ticket, it's convenient to get your food. I will score the conference 70 per cent.



Pharm. James Olajide

Adigun Lagos.

Wonderful and commendable - Ubong

I must commend the Local Organising Committee (LOC), as well as the Conference Planning Committee (CPC), members for packaging this wonderful conference. It was a job well done. I had been to several conferences, but this really wowed me. The hotel was good enough, the food was served on time and the ambience, as well as the conduciveness of the hotel environment, was good.

As we look forward to the PSN conference in Jos, Plateau State, I hope the standard will be raised as well. No lapses, no issue, everything was in place.



I give the conference 75 per cent.

Pharm. Augustine Ubong Akwa Ibom State

Below expectations - Chikwe

I personally think it is unfair to compare the conference to what happened in Abeokuta, Ogun State last year, in so many areas. Talking about accommodation and conference venue, the hotel called Festival Hotel is not in the class of what we used in Abeokuta last year. We are talking about Lagos State for goodness sake - the Centre of Excellence! There should be better hotels around.

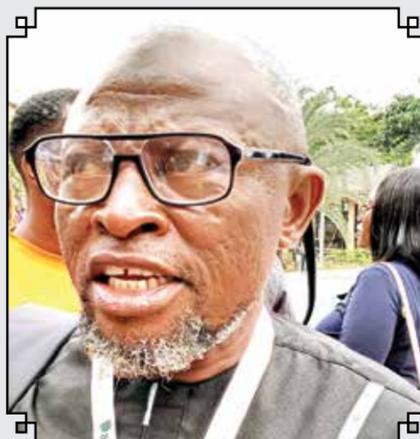
Also, talking about logistics, some people didn't even have a conference bag, and the food was way off for me. However, the conference theme, the plenary sessions and the speakers were beautiful, and that's the only



positive aspect for me. So, on a score of 100 per cent, I give Lagos conference 55 per cent.

Pharm. Karachi Chikwe, Owerri, Imo State

Best in recent times - Sanusi



The conference was a lot better than others in the past, and if I am not mistaken, it's about the best we have had in

recent times. Everything was in place, from the online and onsite registration, to the aspect of accommodation, to the lectures, the food and the logistics, they were all perfectly handled.

The usual practice of not having enough vests for the awareness walk, or conference bags for the participants did not occur at this conference and the opening ceremony was well attended.

I have more accolades than shortcomings; but as you know, we are in a clime where you don't expect perfection always. I would say the size of the conference hall was the only setback, but it's not really bad. I give the conference 85 per cent.

Pharm. Olusegun Sanusi Lagos State

Great, but could have been better - Akawa



I might not be the right person to rate the conference, being a member of the planning and registration team. However,

if I were to speak as a neutral person, I would say it was a great conference but could have been better. I have good feedback as well as negative feedback, but I believe there is always room for improvement. From the registration aspect, I have been hearing positive responses. I hope it will be better at the next conference.

The aspect of queuing up for food is not really good for this advanced age and as professionals, there should be better ways of sharing the food.

Pharm. Rebecca Akawa, Lagos State

Top-notch standard, despite space limitation - Achi

The last conference I attended was 10 years ago, and I was a student at that time; but with what I have witnessed at this conference, I would say it's a wonderful conference and the standard was top-notch. I was able to

participate in the vaccination class and I benefited a lot of things from it.

The only issue I have is in the aspect of the hall. It was too small and some of us couldn't get to see what was happening in the hall directly, which wasn't good

enough. But, aside from that, it was a wonderful conference. So, I give the conference 90 per cent.

Pharm. Ayo Achi, Lagos State



“Pharmacy united in action for a healthier world”: The Pharmacist’s role in public health

By Pharm. (Dr) Onyinye Chiekwe

At a first glance, the title “public health pharmacist” may sound like a contradiction. This is due to the misconception that public health involves preventing diseases, while Pharmacy involves simply providing medications to treat or manage diseases. Another argument is that public health focuses on communities and populations (right), while Pharmacy only involves individual patients (wrong).

However, public health is more than just preventing diseases, and Pharmacy is more than disease management or treatment. According to the World Health Organisation (WHO), “Public health refers to all organized measures (whether public or private) to prevent disease, promote health, and prolong life among the population as a whole.” A broad definition of a pharmacist is one who “is trained

to formulate, dispense, and provide clinical information on drugs or medications to health professionals and patients.”

The theme for this year’s World Pharmacists Day, celebrated on 25 September, is **Pharmacy united in action for a healthier world**, and it aims to highlight how the various aspects of Pharmacy work to promote healthcare globally. Public health pharmacy is one area that remains blurry, regardless of the active and invaluable role pharmacists play in public health.

There are four levels of prevention in public health - primordial, primary, secondary, and tertiary. **Primordial** involves preventing risk factors for disease, illness, or the development of poor health outcomes. **Primary** deals with preventing diseases, injury, and occurrence of poor health outcomes. **Secondary** focuses on reducing the impact of diseases, illnesses, injuries, or poor

health outcomes. **Tertiary** focuses on reducing the long-term impact of disease, illness, injury, or poor health outcomes.

The role of pharmacists spreads across the different levels of prevention, particularly secondary and tertiary prevention. Some examples of secondary prevention to reduce impact of diseases are the treatment of smoking-related illness, individual nutrition counselling, monitoring opioid use, etc.; while examples of tertiary prevention are disease management, health monitoring, medication-assisted therapy, etc. The pharmacist’s role in these prevention activities is a crucial one.

In the community, pharmacists provide accessibility that is rare among other healthcare providers. With a unique position in the community and sound medical/health knowledge, the pharmacist is suited to carry out public health activities and act as an information



resource on lifestyle changes that can influence health outcomes.

Apart from these, the role of a public health pharmacist spans several aspects including:

Drug development/clinical trials: Pharmacists in public health supervise the safety of clinical trials and provide pharmacovigilance services to detect potential adverse effects

Antimicrobial stewardship and infection control: Pharmacists are referred to as antimicrobial stewards and help to safeguard antibiotics by promoting and encouraging practices that tackle antimicrobial resistance.

Promoting prevention and disease control programmes: These include health screening activities, health/medical outreach, vaccination, etc. Pharmacists can screen the population for important health problems like diabetes, hypertension, obesity, etc.

Health information and education: Pharmacists develop health education policies and programmes that address the needs of patients and other healthcare professionals within their institution. Pharmacists also participate in health-related awareness campaigns and patient education programmes on issues like nutrition and healthy behaviour.

Research and training: Engaging in public health-related research and education programmes, starting or promoting campaigns to spread new knowledge, providing training programmes.

Medication safety: Every practising pharmacist, by default, is involved in medication safety. Public health pharmacists can specialise full-time in medication safety activities to prevent medication-related harm.

Chronic/geriatric care: Pharmacists are also vital in managing chronic diseases or conditions, thanks to accessibility. As the most visited healthcare provider, the pharmacist has good opportunities to monitor chronic diseases and work with patients and their doctors in effective management. Pharmacists also play an essential role in geriatric management.

Pharmacists play a critical role in the provision of public health. Pharmacists are now gradually recognised as professionals in the public health workforce. We now have public health pharmacists, just like public health nutritionists, physicians, etc. However, their roles need to be defined and standardised, with commensurate reimbursement.

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Why pharmacists should be mostly trained for healthcare systems - Ohia

Sunny Ohia is a professor of Pharmacology at the Texas Southern University, United States. With over three decades' wealth of experience in the field of pharmacology and pharmaceutical research, he has served in various capacities in academia in the US, the UK and Canada. Some of the previous posts he held were: dean, College of Pharmacy, University of Houston; dean, College of Pharmacy, Creighton University; associate dean for administration, School of Pharmacy and Health Professionals; chair, Department of Pharmaceutical and Administrative Science, School of Pharmacy and Health Professionals. In this exclusive interview, with **Temitope Obayendo**, he advocates the training of pharmacologists and pharmaceutical scientists to be patterned according to what obtains in the developed world, saying this will enhance capacity development in the Nigerian healthcare delivery system. He also pinpoints lack of funds as a real time challenge to infrastructural development in research and development. Excerpts:

Could you share with us what informed your interest in Pharmacology?

As a child, I was always curious about life and nature and wondered why and how things worked. In secondary school, my favourite subjects were Physics, Chemistry and Biology, and knowledge of these disciplines led to my focus on science and research as a way of understanding how human life was created and what happens in the disease state.

My interest in scientific research was further enhanced during my undergraduate days as a student in the Faculty of Science, University of Ibadan (UI). I enjoyed classes in Chemistry and Biology and my interest in understanding how chemicals interacted with biological systems led me to choose Pharmacology as a major for my first degree programme. In those days, UI offered a Bachelor of Science degree in Pharmacology.

After my stint in the National Youth Service Corps, the late Professor David Okpako of the Department of Pharmacology and Therapeutics, UI, gave me an opportunity to pursue graduate studies with him as my supervisor. Other former students who knew Prof. Okpako, they will agree with me that his passion for research was infectious, and it is not a surprise that I caught the "bug" and decided on a career as a researcher in Pharmacology.

