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Pharmacists' role critical in attaining universal health coverage, says Jatau

- As PSN holds 96th Annual National Conference

Pharmacists have been tasked to look inward and work with other healthcare professionals

to intensify local drug production and ensure that every Nigerian has

access to affordable quality drugs and sound healthcare.

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L-R: Dr Kunle Tometi, president-elect, NAPPSSA; Pharm. Emma Ezirim, president, NAPPSSA; Pharm. (Alh) Ahmed Yakasai, former president, PSN; Dr Teresa Pounds, immediate past president, NAPPSSA and Dr Emma Omehe, at the 96th Annual National Conference of the PSN, held recently in Gombe State.

I did my best as PSN president - Ohuabunwa

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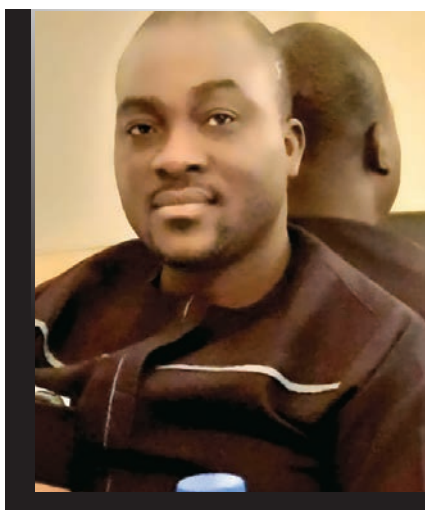
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PHARM. ADEBAYO GBADAMOSI

Pharm. Adebayo Olukayode Gbadamosi is the current chairman of Association of Community Pharmacists of Nigeria (ACPN), Oyo State Branch. Born on 6 November 1978, in Omu-Aran, Kwara State, he attended Depot NA Nursery and Primary School, Zaria (1982 to 1990) before proceeding to Therbow Secondary School, Zaria, Kaduna State for his secondary education (1991 to 1996).



G b a d a m o s i gained admission to study Pharmacy at the Ahmadu Bello University (ABU), Zaria in 1997 and obtained his B.Pharm. in 2004. He also obtained a Master in Business Administration (MBA) degree from Ladoké Akintola University of Technology (LAUTECH), Ogbomoso, Oyo State, in 2011.

He had his internship at the University of Ilorin Teaching Hospital (UIH), after which he observed his mandatory one-year National Youth Service at St Joseph Hospital, in Ikot Akpabuyo LGA of Cross River state.

Gbadamosi started his pharmacy career at Megalifesciences Nigeria Limited, as a medical representative covering Kwara, Kogi and parts of Niger State, from 2007 to 2009. He then moved to Eli Lilly as a medical representative covering the entire west, from 2009 to 2012.

He was appointed as regional manager (west), at Maydon Pharmaceutical Limited between 2012 and 2015 and was promoted to national sales manager, from 2016 to 2017. Thereafter, he moved to Global Healthcare Limited as head of sales, from 2017 to 2018.

Gbadamosi resigned from Global Healthcare, in August 2018, to establish his community pharmacy practice, now known as Robakeye Pharmacy Limited, in Ibadan, Oyo State. He is currently the managing director and chief executive officer of the fast-growing retail pharmacy, with three branches in Ibadan alone.

Gbadamosi is also a pharmaceutical inspector at the Pharmacy Council of Nigeria (PCN). He has equally served in various capacities in the ACPN at the state and national levels. He was the immediate past secretary of Oyo State ACPN and also a NEC member. He has served on various committees of the ACPN and the PSN.

Adebayo is happily married to Mrs Ilemobayo Gbadamosi, and the marriage is blessed with lovely children.

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"Most of the important things in the world have been accomplished by people who have kept on trying when there seemed to be no hope at all." — **Dale Carnegie**

"Our greatest weakness lies in giving up. The most certain way to succeed is always to try just one more time." — **Thomas Edison**

Your hardest times often lead to the greatest moments of your life. Keep going. Tough situations build strong people in the end." — **Roy T. Bennett**

"Integrity is the most valuable and respected quality of leadership. Always keep your word." — **Brian Tracy**

"We must be willing to let go of the life we planned so as to have the life that is waiting for us." — **Joseph Campbell**

"Never limit yourself because of others' limited imagination; never limit others because of your own limited imagination." — **Mae Jemison**

"You only live once, but if you do it right, once is enough." — **Mae West**

"Darkness cannot drive out darkness; only light can do that. Hate cannot drive out hate; only love can do that." — **Martin Luther King, Jr.**

"Find out who you are and be that person. That's what your soul was put on this earth to be. Find that truth, live that truth, and everything else will come." — **Ellen DeGeneres**

"We need to take risks. We need to go broke. We need to prove them wrong, simply by not giving up." — **Awkwafina**

"Stay away from those people who try to disparage your ambitions. Small minds will always do that, but great minds will give you a feeling that you can become great too." — **Mark Twain**

"Success is peace of mind, which is a direct result of self-satisfaction in knowing you made the effort to become the best of which you are capable." — **John Wooden**

With the increasing number of deaths from cervical cancer globally, the World Health Organisation and governments have been making spirited efforts towards curbing its ravages. Cervical cancer is currently the fourth most common cancer among women in the world, with an estimated 604,000 new cases and 342,000 deaths in 2020 alone.

In Nigeria, cervical cancer is a significant public health concern, with a high prevalence and mortality rate. It is the second most common cancer among women in the country, accounting for approximately 14 per cent of all female cancers. It is also the second most frequent cause of cancer deaths among women aged 15 to 44 years.

A major reason for this high burden of the disease in the country is the lack of awareness and knowledge about the disease among the population. Many women are unfamiliar with the risk factors, symptoms, and prevention measures, leading to delayed diagnosis and treatment. Closely linked to this is the limited availability and accessibility of screening and vaccination programmes in the country.

It is apparently in recognition of this needless onslaught of cervical cancer that the Federal Government recently introduced the HVP vaccine into its routine immunization system. This, as announced, is to prevent infection with HPV types 16 and 18, which are responsible for most cases of cervical cancer in the country.

While officially launching the programme in Abuja, on 24 October, the Honourable Minister of Health, Muhammad Ali Pate, said: "The loss of about 8000 Nigerian women yearly

from a disease that is preventable is completely unacceptable. Cervical cancer is mostly caused by HPV, and parents can avoid physical and financial pain by protecting their children with a single dose of the vaccine."

This move by the FG is very significant, as it targets 7.7 million girls, ages nine to 14, with the first rollout of the vaccines. It has been hailed as the largest number in a single round of HPV vaccination in the African region. And, to ensure effective wide coverage, the WHO country office in Nigeria and other partners recently trained over 35,000 health workers for the exercise to be conducted across vaccination sites in all 4,163 wards of 16 states and the FCT, Abuja.

Sadly, despite the laudable intent of this initiative, the announcement has been met with mostly scepticism and apathy from the public, with many parents expressing serious concerns over the safety of the vaccine for their children. Yet, these parents are not entirely to blame. Investigations by **Pharmanews** revealed that authorities in the Nigerian healthcare sector have not been proactive enough in providing adequate orientation and enlightenment to members of the public on the necessity and safety of the vaccine.

It is well known that due to pervasive ignorance, illiteracy,

cultural issues and religious inclinations, many Nigerians have always demonstrated vaccine hesitancy. Recent reactions to the polio and COVID-19 vaccines validate this. Indeed, in the case of the present HPV vaccine – as in many previous ones – myths and misinformation about the vaccine had spread far and wide even before the rollout date. Rumour-mongers and purveyors of fake news simply hijacked the gap created by government's inefficiency to spread frightening stories about the HPV vaccine.

Confirming this lacuna in information dissemination and how it should be addressed, a Professor of Virology and former Vice-Chancellor of Redeemer's University, Oyewale Tomori, said: "Have we done all that we should do? From our experiences in the past, like the polio and COVID-19 boycott, have we done enough? We assume that the people don't know or that we know too much. Then, with the little information we give our people, we leave gaps and they are filled with fiction. We must confront the people that are providing misinformation aggressively. If you let it last one day, it will spread to where you can never reach."

To this end, we call on the government to, as a matter of urgent necessity, constitute an effective information dissemination

mechanism, preferably using the National Orientation Agency (NOA) and the National Programme on Immunisation (NPI). These must be mandated and equipped to enlighten Nigerians, especially girls and women, on the importance and safety of the HPV vaccine in the fight against cervical cancer.

Government must also be sincere, persuasive and reassuring, especially with the first single dose of the vaccine targeting girls from ages of nine to 14. Even though parents are required to play a significant role in ensuring the success of this vaccination drive, government has to find a way to make the campaign appealing to this age bracket, in order to win their interest.

Also, as a matter of public health emergency, the NPI should make the fight against cervical cancer a focal point of its activities by putting in place measures that would make the HPV vaccine available and acceptable throughout the country. Additionally, research and data collection on cervical cancer in the country need to be improved. Accurate data is essential for planning and monitoring the impact of interventions.

On the whole, tackling the burden of cervical cancer in Nigeria requires a multi-sectoral approach, involving the government, healthcare professionals, civil society organizations, and international partners. With concerted efforts and a strong commitment to addressing this issue, Nigeria can make significant progress in tackling the burden of cervical cancer and improving the health outcomes for women nationwide.

Tackling Nigeria's cervical cancer burden

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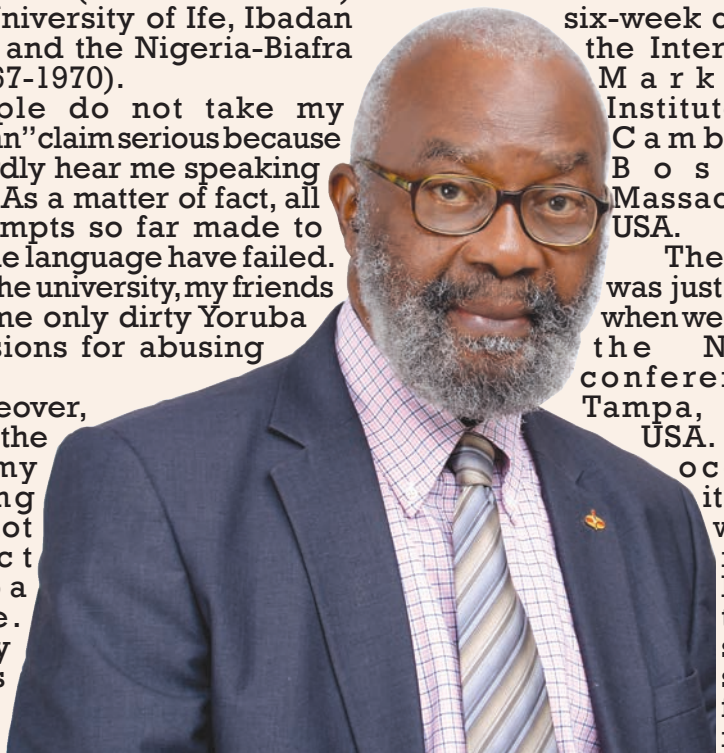
Why I am a Lagosian

By Sir Ifeanyi Atueyi

When I tell my friends that I am a Lagosian, they think I am just joking. But the fact is that I have been living in Lagos from 1964, the year I graduated with a diploma in Pharmacy and started working. Of course, I was outside Lagos during my B.Pharm. programme (1966/67 session) at the University of Ife, Ibadan Branch, and the Nigeria-Biafra war (1967-1970).

People do not take my "Lagosian" claim serious because they hardly hear me speaking Yoruba. As a matter of fact, all my attempts so far made to speak the language have failed. Even at the university, my friends taught me only dirty Yoruba expressions for abusing people.

Moreover, most of the time, my dressing does not reflect Yoruba culture. Many years ago, I made one



white and one yellow *babariga* for important occasions. At one time, I collected the white one from the dry cleaner for a wedding. As my Yoruba friends do, I kept the outer "balloon" at the back seat of my car, until I reached the venue of the wedding. Then I brought it out to wear. After fruitless attempts to force in my head, I abandoned it on the seat of the car with the cap and then entered the reception hall. It was not a nice experience for me. The following Monday, I returned it to my Obalende tailors to expand the neck.