After completing the master's degree with Prof. Okpako, I enrolled in the PhD programme in Pharmacology at the University of Glasgow, Scotland, United Kingdom. On completion of the doctoral degree, I was offered an opportunity to pursue postdoctoral studies in Neuropharmacology by Professor Chris Triggle of the Memorial University of Newfoundland, Canada.

At that point in my life, it became obvious to me that a career as a scientist with interest in Pharmacology was exciting and that I could carve out a niche by researching on drugs and processes that will introduce new therapeutic entities for the treatment of diseases.

From Pharmacology, you advanced to Ophthalmic Pharmacology. How easy was it for you to add ophthalmic knowledge to Pharmacology?

After my first postdoctoral fellowship in Neuropharmacology, I had the opportunity to continue a second postdoctoral training in Ophthalmology and visual sciences from the Kentucky Lions Eye Research Centre, at the University of Louisville School of Medicine, in Louisville, Kentucky, USA. I learnt a lot about the eye at this centre and was able to apply my knowledge of Pharmacology to eye diseases.

Consequently, I have been able to develop viable research



Prof. Sunny Ohia

programmes in Ophthalmic Pharmacology that have received funding from the National Institutes of Health, the pharmaceutical industry, and foundations until today. On reflection, I am glad that I specialised in Ophthalmic Pharmacology research - there are few scientists in this discipline worldwide - from which I am still making contributions to knowledge in the twilight years of my career.

Yes, it was easy to focus on researching on new drugs for eye diseases after my training in Louisville.

It appears that only few Nigerian clinical pharmacists are specialised in different areas of pharmacy practice. What is your view on this?

The evolution of clinically-oriented Doctor of Pharmacy (PharmD) degree in the US occurred in the late 1990s during my tenure as chair of the Department of Pharmaceutical Sciences at Creighton University School of Pharmacy and Health Professions. Prior to this period, PharmD degree was awarded as a post-baccalaureate graduate degree. As it is obvious, the development of specialised clinical training for PharmD graduates via residency programmes and fellowships is still evolving in many US pharmacy programmes over the past two decades.

With collaboration from the Nigerian Association of Pharmacists

and Pharmaceutical Scientists (NAPPSA), Nigerian pharmacy programmes recently adopted the PharmD degree as entry-level training for new practitioners. Consequently, it is premature to expect many Nigerian clinical pharmacists to be specialised in different areas of pharmacy practice.

I believe that the current effort, led by NAPPSA President, Teresa Pounds, to establish residency and fellowship programmes in Nigeria, will make a significant difference in the training and specialisation of clinical pharmacists in future.

Having made massive impacts in the educational system as regards Pharmacology, in the United States and Canada, what are the grey areas in the study of Pharmacology

in Nigeria that should be addressed?

In the US, Canada and UK, the study of Pharmacology as a pharmaceutical science discipline is still ongoing but in a limited capacity because most graduates of this programme are expected to become researchers in academia, industry, or government. In the US, some pharmacy schools offer a pharmaceutical sciences degree in programmes that include Pharmacology and other pharmaceutical sciences disciplines; while the UK universities still offer Pharmacology as a distinct undergraduate discipline.

I agree with the current trend in the training of pharmacologists/pharmaceutical scientists in the developed countries since the primary emphasis should be placed on the training of pharmacists for healthcare systems and not scientists. I expect the training of pharmacologists/pharmaceutical scientists in Nigeria to follow the same trend as what is happening in the developed world.

As an astute researcher, how would you compare research and development in Nigeria to what obtains in the US and Canada?

There is no real basis for comparing pharmaceutical research and development in Nigeria to what is obtainable in the US, Canada or the other countries of the developed world because of the lack of adequate

funding of infrastructure for these activities at home. For instance, as an academic researcher, I applied for and received funding from the pharmaceutical industry to assist them in developing new processes and testing new drug entities in my laboratory.

Basically, I utilised existing pharmacological protocols in my laboratory to test masked and unmasked compounds for these companies. Interestingly, some of the masked compounds I tested for one of the major manufacturers of ophthalmic drugs are currently in the market for treating eye diseases. Using this scenario, the pharmaceutical companies expected a better, more efficient, and unbiased testing of their compounds from academic researchers than from contract research companies. Incidentally, the pipeline for the discovery of new classes of drugs in the US has decreased significantly and the trend now is more of repurposing existing drugs for other uses or introduction of new formulations of existing drugs for better pharmacokinetic profiles. Clearly, due to the exorbitant costs of researching and developing new drug entities, the pharmaceutical industry in the US is facing its own challenges today.

As a basic pharmaceutical scientist, I am saddened by the relatively lack of new drug entities for research and development from the pharmaceutical industry in the developed world.

Being an academic who has led in various capacities in learning institutions, what are your thoughts on the Nigerian university leadership, and how can it be improved upon?

Yes, I had the unique opportunity to serve at most levels of academic leadership - department chair, associate dean, dean of a pharmacy programme and university vice president for academic affairs and provost - at three universities in the US. To the best of my knowledge, the academic leadership system in Nigerian universities is derived from the British system and consequently cannot be compared to my experiences in the US system. I defer to my fellow academic leaders in the Nigerian universities to provide ideas as to how its system can be improved upon.

What is your message for Nigerian students who are aspiring to be like you?

In my role as a mentor to junior academic colleagues and students, I have had to answer this question several times! My typical answer to these colleagues is that firstly, they must develop interest and have passion/vision for what types of careers they hope to pursue in future. Secondly, they must set lofty goals and work assiduously to accomplish them. Thirdly, they should not perceive any barriers in their quest to attain their vision.

Perhaps, the most important advice for students, junior academic colleagues and practitioners is for them to enjoy whatever careers or professions that they have selected as part of their contribution to the society. In my experience, money should not be an initial driving force because with significant accomplishments in their careers/professions, the wealth factor eventually becomes a secondary goal!

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Tackling vaginitis and infertility in women

By Temitope Obayendo

Beyond the usual itchininess, soreness and an unusual vaginal discharge, vaginitis (known as vaginal infection) could have terrible effects on women's reproductive health. Worse still, such effects could last a lifetime, if not diagnosed and treated early.

Such was the case of 45-year-old Titilayo Alabi (not her real name) who married in late twenties but has had difficulty in conceiving due to the several vaginal infections she contracted. Mrs Alabi, who confided in our correspondent, during a chat, said she had undergone several treatments, all to no avail. According to her, she did not realise early what the problem was, until she was able to convince her husband to accompany her for a medical examination. It was then that diagnoses came up with genital tract infections.

Vaginitis refers to different conditions that can cause infection or inflammation of the vagina. While vaginal infections can be contracted without having penetrative sex, or any other type of sex, there are other sexually transmitted infections that enter the women system through the vagina.

Alabi further revealed that although some of the medications she was given were effective, infidelity on the part of her husband worsened her case. She accused him of re-infecting her after every episode of his extramarital affairs. Notwithstanding, she is still very optimistic of carrying her own bundle of joy, as she keeps attending her regular gynaecology clinic.

Types of vaginitis

Dr Modupe O. Adedeji, a consultant obstetrician and gynaecologist at Lagos State University Teaching Hospital (LASUTH), expatiated on the types of vaginal infections and how women can easily get rid of them before they dive deep into their reproductive system and causing irreparable damage or infertility.

Speaking in an exclusive chat with *Pharmanews*, Adedeji identified common types of vaginitis as bacterial infections, yeast infections, trichomoniasis, and **atrophic vaginitis**. The ones that pose the most risk, she said, are those that are sexually transmitted. She added that the commonest of these are chlamydia trachomatis and neisseria gonorrhoea, which have a predilection for the fallopian tubes in women, and the testes - where sperm production occurs - in men.

According to her, "Being in the fallopian tubes, they destroy the cilia. Cilia are the hair-like structures that assist the movement of follicles (eggs) towards the direction of the endometrial cavity - that is, towards the sperm when present. In men, STIs destroy the testes; hence the sperm production is defeated."

Adetoro O.O. and Ebomoyi E.W. in their work, "The prevalence of infertility in a rural Nigerian community" corroborated the views of the consultant gynaecologist by identifying genital infections as major factors in the prevalence of infertility in Nigeria.



Their findings, published in *African Journal of Medicine and Medical Sciences*, state that primary infertility is rare after the age of 30 years but acquired causes of infertility are responsible for the high prevalence rate.

Smelly discharge

Also speaking with our correspondent, another woman, simply known as Chika, who is yet to have any issue due to vaginitis, revealed that several medications have been prescribed for her, which helped her to experience partial relief. According to her, while the vaginal discharge she was having stopped, she has not been able to conceive after 15 years of marriage.

"I cannot really say where and how I came about the infection. All I just discovered was that after my marriage, conception was supposed to take place after having sexual intercourse with my husband, but nothing happened. Years started counting, and instead of becoming pregnant, I observed I was having strange discharge with awful odour. Initially I thought it was the normal discharge; but when it persisted with pains, I had to seek medical attention.

"In fact, my husband was also invited and both of us were treated. But till now, though the discharge ceased, we are still expectant, as conception is yet to happen", Chika narrated.