My second experience was even more embarrassing. This time, I tested the attire before giving it to the dry cleaner and everything was alright. The function was a cocktail party at Ikoyi. I got there a bit late because of traffic problem. As soon as I arrived, I confidently brought out my balloon and wore it, grabbed my cap and fitted it well and then marched with dignity into the hall.

Soon after, the then president of PSN sighted me and moved straight to me. He then surprised me by politely holding my hand and taking me along with him to a corner. There, he started turning my balloon round my shoulder because I had worn it back to front.

One or two guests might have earlier noticed my mistake but did not want to correct me - maybe, thinking that I might not be mentally sound. I thanked my president for saving me from the embarrassing situation. Those two experiences discouraged me

from wearing *babarigas*. In any case, I am not even good with Igbo traditional dresses.

As I said before, I have spent most of my life in Lagos. I can count only three occasions when I have spent more than one month outside Lagos since 1964. The first was in 1978 when I attended a

six-week course of the International Marketing Institute (IMI), Cambridge, Boston, Massachusetts, USA.

The second was just last year when we attended the NAPPSA conference in Tampa, Florida, USA. On that

occasion, it was my wife who made up her mind that we should stay for one month, so we

could visit some of our relations in different states. I did not take her serious until when I wanted us to purchase our air tickets. It was then that she presented to me our tickets which she had already procured covering one month. I was upset as I was not thinking of staying out for so long. However, since the tickets had already been purchased early at a good rate, I had to surrender to her decision. It turned out to be an exciting trip that afforded us time to be in Florida, Georgia, Maryland and New York.

My third time of being more than one month outside Lagos was earlier this year. Sometime ago, our daughter in Canada filed the Canadian Permanent Resident Permit for us, and it went through this year. For the purpose of this permit, we were advised to plan for initial stay of about three months.

Staying three months outside my house was a very serious decision for me. Many questions were flooding my mind. How would I abandon my office, my FGBMFI meetings, NAPharm meetings, church activities, my friends and my household? My life and daily routine would be dislocated. My mind was focusing on imaginary problems but the few friends I mentioned the purpose of the trip to were highly excited and congratulated me on such an opportunity that many are looking for. That gave me the encouragement to stay for three months outside Lagos this year.



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Be productive

By George O. Emetuche, CES

Productivity is never an accident. It is always the result of a commitment to excellence, intelligent planning, and focused efforts. - Paul J. Meyer

I thank God for bringing us to the last month of the year. May the month of December be blessed for you and your household.

The first law God gave to man centres on productivity and taking charge (Be fruitful, multiply and subdue the earth.) This tells that man is supposed to be productive anywhere he finds himself because what he will achieve in life is a function of how he is able to produce and take charge of his environment.

Our business outlook

The problem we have today about the naira and forex is a problem of productivity. Our country is a consuming nation. Mr Peter Obi was right during his campaign: to move the country from consumption to production. Achieving this position will solve 80 per cent of the country's problems. Nigeria currently imports almost everything and exports very little!

With the oil sector accounting for 95 per cent of Nigeria's foreign exchange earnings and 80 per cent of its budgetary revenue, the country is far from diversifying its economy from oil. This is a serious discussion that should sincerely take the centre stage stage - if the country truly wants to make headway.

Productivity should be a way of life

Everyone wants productivity. The Farmer wants an arable land that produces bountifully. An entrepreneur wants to invest in businesses that yield profits. Everyone wants to grow and develop. Families want to share testimonies of fruitfulness in their endeavours. Everyone wants to excel. But...

How productive is your company?

How productive is your team?

How productive are your models and strategies?

How productive are you as an individual?

The answers to these questions will explain a lot of things. Productivity is a function of discipline. Productivity is an attitude.

All hands must be on deck

Productivity is a practical thing that everyone in an organisation must pursue. From the production department to the marketplace, every aspect of the process must be seen to be highly productive.

Preparation is important, too. You cannot give what you do not have; therefore, the team must develop the right knowhow to achieve the right results.

The ideal strategy to adopt at this challenging time is to achieve more with little. This is where the power of negotiation comes in. This is where cost leadership strategy is handy. This is where being brilliant on the basics becomes extremely necessary.

You cannot talk about productivity without talking about people and process. The right team designs the right process that gets the right results. The right strategy is a function of the quality of the team and vice versa. The team you

assemble must be the right people; square pegs in square holes, and round pegs in round holes.

Mistakes in people affect the team's productivity. Whether you hire attitude and train skill or you hire skill and continue to train to achieve optimum performance, you must be seen to be updating your process and recruiting and training the right people. The path to success is not a quick fix.

Excellence is never by chance

You must be intentional if you want to stand out. The theme of the 2023 edition and 5th anniversary of Nigeria Sales Conference (slated for 2 December), "The Productive Sales Professional," is intentional. The goal is to discuss productivity from a broad perspective - even in a tough business environment of

today. Speakers at the conference will be approaching the theme from several perspectives that will ensure that we prepare productive professionals at the end of the programme.

No business will succeed without productivity. Excellence is never by chance. You work for it. Businesses that are not productive will die. Professionals who are not productive are time bombs waiting to explode!

Let me also emphasise that being productive is a function of knowledge, ability, attitude, and strategy. You need knowledge. You need to show ability to get results. You need the right attitude to get things done. You need the right strategy that tells how to achieve the goals you set for yourself. This is why I always maintain that success is intentional, failure is intentional, and choice is free! People decide the path they want to follow.

Some people will decide to follow an unproductive path because it is easy and promotes the comfort zone. On the other hand, those who want to make a difference will go all the miles to



get things done because being productive is a decision. People who are successful in their callings decide to follow the processes that get the crown.

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Inquest

with
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The roles that music and sound play in different cultures vary according to the impact they create within given circumstances or experiences. Medical ethnomusicology therefore strives to study both the prophylactic and therapeutic characteristics of music and sound in relation to certain medical conditions from the perspectives of different ethnic and cultural orientations.