Symptoms of vaginitis

Adedeji's description of some vaginal infections actually matched the experiences of the two patients interacted with, as she pinpointed their modes of operation in the woman's reproductive tract. She said bacterial vaginosis (BV) causes a thin greyish-white, greenish, or yellow discharge, with a fish-like odour that tends to become stronger after penetrative vaginal sex. "You may not notice much itching," she said.

She added that yeast infections and trichomoniasis commonly involve vaginal and vulval itching, soreness, and burning. "With yeast infections, you might also notice swelling in the labia, or the folds of skin on the outside of your vagina. While trichomoniasis also comes with a fish-like odour, along a greenish-yellow, frothy discharge, which may attract swelling, irritation, and inflammation in the vagina and vulva," she explained.

The obstetric gynaecologist

further mentioned atrophic vaginitis, which she said is not an infection but can increase chances of developing vaginal infections and UTIs. According to her, "With atrophic vaginitis, you might notice signs that resemble symptoms of other infections, like vaginal itching, burning, dryness, and changes in discharge."

Prevention tips for vaginitis and STIs

To prevent vaginitis or STIs and their effects on reproductive health, Adedeji urged women to report any abnormality detected in their genitals to their healthcare provider as early as possible

because further delay may worsen their condition.

She said: "Early presentation to appropriate clinic for precise diagnosis and management is required. Patients should avoid self-medicating; they should not visit chemist, nurses or pharmacy, which is a regular practice in our society. They must endeavour to present to their doctor early.

"Patients must always ensure to adhere to the prescribed medications and non-adherence to prescription as aggravated many women's conditions.

"Lifestyle modification is crucial, infidelity in marriage can expose spouses to chronic infections.

"Couples should understand and not ignore the implications of multiple sexual partners and the repercussions. Most common of this is infertility, of which its management may warrant IVF, which also maybe unsuccessful due to these same organisms. Adoption is a treatment option which we still find it difficult to accept in our environment."

For the single ladies, she urged them to embrace abstinence as the best option, which implies avoidance of sexual intercourse until when fully ready or married, stressing that as illicit sex with multiple sexual partners has been traced as one of the major cause of vaginal infections.

She also mentioned use of condom, which she describes as a dual protector, from unwanted pregnancy and STIs.

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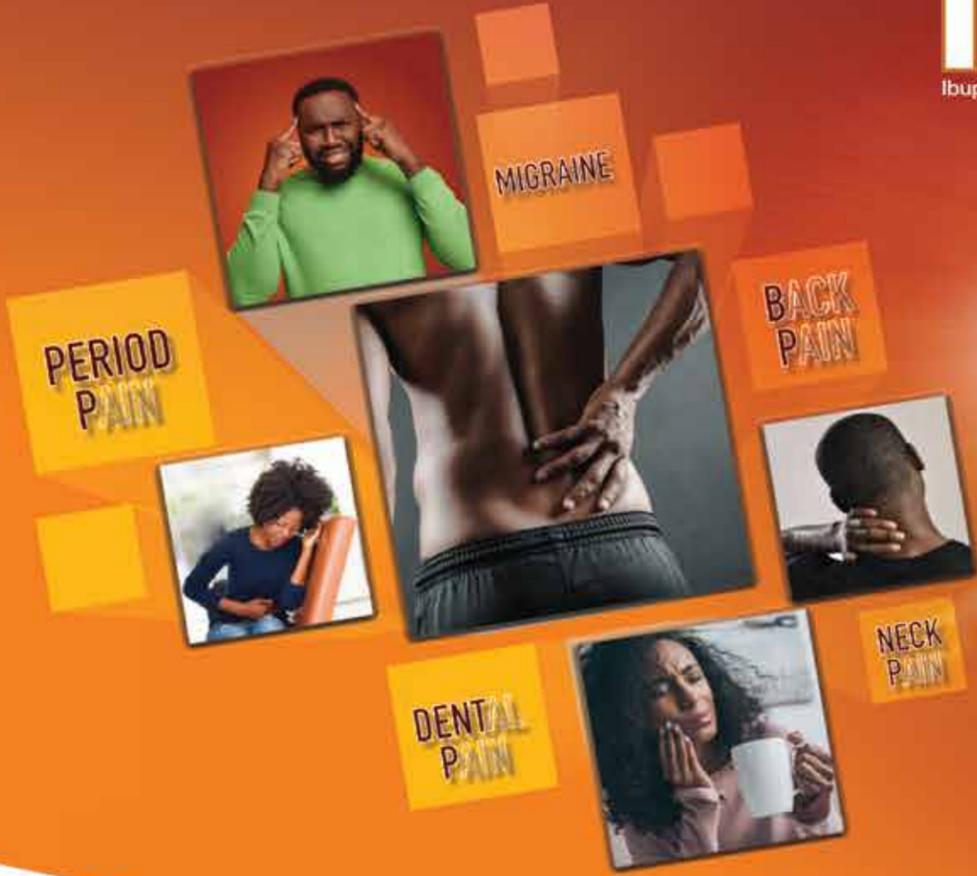
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Settling for community pharmacy took me sleepless nights – Achi

Pharm. Ayodele Veronica Achi is the managing director of Confirm Pharmacy Limited, Iba, Lagos State. In this interview with **ADEBAYO OLADEJO**, the young and vibrant entrepreneur bares her mind on her reasons for choosing for community pharmacy, the peculiar challenges facing the practice in the state and other issues. Excerpts:

Briefly give us a glimpse into your pharmacy journey.

Pharmacy is indeed a journey and trying to make the journey an honourable one, makes it even more challenging. I gained admission into Madonna University, Elele, Rivers State, to study Pharmacy in the 2005, and graduated in 2011. I started practising as a community pharmacist in 2012; so the journey for the past 10 years has been exciting and quite adventurous.

The first five years post-graduation was dedicated to looking for better-paying jobs, more money, and a lot of childish things. The next five years became real, as I started seeking valuable knowledge, self-development and improvement, moving and working with people with vision, and trying to solve human problems. My value for humans became higher than searching for money, and others.

Tell us about your pharmacy – the philosophy behind the enterprise and the challenges encountered at the initial stage.

After my graduation in 2011, I started practising as a community pharmacist in 2012, and I have worked for different community pharmacies. These include Teo



Pharm. Ayodele Veronica Achi

Pharmacy, Egbeda; Bernados Pharmacy, Ojuelegba and Idi-Araba, Lagos; and many others.

All the knowledge and experience gathered gave birth to my own pharmacy

very expensive, and money to stock up the pharmacy was also another challenge. However, we thank God for the ACPN collaboration with Polaris Bank which is giving us good loan

offers.

How has it been combining your duties as a community pharmacist with your responsibilities as a wife?

Family and pharmacy practice are two very key aspects of my life. My family comes first before pharmacy but the two are very dear to me. The Association of Lady Pharmacists (ALPs) has taught me a lot on how to manage both without any issue. We were taught that we can employ a helping hand to support at the pharmacy so that one can close on time to attend to the home. If not, one may lose both.

The business should not be located too far from the home, so that one can have both activities taken care of. However, no matter the situation, the family must supersede because, in all decisions and considerations, the training of the children and care for one's spouse should not be relegated because of the profession or left in the hands of strangers to handle.

As a young pharmacist, faced with a lot of options and opportunities, how did you arrive at the decision to practice at the community level?

My decision to practice at the community level was tough, as it took a lot of sleepless nights to find out what I wanted to do and the platform to fulfil my dreams. After much personal

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THE JOURNEY OF AGILE ORGANISATION

Transformation starts with inspirational leadership (5)

By Prof. 'Lere Baale, FPSN, FPCPharm, FNAPharm, FNIM

Inspiration is as old as the hills and as needed today as ever to meet the challenges we face in today's world. We can learn a lot by looking back at history, finding our inspirational role models, and reflecting on what made them inspirational.

I challenge you to think about becoming an inspirational leader and how you can be different and bold.

Developing inspirational leadership in your organisation

It is essential to have a "growth mindset" when organisations seek to develop the inspirational leadership skills of their leaders. This is a mindset that says, *we can grow, we can change, we can be different, and we can be better at what we do. All we need is access to some good development opportunities!*

It is also essential that any development programme seeking to engage the hearts and minds of delegates is inspirational in its content and the environment it is delivered in. Below, you will find six recommendations derived from lessons learnt from our practical experience in delivering such programmes.

I would recommend starting with the individual skills of the leaders and, then, through a process of coaching and mentoring, working with these leaders to establish a psychologically safe environment where inspiration thrives. Then, focusing on the collective mindset of your teams, develop "teaming skills" and combine psychometrics with learning and development programmes on thinking skills to open minds.

Creative and problem-solving skills are essential to help the leader deliver new, creative, and innovative solutions to business challenges. Encourage diversity, respect, and trust, and develop frameworks to understand how to monitor performance and progress.

In our experience, there are six key things to think about when developing an inspirational leadership programme:

1. The environment. This should be inspiring in itself. Suppose an organisation wants to stimulate creativity and reflection on personal inspirational skills. In that case, it is recommended that any face-to-face event takes place in an interactive, multi-sensory and inspiring environment.

2. Blended learning programmes. Programmes should be designed using various tools and delivery methods to stimulate thinking. Pre-course arrangement could include research and preparation of a presentation on personal role models who inspire participants; completion of psychometrics; identification of inspirational environments

participants have worked in before, and what is it about that environment that inspired them. Post-course work could be 1:1 coaching, action learning sets, follow-up webcasts and videos/eLearning.

3. Face-to-face events. These should include an opportunity to reflect on personal role models and why they inspire individuals. Explaining to participants how to model excellence is another excellent tool. This can then be applied in the inspirational environment to encourage the participants to observe, listen, describe and model inspirational leaders. Inspirational toolkits providing a range of practical hints, tips and techniques to practice back in the workplace are also helpful. This should be presented in a dynamic, interactive and memorable way to engage participants and demonstrate how inspiration creates flow and learning.

4. A range of core topics could be explored via workshops, such as:

- Trust
- Accountability
- Leadership styles
- Neuroscience and communication
- Modelling excellence
- Thinking skills
- Teaming
- Psychological safety
- Inspirational leadership models
- Reflection on the inspirational leadership behaviours/skills/values
- Exploration of values such as courage, discipline, respect, integrity, authenticity, diversity, loyalty, selfless commitment
- Inspirational culture/climate: Innovation, creativity, risk-taking, empowerment, learning
- Inspirational psychology and emotional intelligence.

5. Support. Introducing a coaching and mentoring framework to an organisation will enable participants to find coaches and mentors to support their development. This ensures that the decision to begin to develop inspirational leadership skills is sustained and nurtured to obtain favourable results for the organisation.

6. Speakers. Inspirational leaders could also appear and give a speech during the event or at an organised evening event designed to inspire attendees.

The business world needs inspirational leaders, but inspirational leaders do not just miraculously appear to lead us to outstanding achievements. It is essential to recognise that any programme developing leadership skills should include a core component that enables reflection on the essence of inspiration.

So, what does all this mean for you?

Inspiration is a hot topic and a topic every leader involved in talent management, learning and development and leadership should reflect upon. People today are weary from constant change and feeling the pressure of having to do more with less. We are asking many of our leaders: It is time to get smarter, understand how to inspire others to action,

and start talking about leading people through an increasingly volatile, uncertain, complex, and ambiguous business world.

The business world needs inspirational leaders, but inspirational leaders do not just miraculously appear to lead us to outstanding achievements. It is essential to recognise that any programme developing leadership skills should include a core component that enables reflection on the essence of inspiration. Leaders need to be allowed time to think about, discuss, explore and reflect on what inspiration means to them and how they can develop their inspirational leadership skills.

We can learn by reflecting on great leaders and role models for inspiration. Learning how to reflect and model excellence is an important skill which will enable leaders to continue the journey of reflection and discover and develop their styles.

Development programmes in inspirational environments, combined with expert facilitation, is a great way to start this journey of self-reflection. When combined with the introduction of leadership toolkits (methods, techniques and models to understand leadership) and inspiring talks from role models, inspiration begins to flow. Once leaders start to understand the essence of inspiration, it is good to follow up with theories, such as inspiration and neuroscience, psychological safety, teaming and leadership styles, and the value of diversity and trust.

The leaders should then act as role models within the organisation and create a climate that allows inspiration to flow and galvanises people to action. The importance of coaching should also not be underestimated. Good executive coaching will embed behaviours and is integral in delivering accountability and



change.

Inspirational leadership should always be placed on its impact on organisational performance and the level of maturity the organisation wishes to reach. All of this, combined with a reflection on what we can learn from history and inspirational role models, will stimulate our talented employees to reflect on how to inspire others. By finding their source of inspiration, they will be moved to action and uncover a desire to grow their inspirational leadership capability.

Finally, we can never underestimate the importance of education in the development of our leaders. Inspirational leadership should be developed just like any other form of leadership, but the learning event should be inspiring, engaging, motivating, and memorable in its very nature.

We recommend that the content of this article is reflected on, and any development programme includes the elements described above.

Let Nelson Mandela round off our article with his famous quote about education:

"Education is the most powerful weapon you can use to change the world."

Now, take this challenge:

- What will you do today, tomorrow and next week to educate your talented employees, develop their inspirational leadership capability and engage their hearts to inspire those around them?

- How will you start to develop your inspirational capability?

- What would an inspirational leadership culture and an inspirational climate look like for you or your company?

I hope this article has been helpful and stimulated your thinking. I would be happy to hear your views; after all, inspiration is useless if it does not create flow and connection. If you feel inspired by an idea, feel free to inspire others by sharing it.

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Ogbono, the soupy nut

By Pharm. Ngozika Okoye MSc, MPH, FPCPharm
(Nigeria Natural Medicine Development Agency)
Email: ngozikaokoye@yahoo.com



Irvingia gabonensis

Ogbono, botanically known as *Irvingia gabonensis* (Fam. Irvingiaceae) can be found in farmlands, forests or bushes in the dry and wet tropical zones, such as Nigeria, Angola and Southeast Asia. It is also called wild mango, bush mango, *dika*, African mango, *dika* nut and ogbono nut. It is called *goronor* by Hausa people, *ugiri* or *ogbono* by the Igbo people and *apon* or *aapon* by the Yorubas.

Constituents

Scientists have proved that ogbono seeds contain calories, dietary fibres, fat, carbohydrates, protein, amino acids (like tryptophan), water, minerals, such as calcium, iron, potassium, zinc, sodium, magnesium and phosphorus, fatty acids (myristic acid, lauric acid, oleic acid, palmitic acid and stearic acid), antioxidants, and vitamins B and C. Preliminary phytochemical screening of the aqueous leaf extract of *Irvingia gabonensis* shows that it contains phlobatanins, saponins, phenols and tannins.

Preparations

Ogbono is available as fruits, nuts, seeds, and bark. The fruits and seeds may be used fresh or dried. The sweet pulp on the fruit can be juiced or used for making smoothie, jelly, jam and wine - used fresh or as dry powder packaged in the form of capsules. The bark can be prepared as a decoction alone or combined with palm oil. The seeds can be pressed for vegetable oil or margarine. The dried ogbono seeds can be ground and used for preparing different dishes.

Pharmacological actions and medicinal uses

Studies have shown that ogbono aids digestion and prevents digestive disorders, including constipation, by adding bulk to the stool and improving bowel functioning. Studies also showed that African mango extracts inhibits ulcer formation in rats by increasing mucus production in the stomach. The dietary fibre in ogbono helps in reducing "bad" low-density lipoprotein - LDL cholesterol, simply by binding to bile acids located in the intestine.

Multiple studies have shown that the presence of catechins make ogbono seed very effective in regulating insulin levels and lowering blood sugar levels, which in turn lowers the risk of diabetes and assures safety in obesity. Several studies have, respectively, supported the assertion that ogbono is good for weight loss because it blocks the action of amylase, causing the body to absorb less sugar; inhibits glycerol-3-phosphate

dehydrogenase, preventing the conversion of blood sugar into fat; and helps in increasing the levels of the hormone adiponectin and leptin, both of which reduce appetite and promote weight

loss. The fibre content of ogbono also promotes weight loss by suppressing appetite.

Eating this fruit can also help control anxiety, stress, depression, and other factors that may affect the overall mood because of the presence of tryptophan, which enhances the production of the neurotransmitter (serotonin) associated with the promotion of good mood, libido, concentration, and sleep quality.

Studies also reveal that the water extract of the bark can help reduce pain caused by both heat and pressure. Thus, the leaves of this tree are used, mainly by Igbos, to prepare a concoction that is used in treating fevers.

Studies support that the methanolic extract of *Irvingia gabonensis* can be used for treating bacterial and fungal infections. The powdered kernels can be used as astringent applied to the skin to

soothe burns and also to reduce bleeding from minor abrasions. The stems of the tree can be used as chewing sticks for cleaning teeth.

Adverse effects

No serious adverse effects have been associated with ogbono soup. However, ogbono soup can produce flatulence, vomiting (due to insufficient pepper) in certain people.

Economic uses and potentials

One paint bucket of ogbono costs about N9,000.00; one milk cup costs about N600.00. There are prospects for ogbono cultivation in sales, distribution, pharmaceuticals, construction, dye, cosmetics, fodders, shade, prevention and control of erosion, and also for ornamental and beautification purposes.

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Dean of the Year: Atueyi presents cheque, plaque to Okoye

By Ranmilowo Ojalumo



Managing Director, Pharmanews Ltd, Pharm. (Sir) Ifeanyi Atueyi, presenting an award plaque to the winner, Pharmanews Dean of the Year, Prof. Festus B. C. Okoye recently.

The Founder and Managing Director of Pharmanews Limited, Pharm. (Sir) Ifeanyi Atueyi, has presented a cheque of N250,000 and an award plaque to the Dean, Faculty of Pharmacy, Nnamdi Azikiwe University (UNIZIK), Awka, Professor Festus Okoye, who won the maiden edition of the Pharmanews Dean of the Year Award, held recently.

Speaking at the presentation, which took place at Pharmanews' office in Lagos, on 24 August, Atueyi said that the award was introduced to recognise the efforts of deans in the Faculties

of Pharmacy across the country, noting that the deans are important to the faculties, just as the faculties are important to the pharmacy profession.