To fully understand the concept of medical ethnomusicology, one must appreciate the fact that music, as a popular aspect of culture, carries therapeutic powers that help in the management of certain medical conditions. The healing power of music and sound has been recorded in history and remains very relevant in modern times. In Greek mythology, Apollo, the god of the sun, was reputed with musical and healing powers, just like the progenitor of the medical profession, Hippocrates, who was known to have played music for his patients, in order to speed up their healing processes.

In Indian and ancient Egypt cultures, music was widely used in temples for healing and exorcism, whereby evil spirits and bad energies were removed from afflicted human souls. The Bori Cult

culture in northern Nigeria also used music as a medium of healing and adorcism, through which humans or communities possessed by evil spirits were freed and healed of the harmful effects of the negative energies deposited in them by those evil spirits.

During and after the Nigerian civil war, music played a very significant role in healing those who were emotionally and mentally aggrieved, due to the loss of loved ones or property. Many Biafran soldiers who were almost giving up on the war were spurred into more heroic action of protecting their motherland by the lyrics of the Biafran anthem. Even the weaklings among them summoned courage and dared to face the the Nigerian Army, with all its backers. The fear of death was therefore dwarfed by the confidence-boosting lyrics of that anthem:

*Land of the rising sun, we love and cherish,
Beloved homeland of our brave heroes;
We must defend our lives or we shall perish.
We shall protect our hearts from all our foes;
But if the price is death for all we hold dear,*

Medical ethnomusicology: The Nigeria-Biafra experience

Then let us die without a shred of fear.

Unfortunately, due to its logistical deficiency

and the starvation occasioned by the Nigerian government's blockade that forbade food and medical supplies into its territory, hundreds of thousands of Igbos, including infants and children, died of starvation, making the war look like a one-sided affair as Nigerian troops kept having a field day. By the time the war was officially pronounced ended on 15 January 1970, no lesser than five hundred thousand to three million Igbos had died.

After the war, Gowon's policy of Reconciliation, Reconstruction and Rehabilitation brought about a new lease of life for Igbos but their economic status had been greatly affected. Those who were millionaires and those who were struggling financially all ended up with the paltry twenty pounds that was given as part of their economic rehabilitation. During this time, many Igbos were heart-broken, depressed, and relied on music for healing. At this time, the high life music genre was making serious waves in the eastern part of Nigeria.

The emotional healing of Igbos was expedited by the soothing musical deliveries of musicians like Celestine Ukwu (*Ije Enu*, 1971), Gentleman Mike Ejeagha (*Akuko Na Egwu* Vol. 4, 1972), Oriental Brothers

(*Uwa Atuolamujo/The Chinyere*, 1973) and Osita Osadebe (*Onu Kwube*, 1975), amongst many others. It remains a study in resilience and sheer industry how an ethnic group which had its sons and daughters killed in their thousands during the war was able to overcome the psychological trauma of that despicable episode and move on to become one of the richest in Africa and beyond.

Music definitely played a major role in shaping the Igbo post-war resolve to become the best they can be, irrespective of the humongous losses they incurred during the war. The spirit of industry, against all odds, was well captured in the song *Oriental Special* by the Oriental Brothers:

*Obiara uwa bia ile anya anya
Onye biara n'uwa obiara ile anya*

Owu ihe onye mere n'uwa k'oji ala mmo

Ihe onye ruta n'uwa ka chi ji aku ya ugwo

The simple interpretation of the song is "Does any man come to the world for just sightseeing? It is a man's labour that qualifies him for God's reward." So, rather than continue to brood over their losses during the war, Igbos resolved to put that episode behind them by reconstructing their history as a wealthy, determined and industrious ethnic group that has produced some of the most influential citizens of the world.

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1. FAU Amir, J et al. Comparative Evaluation of Cefixime Versus Amoxicillin-clavulanate Following Ceftriaxone Therapy of Pneumonia - Department of Pediatrics, Hasharon Hospital, Israel, 1996 Dec.

Celebrating 44 Years of Uninterrupted Monthly Publication (1979-2023)

Natural remedies for body odour and bad breath

By Mrs Chima Ejimofor

Unbearable body odour (mainly from the armpits and feet) and bad breath (or halitosis - an unpleasant smell of breath and mouth) are two common concerns that can affect anyone. While these issues can be embarrassing, there are several natural remedies that can help you combat them effectively.

Body odour remedies

1. Maintain proper hygiene: The most crucial step in preventing body odour is to maintain good personal hygiene. Regular showers, thorough cleaning of armpits and groin areas, and using antibacterial soap can significantly reduce odour-causing bacteria on your skin.

2. Wear breathable fabrics: Choose natural, breathable fabrics like cotton to allow your skin to breathe. This helps to reduce sweating and minimises the conditions conducive to body odour.

3. Since aloe vera is one of the best known natural bactericides, it is recommended to shower daily using Aloe Liquid Soap or Avocado Face and Body Soap, in addition to Aloe Shield deodorant roll-on. The aloe vera kills the bacteria which produces unpleasant odour.

4. Lemon juice: Lemon juice has natural antibacterial properties and can help combat body odour. Simply apply freshly squeezed lemon juice to your underarms or other odour-prone areas before your shower.

4. Baking soda: Baking soda can act as a natural deodorant. Mix a small amount with water to create a paste, and apply it to your underarms to neutralize odour.

Dietary tips for body odour

1. Stay hydrated: Drinking plenty of water helps flush toxins from your body and can reduce body odour.

2. Herbs and spices: Incorporate herbs and spices like parsley, mint, and sage into your diet. They can help neutralise odours.

3. Reduce red meat and processed foods: Foods high in red meat and processed ingredients can lead to more pungent body odour. Opt for a balanced, plant-based diet.

4. Chlorophyll-rich foods: Foods like spinach, parsley, and wheatgrass are rich in chlorophyll, which can help neutralize odours. Consider adding them to your meals.

Bad breath remedies

Bad breath may be caused by

a lack of oral hygiene, an incorrect diet, infections in the throat, nose or gums, or because of excessive smoking or drinking.

In some cases, diabetes causes this problem, as well as the presence of some poison in the body like lead, arsenic or methane.