According to the **Pharmanews** publisher, "We decided to establish this award this year because of the importance of the deans in our Faculties of Pharmacy. The performance of the faculty has a lot to do with the leadership, administrative and management ability of the dean. A dean who has good public relations will relate well,

not only with the students and university authorities, but also with external organisations or institutions. Students remember the roles deans and lecturers played in their university days.

"In establishing this award, we want the deans to be conscious of the fact that people are observing their performance and the results they are achieving while in office. A dean should endeavour to leave an indelible mark in the faculty."

While congratulating Prof. Okoye on his emergence, Atueyi said that the feat had further shown UNIZIK pharmacy faculty to be a pacesetter in excellence. He particularly commended the current Vice-Chancellor of the university, Prof. Charles Esimone, who was the pioneer dean of the Faculty of Pharmacy, for laying a good foundation for the faculty.

Addressing Okoye, Atueyi said: "Let me congratulate you, the first winner of this very keenly contested Dean of the Year Award and also the first faculty to win PANSite, Young Pharmacist and Deans award. Your faculty is honoured today.

"It is noteworthy that the second edition of PANSite award in 2020 was won by a pharmacy student of the Faculty of Pharmacy, UNIZIK, named Miss Izukanne Emembolu. Coincidentally, the second and third editions of Young Pharmacist Awards were won

by graduates of UNIZIK, namely, Frank Eze (2019) and Daniel Eze in 2020 respectively. This means that the faculty has a record of winning the Pansite, Young Pharmacist and Dean of the Year awards.

"It is also on record that UNIZIK's Faculty of Pharmacy also produced the current vice-chancellor of the university, Prof. Charles Esimone, who was the pioneer dean and the first pharmacist to occupy the exalted position of the vice-chancellor of the university. These awards are clear indications that he laid a good foundation for the faculty. I seize this opportunity to sincerely appreciate him for the performance of the faculty."

Okoye, in his remarks, expressed appreciation to Atueyi for his roles in advancing the pharmaceutical industry, urging Pharmanews to keep the flag flying.

He further quipped that, while he was appreciative of the cash price of N250,000 attached to the award, his handshake with Atueyi and the award plaque he received were gestures he would forever cherish.

The dean, who pointed out that he was surprised when he got the information that he was the winner of the award, emphasised need for deans and others in academia to be humble, amiable and knowledgeable about goings-on in their domains.

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Settling for community pharmacy took me sleepless nights – Achi

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and senior colleague's consultations, as well as teachings and mentoring from seminars and lectures, I finally knew that to impact the world, you must start from the home, the community, and then the world. I have no regret taking the decision.

Some people, especially the charlatans, see community pharmacy practice as mere buying and selling. As a trained pharmacist, what can you say about this?

Yes, they are called charlatans in practice because they have little or no knowledge; so I don't blame their short-sightedness. It is a belief system and vision that differentiates a charlatan from a professional. A professional has a trained mind, and the right belief system that does not operate with making profit alone but solving real-life problems; so community pharmacy practice is much more than buying and selling.

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

I have a good relationship with the people of this community because I care for other aspects of their lives - their career, business, family, academics - and not just their health. This gives them an open mind to tell me anything bothering them. The majority of them relate to me as if I were a member of their family.

The most familiar health problem that brings them to the pharmacy is pain, which is the mother and the first symptom of most disease conditions.

What is your assessment of community pharmacy practice in Lagos State?

Community pharmacy practice in Lagos state is thriving well, compared to other neighbouring states but can do better, especially as it is in the developed countries. Lagos is the commercial hub of the country, so the state should do better than it is doing presently.

If you were not a pharmacist, what other profession would you have opted for?

If not for Pharmacy, I would have opted for journalism. Just like Pharmacy, journalism also deals with humanity, and you can express yourself, and solve problems anywhere in the world. No matter what happens, man must communicate. Without communication, the world cannot exist.

Dean of the Year: Atueyi presents cheque, plaque to Okoye

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"As dean, be open and accessible to your students and staff. Don't be proud, irrespective of your achievements. I am proud to say that my office is open to my students and staff of the faculty because I always want to have first-hand information about what is happening in the faculty.

"The staff and students in the faculty made it possible for me to win the award because they are the ones who voted and also mobilised people to vote for me. I did not even vote for myself," Okoye said.

The award-winner also pointed out that his faculty, though still young, has been witnessing significant growth in recent time, saying a proof of this is the recent course accreditation by the Nigerian Universities Commission, as well as the approval and commencement of

the PharmD programme.

He equally revealed that the faculty is working hard to introduce pharmaceutical grade starch and new active pharmaceutical ingredients (APIs) into the Nigerian pharmaceutical market.

He added that the faculty has also conceived the idea of local synthesis of existing APIs, particularly, antimalaria drugs, stressing that some researchers in the faculty had planted *Artemisia annua* in Anambra State, in order to harness its potentials.

Okoye noted that to achieve some of these projects the faculty is working in partnership with the Anambra State Chapter of the Association of Industrial Pharmacists (NAIP) to establish a pilot drug manufacturing unit, as well as a research laboratory which will be sited within the

faculty.

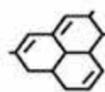
He also thanked the vice chancellor of the university for his support towards the faculty, adding that the faculty is disposed to give the best quality education to its students so that they can be outstanding wherever they go.

The Dean of the Year Award is the sixth of such awards sponsored by Pharmanews, as part of its corporate responsibility to the pharmaceutical industry. Other awards sponsored by the organisation for pharmacists and pharmacy students are: Ifeanyi Atueyi Essay & Debating Competition, which started in 2015; Young Pharmacists Award, which started in 2018; Pansite Award, which started in 2019; Outstanding Pharmacist Award (2020); and Pharmanews Interschool Debate Competition (2021).

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....Championing Healthy Living

My vision is to make PANS-BUK best students' association – Saleh

By Adebayo Oladejo

In this exclusive interview, President of the Pharmaceutical Association of Nigeria Students (PANS), Bayero University, Kano (BUK), Abdullahi Haroun Saleh, bares his mind on issues affecting pharmacy education in Nigeria. He also speaks on his foray into Pharmacy, PANS politics, as well as the achievements and plans of his administration. Excerpts:

How did you become a student of Pharmacy? Was it your dream course while in secondary school?

To be honest, even as at when I was in SS3, I had no idea what Pharmacy was. I only wanted to become a medical doctor. I got to learn that I was admitted to study Pharmacy at BUK, a course I did not choose.

As fate would have it, the same year we wrote JAMB was the year Bayero University started offering Pharm. D as an undergraduate course. We were fortunate to be chosen among thousands of students, to study one of the best courses in the world.

I was sad at first, but after we got exposed to what Pharmacy is all about, I fell in love with it. I knew we were meant for each other. And honestly, if I were to go back in time, I would choose Pharmacy over all other courses.

Amidst a tight academic calendar, what were your reasons for vying for the presidency of PANS-BUK?

Well, I had the opportunity to head the committee responsible for creating PANS-BUK, as well as the constitution. Being the pioneers, we were tasked with that and we spent three years in office, after which we stepped down.

After a year, I was approached by a group of students we tag the "Faculty Elders". They wanted me to officially contest for the office of the president in our first ever PANS election.

It was a difficult decision to make because there were school activities, side hustles and personal struggles. But after looking at how we left the association and its current state as at then, I had no choice but to contest.

There was a need for an experienced person to take the association back to its glory days and that motivated me to contest; and luckily, I won.

Are there challenges associated with studying Pharmacy in the north, compared to other parts of the country?

I have been to the south only once and I have interacted with many pharmacy students from the south. There are no challenges in studying pharmacy in the north, compared to the south - or none that I know of, except the general challenges affecting all universities and courses across the country.

What achievements have you recorded and what challenges have you encountered so far?

We've achieved quite a lot as a team, looking at the time we've spent in office. Under my leadership, we have achieved the annual free online registration for all pharmacy students. We also established the first office for PANS-BUK, published and launched the first PANS-BUK magazine, and established the PANS-BUK shop. These are just a few of the numerous achievements we have recorded.

It can be tough combining studies with active involvement in other activities. How have you been coping?

It's honestly difficult combining studies with being actively involved in other activities. But I have had

the discipline of doing that since my secondary school days so that makes it easier for me.

There were challenges at the beginning and I struggled. My grades started dropping and I was losing focus. Over time, I got used to it, by devising a strategy of studying at any free time I get rather than fixing a specific time for studying. That way, I get to compensate for the time I spend attending PANS activities, which consume most of my time.

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

Without being biased, I believe pharmacy education in BUK is one of the best out there. The faculty

management makes sure they give their best and, that way, things tend to run smoothly.

I would only change one thing, if given the honour to do so. I would make sure that all test results and scripts are given back to the students before exams. That will, to some extent, reduce the failure rate in all courses.

ASUU is currently on strike. What, in your view, are the measures that the university lecturers can take to resolve issues rather than embarking on strikes?

I am on ASUU's side on this. They have no choice than to go on strike. The party that needs to cooperate is the Federal Government. If they are really concerned about the future of the next generation, then they need to meet ASUU's demands and bring an end to the strike.

Where do you see PANS-BUK



Abdullahi Haroun Saleh

by the time you will be leaving office?

I have the dream of making PANS the best students' association in the whole university. I know it will be a difficult task, but we have done it before and we can do it again. And by the time I leave office as the president, PANS will be the best students' association in BUK.



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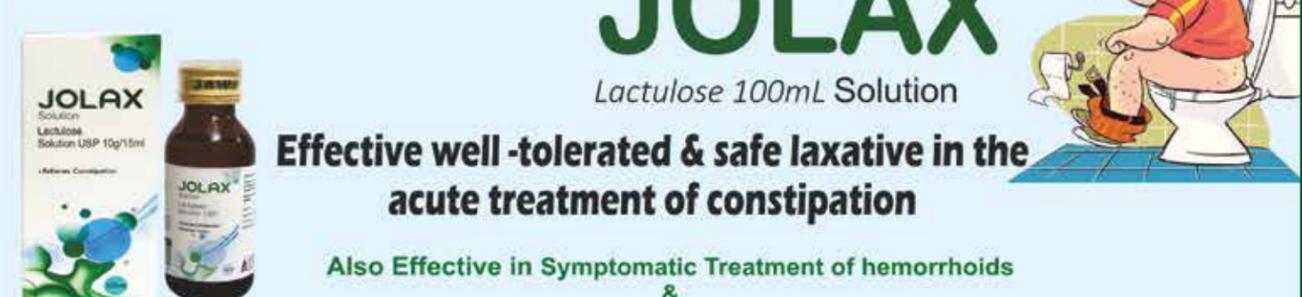


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FIRST RETREAT OF THE NIGERIA ACADEMY OF PHARMACY HELD AT THE AUDITORIUM OF PHARMACISTS COUNCIL OF NIGERIA (PCN), LAGOS, 26th & 27th MAY, 2022 COMMUNIQUÉ

The Nigeria Academy of Pharmacy (NAPharm) held its first Retreat at the Auditorium, Pharmacists Council of Nigeria (PCN) Yaba, Lagos, Nigeria, on 26th & 27th May 2022. The Retreat focused on the theme: REPOSITIONING PHARMACY. The Retreat was declared open after a stimulating address by the President of NAPharm and former Minister of Health Pharm. (Prince) Julius Adelusi-Adeluyi, OFR, mni, FNAPharm. Present at the Retreat were: the President, Pharmaceutical Society of Nigeria (PSN), Prof. Cyril Usifoh, the President, West African Postgraduate College of Pharmacists (WAPCP), Prof. Cecilia Igwilo, OON, Chairman, Pharmacists Council of Nigeria (PCN), Prof. Ahmed Mora, Registrar PCN, Dr Elijah Mohammed, DG, National Agency for Food, Drug Administration and Control (NAFDAC), Prof. Mojisola Adeyeye, DG, National Institute for Pharmaceutical Research and Development (NIPRD), Dr Obi Adigwe, DG, Standard Organisation of Nigeria (SON), Pharm. Farouk Salim, Chairmen of Technical Groups of PSN, President, Nigerian Association of Pharmacists and Pharmaceutical Scientists in the Americas (NAPPSA), Dr Teresa Pounds, Provost and Deans of Faculties of Pharmacy, Captains of Industry, Directors of Pharmaceutical Services, Chairman of Young Pharmacists Group (YPG), Pharm. Ethel Mbah, President of the Pharmaceutical Association of Nigeria Students (PANS), Mr Christian Ughagwu and other notable Pharmacists from all the States of the Federation and Federal Capital Territory. The PSN, PCN, WAPCP, NAFDAC, SON, NIPRD, NAPPSA, YPG, and PANS gave goodwill messages.

A total of ninety-five (95) invited pharmacists participated in the hybrid Retreat.

The Retreat deliberated on the theme and other contemporary issues in the pharmacy profession, including:

- " Situation Report
- " Education
- " Professional Practice
- " Regulatory
- " Mentoring
- " Leadership

The Retreat arrived at the following conclusions:

1. The need for urgent paradigm shifts in the education and training of pharmacy students was identified. Deans are advised to adopt and implement the new curriculum with practical, experiential, hands-on training in a multidisciplinary setting.

2. The number of departments in Faculties of Pharmacy should be increased to accommodate the practice reality of the day, such as Public Health Pharmacy, Community Pharmacy, Primary Healthcare Pharmacy, and so on.

3. The number of pharmacy student intake into the universities should be increased to fill the gap in the pharmacists' population ratio of 1 pharmacist to 6,774, which is far below the WHO recommended standard ratio of 1 pharmacist to 2,000 people.

4. The initiative of the PSN to actualise the National Postgraduate College of Pharmacy was commended. Efforts are to be made by NAPharm and other stakeholders toward its implementation.

5. Lecturers in Faculties of Pharmacy should be updated and exposed to teaching skills and educational administration in line with the current best practices. It was also recommended that suitable pharmacy practitioners be recruited to teach students and bridge the yearning gap between education, training and practice for confidence building.

6. Lecturers in Faculties of Pharmacy should be encouraged and motivated by Government, through the Federal Ministry of Health, PSN and PCN, to engage in the actual practice of Pharmacy further

to augment their proficiency, skills and service delivery.

7. Lecturers in Faculties of Pharmacy and the administrative setup should liaise with PSN and PCN to familiarise the students with the practice environment before graduation.

8. The Retreat called on the President of the Federal Republic of Nigeria, President Muhammadu Buhari GCFR, to sign the new Pharmacy Bill into law to pave the way for more orderly pharmacy practice.

9. From experience learnt from COVID-19, the President of the Federal Republic of Nigeria, President Muhammadu Buhari, GCFR, should, as a matter of urgency, make an executive order for the manufacture of all essential drugs and vaccines locally as a first-line charge in the Nigerian economic agenda to strengthen the National Drug Policy.

10. As a matter of urgency, a National Pharmaceutical Policy should be produced with specific emphasis on incentives, such as tax waivers, low-interest loans, zero import duty and so on, to motivate investments in Active Pharmaceutical Ingredients (APIs), encourage intellectual property, boost local production, reduce dependence on importation and accelerate economic growth.

11. There should be a direct and well-funded programme to encourage Research and Development in vital areas of Pharmacy, such as vaccine development, biotechnology and herbal products, to take care of old and emerging diseases.

12. The Retreat, therefore, called on the President of the Federal Republic of Nigeria, President Muhammadu Buhari, GCFR, to urgently appoint a seasoned pharmacist as a Special Adviser on Pharmaceutical Affairs to drive the development and implementation of the National Pharmaceutical Policy.

13. Regulatory bodies like the Pharmacists Council of Nigeria (PCN), National Agency for Food, Drug Administration and Control (NAFDAC), Standards Organisation of Nigeria (SON), and Nigerian Drug Law Enforcement Agency (NDLEA) should be well-funded by the government to carry out their statutory and emerging responsibilities.

14. Pharmacists are encouraged to advocate for more integration and collaboration between the public and private sectors for a robust, effective and efficient healthcare delivery system with a greater focus on the patient.

15. The need for mentorship to motivate and inspire young professionals was recognised. PCN should sponsor a well-structured mentorship programme starting from the faculties to practice.

16. The growing importance of pharmaceutical care necessitates the implementation of the Pharmacy Residency Programme to improve interprofessional collaboration for optimum patient benefit.

17. The importance of the leadership role of pharmacists in healthcare and the need to strengthen the vision of advancing pharmacy for beneficial teamwork in the healthcare space was highlighted. This will drive the concept of "Pharmacy with limitless possibilities in wellness, resourcefulness and service."

18. The need for pharmacists to be involved in governance and politics to influence policies that would enrich citizens' well-being and the profession's welfare was emphasised.

19. The Academy is grateful to our partners, PSN, PCN, NAFDAC, NIPRD, SON, sponsors and other participants for their support and collaboration.

(Sgd) (Sgd)
Prince Julius Adelusi-Adeluyi, OFR, mni., FNAPharm
President, NAPharm

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Investment in pharma industry strengthens national security – Anyakora

continued from page 34

Public Health has continued to champion this project because we believe this will tackle the existing challenges in Nigeria's pharmaceutical manufacturing sector and revolutionise indigenous drug manufacturing.

Many Nigerian pharma manufacturers are finding difficult to break even, owing to issues like scarcity of forex and lack of electricity. Would you say pharma manufacturing in Nigeria is living up to its expectation of providing quality medicines to the populace?

Nigeria, as a country, is going through some economic challenges. The situation is affecting all the sectors of the economy, including the pharma sector. But I must commend the patriotism of the major players in the industry who work day and night to ensure that medicines are available to the population.

While the pharma manufacturing industry in Nigeria has made progress over the last decade, despite the numerous challenges confronting the manufacturing landscape in Nigeria, a lot more work still needs to be done to ensure sustainable availability of quality medicines for the populace.

For me, the most critical challenge is manpower. We need to address this urgently. Bloom Public Health is actively

working to engage relevant stakeholders and deploy strategic partnerships to address this manpower deficit. Another major challenge is the pharmaceutical support ecosystem. The sector cannot thrive, if the supporting service industry and infrastructure are lacking. Currently, we are depending heavily on support from Asia. We are very committed to contributing our quota in reversing this trend.