Most of the time, bad breath is due to bad digestion, which causes putrefied material to remain in the stomach. This, in turn, produces gas, which is expelled through the breath.

The foundation of preventing bad breath is excellent oral hygiene. Brush your teeth, at least, twice a day, using the Aloe Bright Toothgel, which combines aloe vera and bee propolis in a fluoride-free formula, for

sparkling teeth and fresh breath. Use dental floss, and consider using a tongue scraper to remove bacteria from the tongue's surface.

In addition, fast, one to three days, on orange juice with Aloe Vera Gel or Berry Nectar; at the same time taking a soft laxative, yogurt or Active ProB, to improve the intestinal flora.

Odourless garlic thyme acts as a natural antibiotic, killing bacteria in the mouth and colon.

Dry mouth can lead to bad breath. Stay well-hydrated to maintain a moist mouth and promote saliva production.

References:

Guide to Natural Remedies for Health and Well-Being - Enrique



Garza
Google, ChatGPT

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

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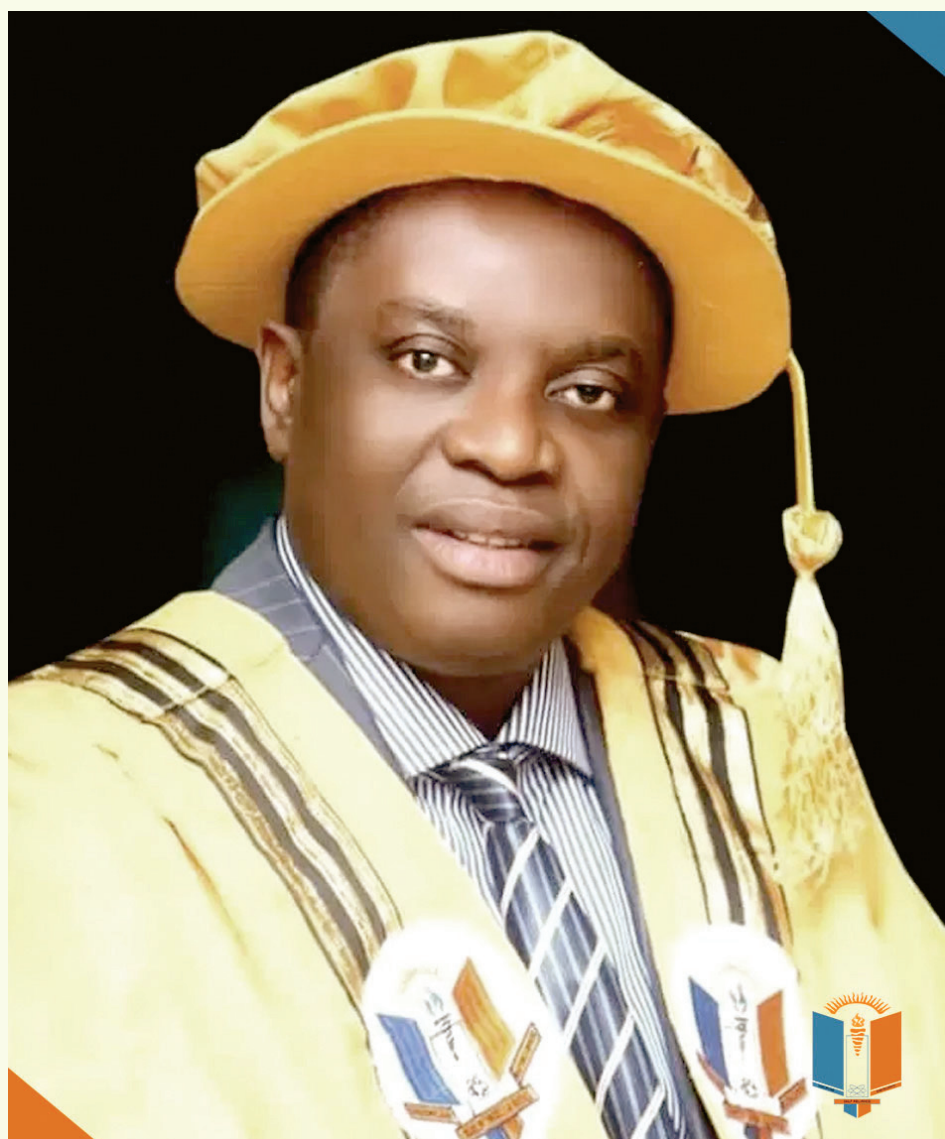


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Charles Esimone: Pharmacy genius who became professor at 37

By Ola Aboderin



Prof. Charles Esimone

Among the defining moments in the history of pharmacy scholarship in Nigeria, the remarkable odyssey of Prof. Charles Okechukwu Esimone will stand out as one of the greatest. Like a catalytic dynamo, he has, from his university days, consistently demonstrated that his foray into Pharmacy was destined to trigger transformative disruptions that would leave indelible footprints.

Due to the ease with which he formulated drugs, even as an undergraduate, Esimone was dubbed "the formulator" by his classmates. Amazingly, over the years, he has, with the same "ease", reformulated the boundaries of scholastic and professional excellence, birthed revolutionary discoveries, proffered ground-breaking solutions, and set sterling records that will inspire generations of luminaries to come.

One of such records is his becoming a professor at an age when many of his peers in academia and other practice settings were still struggling to find their feet. Esimone actually holds the record of being the youngest pharmacist to become a professor in Nigeria at age 37. He naturally attributes this feat, as well as numerous others that he has achieved as an academic pharmacist and presently as vice-chancellor of

Nnamdi Azikiwe University, Awka, to the mercies of God Almighty.

However, anyone familiar with Esimone's meteoric rise would concur that, even with divine help, the path through which he permanently etched his name in the top echelons of pharmaceutical scientists was not paved with roses. Indeed, his legend is best summed up by these immortal lines from one of Henry Wordsworth Longfellow's poems: "*The heights by great men reached and kept were not attained by sudden flight, but they while their companions slept, were toiling upward in the night.*"

Rendezvous with destiny

Esimone's "toiling upward in the night" that had begun since his early years at University of Nigeria, Nsukka (UNN), assumed a more decisive dimension, when he became a supervisee of Prof. Michael Umale Adikwu in his final year. While his initial intention was to proceed to northern Nigeria to tap into the gaping goldmine of community pharmacy, Adikwu redirected his attention to his potential as a powerhouse of scientific knowledge that would flourish best in academia. According to him, "Prof. Adikwu illuminated a path I never considered. He showed me the greener pasture I was looking

for through academia and asked me to go get it."