What should we be expecting from Bloom Public Health in the nearest future?

So far, Bloom Public Health is fully established in three countries in Africa: Nigeria, Cameroon and Rwanda. In the coming twelve to eighteen months, we hope to have presence in three more countries in Africa to enable us cover effectively the whole of the continent. Bloom Public Health remains committed to creating Africa-driven solutions to solve African public health issues, especially in the pharmaceutical sector.

The past years have been remarkable. The coming years promise to be even more productive for Bloom Public Health, as we take on groundbreaking and significantly impactful projects across Africa. We have recently expanded our reach in Africa with the establishment of our office in

Rwanda and we hope to expand our presence and reach in many other African countries by replicating and scaling up the projects that have shown success in the countries we are currently working in.

Ultimately, at Bloom Public Health, we are different simply because we believe talented Africans need to be on the driver's seat to solve Africa's public health challenges. We will scale up success stories of impact across different African countries.

Bloom Public Health will continue to focus on four pillars, with some flexibility: public health supply chain, pharmaceutical quality systems, laboratory strengthening and diagnostics, and policy for public health.

One big continent-wide intervention we are embarking on now is the African Pharmaceutical Academy. This is going to be the third strong continental pharmaceutical support system in Rwanda. Already, African Medicine Agency is established in Rwanda. AfDB also just established African Pharmaceutical Technology Foundation in Rwanda. Our African Pharmaceutical Academy will complement these two.

We are partnering with great institutions across the world to institute a massive workforce

development for the continent through this initiative. So far, it is creating a huge excitement and we are expanding our partnership in birthing this great continent wide initiative.

What is your advice to the Nigerian government on how to create the enabling environment for the availability of pharmaceutical raw materials in the Nigeria?

I have one advice for the government. The government needs to understand the importance of medicine security. Nigeria needs to think strategically in developing the sector. There is a need for a strong political will. Currently, we have a lot of talk but no action. They should see the sector not just as private sector businesses but also as a national security investment and see where to support.

The good thing is that Bloom Public Health is working intensely with the government to affect a paradigm shift. Results are still slow in coming but we all need to sustain this push because there is no other way of securing our medicine supply without a strong government support.

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PANS honours Atueyi, as UNIJOS wins Pharmanews inter-school debate contest

continued from back page

a keenly contested bout.

Speaking with *Pharmanews* after the event, which doubled as a moment of joyous reunion, pleasant reminiscences and fitting recognitions for the students, the National President, PANS, Christian Oluchukwu Ughagwu, noted that the essence of the debate and quiz competition during the national convention was to equip students with the knowledge of the roles of pharmacists, so they can enlighten the masses on the importance and accessibility of pharmacists in the health sector.

According to Ughagwu, the quality of healthcare in Nigeria calls for improvement, which can be achieved through innovative thinking platforms, such as debate and quiz competitions that will propel students into appropriate careers in Pharmacy.

He added that this year's event was unique as it recorded the highest number of participants.

According to him, "Students don't usually show much interest in a competition of this nature. In fact, we had to use this hall because we didn't expect this kind of turnout. Maybe because Pharmanews added colour to it.

"The attendance was mind-blowing as the number of students that participated exceeded our expectation. So I hope this relationship continues unhindered."

Regarding the programme sponsor, Sir Atueyi, the PANS leader said, "For the publisher of *Pharmanews*, Sir Ifeanyi Atueyi, if I begin to talk about him, there won't be enough time to do so. He is a unique person who gives priority to anything that concerns the younger ones, a quality that is rare among his peers.

"At his age, he is always supportive, welcoming and accessible. He is always ready to listen. We pray we to have more people like him."

The contest, tagged, "Fist of Words", featured for one day out of the five-day convention, precisely the third day. It had eight schools for the debate, including Obafemi Awolowo University, (OAU); Olabisi Onabanjo University, (OOU); University of Nigeria, Nsukka, (UNN); University of Benin, (UNIBEN); Niger Delta University, (NDU); Uthman Danfodiyo University, (UDUS); University of Jos, (UNI JOS); Nnamdi Azikiwe University, (UNIZIK); while 12 schools participated in the quiz competition.

According to the Chairman of the competition, Augustine Ezeodimegwu, the first round of the debate afforded speakers from the participating schools five minutes each, while the chief speakers had an additional minute to summarise their points.

He further disclosed that, of the 12 schools that participated in the quiz contest, Chukwuemeka Odumegwu Ojukwu University (COOU), came first with 14 points; University of Benin (UNIBEN), came second with 11 points,



A cross-section of pharmacy students at the Pharmanews Inter-School Debate/Quiz Competition, held at the Igbinedion University, Okada, Edo State.

while Enugu State University of Technology (ESUT), came third with 10 points.

For the debate competition which was fashioned after the British Parliamentary Style of debate, the topic was: "Doctors Make Better CMDs of Hospitals, Not Pharmacists" for the first round; while the second round had the notion, "Should Permanent Voters Card Be Made A Requirement for Licensed Pharmacists to Practice?"

Ezeodimegwu revealed that, for the first round, the schools were divided into two groups in order to allow the adjudicators to assess their performances objectively, adding that at the end of the first round, four schools, comprising University of Nigeria (UNN); Uthman Danfodiyo University (UDUS); University of Benin (UNIBEN), and University of Jos (UNI JOS), made it to the second round.

The debate umpire added that the finals of the competition pitched the University of Nigeria (UNN), and Uthman Danfodiyo University (UDUS), against the University of Benin (UNIBEN), and the University of Jos (UNI JOS).

At the end of the sessions, the judges declared UNI JOS as the winner of the debate, having garnered the highest points. UNIBEN came second, while UDUS and UNN emerged third and fourth respectively. The award for the best speaker went to UNI JOS, with 86 points, while UDUS took the second position.

Addressing the students after receiving the award presented to him by the student body, Pharm (Sir) Ifeanyi Atueyi, managing director of Pharmanews Limited, who was represented by Mr Adebayo Oladejo, senior reporter, *Pharmanews*, praised PANS for honouring him at the event, adding that the competition had come to stay.

According to him, even though he was not physically

present, he was happy that the second edition of the event was able to hold, despite the ongoing ASUU strike which had paralysed the activities of universities across the nation for the past six months.

Speaking further, Atueyi noted that he was grateful to PANS for the great honour done to *Pharmanews* last year at the University of Uyo, Akwa-Ibom State, where the competition started.

"I wish to thank the president and his team for their effort to organise this competition this

year, and I also appreciate the academic staff, especially the dean of the faculty, for their support. Some pharmaceutical companies supported the programme in various ways. We appreciate their unending love and support," he said.

Christian Oluchukwu Ughagwu, national president, PANS, presenting an award plaque in honour of Sir Ifeanyi Atueyi, to Mr Adebayo Oladejo, senior reporter, *Pharmanews*.

My journey through education, career and retirement - Distinguished Prof. H.A.B Coker

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I was appointed Rabbi in Jerusalem on a trip with the Lagos State Government pilgrims on a visit to Israel. When I returned to Nigeria I announced myself as Rabbi and the Lord Bishop of the lost tribe (slave returnees) of Nigeria. We are the jurisdictional owners of Yaba South, Lagos. "Yaba, my Yaba, where the sun rises and never sets."

How would you describe life in retirement and how has this affected your perspective of life generally?

I am retired now. Despite my circumstantial ill-health, I still engage in a lot of reading. I keep abreast of newer contributions in the areas of Pharmacy, Medicinal Chemistry, Biopharmacy, Chemistry, Natural Product Chemistry, Clinical Pharmacology and Therapeutics. My research activities in the areas of Alzheimer, sickle cell disease and drug discovery in general are very much ongoing.

I still go to the College of Medicine three times in a week. I have a small cubicle office given to me where I consult with my younger colleagues in the faculty and other related areas. I also entertain zoom sessions with my colleagues and professors who interact with me often.

How do you relax? Tell us about some of the pastime activities and lifestyle modifications you have adopted to stay fit and active.

During my heydays I exercised a lot. I played soccer every weekend. I walked and engaged in a lot of horticultural activities. I must confess that my ill-health really brought me down. But, then, I equally thank God Almighty for giving me the opportunity of bouncing back in life.

I thank my immediate family for all their support. I thank my very close friends, especially my consultants and physiotherapists who have stood by me and encouraged me to take up some physical challenges. During our morning workout, professor Ezike will say to me, "HAB, please go the extra mile", and then we will walk and walk. We started with short distances and now we walk round the entire field two times.

Ezike makes me carry the weight and he makes me do the press up some 30 to 40 times. These are rather challenging and demanding physical exercises that help to bring out the best in me. I still plant flowers around about my dear and loving faculty and also my church, the Chapel of the Healing Cross, where I worship every Sunday morning.

Shalina unveils dance queen, Kaffy, as Ibucap ambassador

By Adebayo Oladejo



Dr Kafayat Oluwatoyin Shafau, Kaffy (Ibucap Brand Ambassador), and Mr Arun Raj, COO West Africa, Pharma Business Operations, at the Ibucap Ambassador Contract signing event in Lagos.