Though the path was seemingly daunting and non-lucrative, Esimone not only accepted the challenge to be an academic pharmacist at UNN but also heeded the advice to unleash his genius in the field of pharmaceutical microbiology. This was a daring move that only a natural-born pathfinder like Esimone could have contemplated. At that time, pharmaceutical microbiology, previously taught by mostly expatriates in the Department of Pharmaceutics, had become unpopular at UNN. This was because the expatriates (mainly Indians and Egyptians) had left the country. So massive was the chasm created by the exodus that the course had to be moved to the Department of Microbiology in the Faculty of Biological Sciences.

Despite still being an intern pharmacist, Adikwu challenged Esimone to develop the curriculum for Basic/Introductory Pharmaceutical Microbiology, which he brilliantly did. That marked the return of the course to the Faculty of Pharmaceutical Sciences.

Greater heights

A few years after obtaining his postgraduate degrees (1998 and 2002 respectively), Esimone was invited to a training in biotechnology, which was still alien to Nigeria as at then. His superlative mastery of the subject paved the way for him to obtain a Humboldt fellowship in pharmaceutical microbiology and biotechnology in Germany.

It was during this fellowship that the distinguished researcher developed his well-known expertise in recombinant DNA-based assay technology. This would ultimately lead to the development of assay protocol that revolutionised antiviral screening of natural products against HIV and other pathogens. Suffice to say that the same technique was recently deployed in testing for anti-COVID properties in plant products.

Following his trailblazing research outcomes during the Humboldt fellowship, Esimone was again awarded a fellowship to develop malaria vaccine in the US. Shortly after, he took up employment as senior lecturer, at Nnamdi Azikiwe University, Awka (UNIZIK).

"Too phenomenal for Readership"

While Esimone was busy in the US, something spectacular was happening back in Nigeria. The management of UNIZIK that had been so impressed by the profundity of his research output decided to send his papers to external assessors, so he could possibly be promoted to the post of Reader.

To the surprise of the school management, the assessors declared that his brainpower was already beyond that of a Reader - he was recommended for promotion as full professor! The university could not agree less - and thus did Esimone establish himself as a phenomenon in the annals of pharmacy scholarship in the country. He became not just UNIZIK's first professor of Pharmacy but also the first professor of Pharmaceutical Microbiology in South-eastern Nigeria.

The renowned scholar would go on to record several other accomplishments, including collaboration with the United States Pharmacopoeia to develop the curriculum for Pharmaceutical

Quality System for implementation in pharmacy schools. He also collaborated with expatriates from universities in the United States to establish the department of Forensic sciences at UNIZIK.

Esimone has equally served in the board of international and local committees, representing Africa and Nigeria in the global stage. He was a member of the five-man committee sent to ICGB, Trieste, Italy, for discussions on the manufacture of Biosimilars and development of biotechnology (Biopharmaceutics curriculum) in Nigeria. He was also a member of the committee of deans that initiated Supply Chain Management curriculum in Nigerian universities.

Higher calling

After years of meritorious exploits in expanding the frontiers of pharmaceutical science and education, Esimone stepped up to serve as the deputy vice chancellor (Academic) of UNIZIK for two terms. This experience, coupled with his natural administrative acumen, the repeated trainings he got from the DIES programme (organised by DAAD (Deutscher Akademischer Austauschdienst), as well as his passion to consolidate his successes at the faculty level, prompted him to vie for the vice-chancellorship of the institution.

Since assumption of office, Prof. Esimone, who hinges his administration on ACADA, an acronym for Academic Excellence, Community Service, Administrative Reforms, Discipline and Advancements, has progressively moved the university forward in all the areas pointed out above. This has led to improved ranking of the university in all fronts.

Despite his current administrative engagements, however, the celebrated vice-chancellor is still actively involved in pharmaceutical research. According to him, "I am heavily interested in working with anybody to produce the first vaccine from Nigeria." With well over 200 publications to his credit, he is acclaimed as one of the most published scholars in Nigeria.

Awards and recognitions

Esimone, who is a native of Akwaeze in Anaocha LGA of Anambra State (though born in Tiko, in South-West Cameroon), has been honoured with several recognitions and awards in the course of his illustrious career. Aside from the Humboldt fellowship that he considers most fulfilling because it birthed the subsequent honours, he also holds the honorary title, "The Name in Science", as awarded by the Socrates Committee of Oxford University. He won the 2009 award of the Bright Ideas Contest of the African Network for Drugs and Diagnostics Innovation (ANDI) in 2009. He also won the Young Professor Award of the Pharmaceutical Society of Nigeria (PSN), Enugu State Chapter, in October 2009 and the Gold Mentor Award of the Young Pharmacists Group of the Pharmaceutical Society of Nigeria (PSN), November 2009.

Prof. Esimone is a recipient of various national and international grants and a reviewer to several national and international journals. He is a Fellow of the Nigerian Academy of Science, the Nigeria Academy of Pharmacy and the Pharmaceutical Society of Nigeria. He is also the pioneer national president of the Nanomedicine Society of Nigeria.

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Graphopharmacy: New goldmine in community pharmacy practice

By Dipo MacJob (Dr Write)

Innovation is arguably the bedrock of any organisation and by extension, the entire fabric of any nation. Having been privileged to express my thoughts in my niche over the years as a columnist, I have decided to delve into something uniquely unique, which I strongly believe will soon become the cynosure of all eyes within the community pharmacy space.

By that time, anyone without a basic knowledge of graphopharmacy, as an integral part of their community pharmacy practice, would simply be way behind others. Such would also be at a disadvantage because, apart from denying a lot of patients the privilege of accessing good quality healthcare through this innovative technique, he or she literally would be leaving money on the table.

As we speak today, globally, the main approach to healthcare management involves a patient responding to pertinent questions from the healthcare practitioner, with the intent of making a proper diagnosis. But, have you ever thought about the world getting to a level where, just from your handwriting, certain traits and red flags in your body can be detected, even without the aid of any sophisticated equipment, or without you even responding to any question at all?

Graphopharmacy is what I refer to as a "graphopsychodiagnostic" approach to healthcare management. It leverages the fundamental principles of graphology and graphotherapy, based on the fact that the handwriting is a revelation of the energy distribution across the entire body.

If, for whatever reason, there is a concentration of the energy flow in certain areas of the body more than the other areas, there must be a reason for such disequilibrium. Many times, that is indicative of some health challenge. The good news is that a pharmacist with a sound knowledge of graphopharmacy will be able to detect this trait in the handwriting of the patient or customer and take necessary steps towards averting an imminent danger or healthcare crisis.

Graphopharmacy services will not necessarily tell you specifically the nature of the challenge at hand, but will definitely alert about the propensity of a health condition in the future which should be attended to. Have you ever imagined the power of being able to decipher whether or not someone is stressed or

becoming suicidal from his handwriting? How do you think your long-term customer would feel, just by you analysing his handwriting and picking traits showing a probable challenge with his lower limb region, which he later confirms to be an arthritic condition?

Would it not be a thing of joy, if you could recommend simple graphotherapy tools to an elderly stroke patient that would ultimately improve his or her health condition on a long term? Would you not be glad if you could place that child of one of your best customers on graphotherapy tools that would end the mental torture he had been subjected to on account

of low academic grades?

If you are a pharmacist in the community pharmacy space, either currently practising or intending to, this skill is not what you can ignore because it is not just going to be dominant in the future, it is the future of community pharmacy practice. With the artificial intelligence being embedded into graphopharmacy in years to come, it can only further simplify healthcare service. You can imagine an app just analysing your handwriting or signature and giving you counsel regarding your impulsive tendencies or emotional intensity which, by the way, have health implications by ripples effect.

Till we meet sometime in the future, I wish to take a bow



to all you loyal followers of this column. Always remember, "If you want to get it right, you need to do it the 'write way'".



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Advances in management of HIV/AIDS and STDs

The human immunodeficiency virus (HIV) is a virus that attacks cells that help the body fight infection, thereby making a person more vulnerable to other infections and diseases. HIV damages the immune system of the body by attacking the white blood cells called CD4.

According to the World Health Organisation (WHO), HIV remains a major global public health issue, having claimed about 40.4 million people so far with ongoing transmission in all countries globally.

As of the end of 2022, an estimated 39.0 million people were living with HIV. It is however sad to know that two-thirds of the figure, which is about 25.6 million, people are in the African Region. In 2022, the WHO and the Joint United Nations Programme on HIV and AIDS (UNAIDS) recorded that 630,000 people died from HIV-related causes and 1.3 million people acquired HIV.

Although HIV currently has no cure, with proper medical care, it can be controlled. The WHO and virologists have also confirmed that people with HIV who get effective HIV treatment can live long, healthy lives and protect their partners. "With access to effective HIV prevention, diagnosis, treatment, and care, HIV infection has become a manageable chronic health condition, enabling

people living with HIV to live long and healthy lives," WHO says.

When considering all people living with HIV, 86 per cent knew their status, 76 per cent were receiving antiretroviral therapy and 71 per cent had suppressed viral loads. Specifically, out of the 39 million people living with HIV, according to UNAIDS, 1.3 million of them were newly infected with HIV in 2022; 630,000 of them died from AIDS-related illnesses in 2022. At the end of December 2022, 29.8 million people were accessing antiretroviral therapy in 2022.

Out of the 39 million infected people, 37.5 million were adults (15 years or older), while 1.5 million were children (0 to 14 years old). Also, as of the end of 2022, 53 per cent of all people living with HIV were women and girls. However, 86 per cent of all people living with HIV knew their HIV status as of 2022 but about 5.5 million people did not know that they were living with the virus.

Also, according to UNAIDS, at the end of 2022, US\$ 20.8 billion was available for the AIDS response in low and middle-income countries. UNAIDS also estimated that US\$ 29 billion will be required for the AIDS response in low- and middle-income countries, including countries formerly considered to be upper-income countries in 2025 to get on track to end AIDS as a public health

threat.

Nigerian situation

According to a study published in Lancet in July 2023, with the title "Estimation of HIV prevalence and burden in Nigeria: a Bayesian predictive modelling study," an approximately two million people are living with HIV in Nigeria. Their modelled HIV prevalence in Nigeria however varied by state, with Benue leading with 5.7 per cent, followed by Rivers with 5.2 per cent, Akwa Ibom 3.5 per cent, Edo 3.4 per cent, and Taraba 3.0 per cent. They found that Jigawa State had the lowest HIV prevalence, with 0.3 per cent. Their finding agrees, with the UNAIDS statistics, released in 2019.

Meanwhile, the WHO, the Global Fund, and the UNAIDS all have global HIV strategies that are aligned with the Sustainable Development Goals (SDGs) target 3.3, which is to end the HIV epidemic by 2030. SDG 3, it should be noted, focuses on ending communicable diseases by 2030. With the goals, the agencies are working to ensure that by 2025, 95 per cent of all people living with HIV (PLHIV) should have a diagnosis, 95 per cent of those having the virus should be taking lifesaving antiretroviral treatment (ART), and 95 per cent of PLHIV on treatment should achieve a suppressed viral load for their health benefit and for reducing onward HIV transmission.

How HIV attacks the body

A CD4 is typically reported as a count of cells (expressed as cells per cubic millimeter of blood). Sometimes CD4 results are expressed as a percent of total lymphocytes (CD4 percent). A normal CD4 count in the human body ranges from 500–1,200 cells/mm³ in adults and teens. If the person's CD4 cell count falls below 200, their immunity is severely compromised, leaving them more susceptible to infections.

So HIV attacks the body by finding its way into CD4 cells. When it does, it makes copies of itself. Then, the virus kills the CD4 cell and the new copies find other CD4 cells to get inside and start the cycle again. Until the virus is able to kill the CD4 cells, an infected person may not be down completely. This is the reason many people do not know for many years that they have HIV until they go for an HIV test.