The management of Shalina Healthcare has signed a deal with a Nigerian dance queen, choreographer, dance instructor, and fitness coach, Dr Kafayat Oluwatoyin Shafau, popularly known as Kaffy, as an ambassador for one of its

flagship products, Ibucap.

Ibucap, a pain reliever, is a combination of ibuprofen, paracetamol, and caffeine, which is available in Ibucap Capsules and Ibucap Forte Capsules.

Kaffy was unveiled to the media and the general public

during a brief event, held at the Lagos head office of Shalina.

Speaking at the unveiling, Mr Chiuba Nwaosu, brand manager, Analgesics and Antimalarial portfolio, Shalina Healthcare, noted that the company had made bold its mission to

make quality and affordable pharmaceutical products a right for all Africans by welcoming Kaffy as a brand ambassador for Ibucap.

According to him, the Ibucap brand has an over 25 years success story of helping to relieve people of the pain which limits them, thereby helping them get back to the things they love to do. "Hence, the tag line 'Ibucap - Always with You in Pain'," he said.

Nwaosu added that 42-year-old Kaffy would spearhead the brand's social media campaign by building on last year's #MyIbucapStory campaign, which saw real people sharing their experiences with the Ibucap brand.

"The campaign marks yet another effort by Shalina Healthcare to give back to the growing list of users of its pharmaceutical products through a social initiative powered by Ibucap a quality pain relief companion," Nwaosu said.

In her reaction, Kaffy heaped praises on the management of Shalina for deeming it fit to sign her on as an ambassador for one of its popular products, adding that dancing and pain are a pair of Siamese twins, saying some part of pain is simply part of being a dancer.

The energetic dancer, who is the founder of Imagneto Dance Company, holds the Guinness World Book record for Longest Dance Party, having achieved the feat at the Nokia Silverbird Danceathon in 2006.

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Sinclair elected FIP president

continued from back page



Mr Paul Sinclair, new president of FIP.

pharmacist and former community pharmacy proprietor, has served FIP for a number of years, including as president of its Community Pharmacy Section (2014–18) and chair of FIP's Board of Pharmaceutical Practice since 2018.

He has also held several official positions at the Pharmacy Council of New South Wales, the Australian Association of Consultant Pharmacists and the Pharmacy Guild of Australia, as well as board positions in not-for-profit organisations, such as Asthma Australia.

Appreciating the good gesture of the FIP Council in electing him, Sinclair said: "I am both excited and humbled to be elected president of FIP; and to be the first Australian president reinforces the global reach and importance of our federation. I

look forward to continuing the strong tradition of service to our profession that has defined previous FIP presidents."

The new FIP leader added that he had taken an active leadership role in adapting and developing the federation's business and practice models to help it both survive and prosper during the COVID-19 pandemic.

"I see the challenge ahead as building on our successes over the past two years to make FIP an even stronger and a more member-facing organization," Sinclair enthused.

He further outlined his vision to include ensuring that FIP's membership model has a high value proposition that supports all categories of members; as well steering the federation to benefit from diversified income streams that will deliver improved financial security and ultimately enable greater support for members.

Sinclair assured that, as FIP president, he will advocate for the pharmacy profession "in all its forms, further advancing Pharmacy worldwide and leaving no one behind."

He added: "Our smallest member organisation will always be an important cog in the wheel that drives FIP forward."

The newly elected FIP president has had extensive experience in local government, serving as both councillor and mayor of Campbell town City Council. In 2019, he was awarded a Member of the Order of Australia for his services to Pharmacy, the community and local government.

PHARMANEWS AWARDS

YEAR	AWARD	WINNER
2015	Ifeanyi Atueyi Essay & Debating Competition	- Faculty of Pharmacy, UNIBEN.
2016	Ifeanyi Atueyi Essay & Debating Competition	- Faculty of Pharmacy, UNIBEN.
2017	Ifeanyi Atueyi Essay & Debating Competition	- Faculty of Pharmacy, OAU, Ile-Ife.
2018	Ifeanyi Atueyi Essay & Debating Competition	- Faculty of Pharmacy, UNIBADAN.
2018	Young Pharmacist Award	- Pharm. Isa Muhammad
2019	Ifeanyi Atueyi Essay & Debating Competition	- Faculty of Pharmacy, UNIBADAN.
2019	PANSITE Award	- Yusuf Wada (Faculty of Pharmaceutical Sciences, Usman Danfodio University, Sokoto)
2019	Young Pharmacist Award	- Pharm. Frank Eze
2020	PANSITE Award	- Izukanne Emembolu (Faculty of Pharmacy, UNIZIK, Awka)
2020	Outstanding Pharmacist Award	- Pharm. (Mrs) Olubukola George
2020	Young Pharmacist Award	- Pharm. Daniel Uchechukwu Eze
2021	PANSITE Award	- Martin Chukwunonso Nwofia (Chukwuemeka Odumegwu Ojukwu University, Igbariam)
2021	Pharmanews Interschool Debate Competition	- Faculty of Pharmacy, UNIBEN.
2022	PANSITE Award	- Jennifer Ukamaka Ekuma (University of Uyo, UNIUYO)
2022	Dean Award	- Prof. Festus B.C. Okoye Nnamdi Azikwe University (UNIZIK)
2022	Pharmanews Interschool Essay & Debate Competition	- Prof. Dora Akunyili College of Pharmacy, Igbinedon

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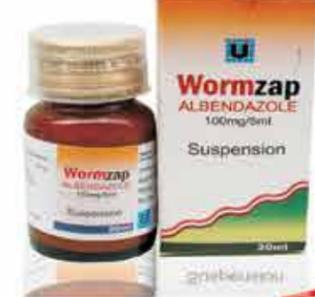


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CONTRA-INDICATIONS:
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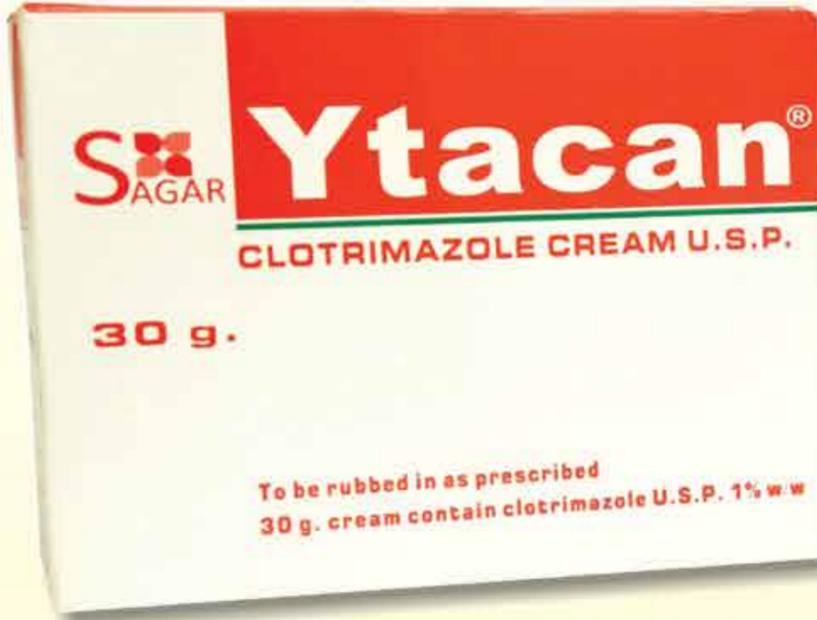


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Sinclair elected FIP president

By Temitope Obayendo

Mr Paul Sinclair has been elected new president of the International Pharmaceutical Federation (FIP).

The election was conducted by the FIP Council on Saturday, 17 September, 2022, prior to the opening ceremony of the 80th World Congress of Pharmacy and Pharmaceutical Science in Seville, Spain.

Sinclair is the first Australian pharmacist to emerge president of the global body of pharmacists in its 110-year history.

According to a statement made available to **Pharmanews** by FIP, Sinclair took office as president-elect from 23 September, 2022, while his four-year term as president will begin in September 2023.

Sinclair, a community

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L-R: President, PSN, Prof. Cyril Usifoh; Vice Chancellor, Chrisland University, Abeokuta, Prof. Chinedum Peace Babalola and Vice Chancellor, OAU, Prof. Adebayo Bamire during the National Conference of the Nigerian Association of Pharmacists in Academia (NAPA), held at OAU recently.

PANS honours Atueyi, as UNIJOS wins Pharmanews inter-school debate contest

By Adebayo Oladejo

It was a moment of thunderous ovation at the main auditorium of the Dora Akunyili College of Pharmacy, Igbinedion University, Okada (IUO), Edo State, as the Pharmaceutical Association of Nigeria Students, (PANS), presented an Award of Honour to the Publisher of **Pharmanews**, Sir Ifeanyi Atueyi, for his immense contributions in mentoring young and aspiring pharmacists.

They also appreciated him

for the sponsorship of the second edition of the Pharmanews Inter-School Debate and Quiz Competition, held during the 47th Convention of PANS at IUO.

The event which had over 15 pharmacy schools and about 300 pharmacy students across the country in attendance saw the competing schools slugging it out to win the coveted prize in

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