HIV versus AIDS

Acquired Immunodeficiency Syndrome (AIDS) is the most advanced stage of HIV. While HIV can be treated and prevented with antiretroviral therapy (ART), untreated HIV can progress to AIDS. According to WHO, AIDS occurs in the body usually when your CD4 T-cell number drops below 200 and the body's immune system is badly damaged. A normal CD4 count in the human body ranges from 500–1,200 cells/mm³ in adults and teens. Hence, someone with a CD4 count below 200 is described as having AIDS. At that point, the immune system is too weak to fight off other diseases and infections.

STDs

STDs are sexually transmitted diseases. One can contract an STD by having unprotected vaginal, anal, or oral sex with someone who has the STD. An STD may also be called a sexually transmitted infection (STI) or venereal disease (VD). HIV/AIDS is one of the most deadly sexually transmitted diseases (STD).

History of HIV

HIV infection in humans came from chimpanzees in Central Africa. Studies show that HIV may have jumped from chimpanzees to humans as far back as the late 1800s. The chimpanzee version of the virus is

continued on page 13

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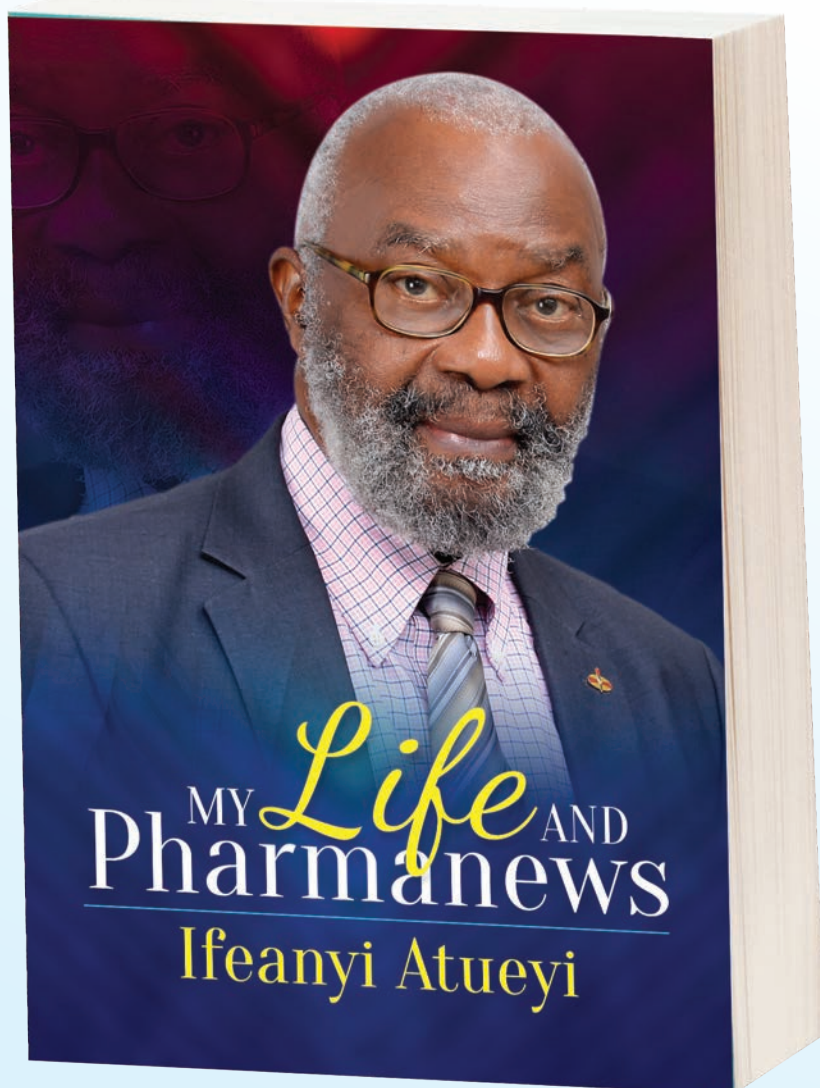
(Excerpts from **MY LIFE AND PHARMANNEWS** by Sir Ifeanyi Atueyi)

Now that I had all the time in the world that I needed, I began to work in earnest towards getting the first edition of **Pharmanews** published as soon as I could. My apartment at 45 Sunmola Street, Mende, Maryland, had three bedrooms, and a children's play room. I converted this play room to my editorial office. The time spent on driving to Apapa early in the morning I used in reading, writing articles, proofreading and editing.

I got myself an Olympia typewriter to start typing my work, having acquired some basic typing experience from the typing school I attended in Enugu, in 1962, during my first long vacation.

As soon as I was through with a draft of the dummy for the first edition, the next task was to get companies to advertise in it. But more importantly, I was hoping some of the advertisers would pay in advance so I could have money for the printing. As revealed in the plan I wrote for **Pharmanews** above, I already had in mind some big companies I wanted to discuss adverts with since I had some of my friends and colleagues working

there. Somehow, however, my efforts at getting adverts from the companies I listed weren't yielding the expected results. Some of my friends actually booked advert



spaces but none was willing to pay until the first edition was published.

Mission Accomplished

I continued for some time in my search for a company to give me the money with which to publish the maiden edition of the journal but without success. I actually needed a capital of about N2,000 to take off. Nevertheless, I was determined not to borrow because, as the reader is already aware, I had developed an aversion for borrowing since my childhood days. Consequently, the challenge of finance posed a dilemma to me for a while.

However, in what would serve as a proof of God's hand in the establishment of **Pharmanews**, as well as the beginning of the wonders that would characterise the survival of the publication for many years to come, I received a

leading that ended my search for the start-up capital. One afternoon, I remembered that I had seen the signboard of a pharmaceutical

company on Town Planning Way, Ilupeju. Prior to this, I did not know of the existence of the company, and had no contact there. However, something inspired me to go there. And so, I went to the company (which I later discovered to be E. Merck) with the dummy of **Pharmanews**. When I told the receptionist that I wanted to see the managing director, she asked if I had an appointment and, of course, I said no. Then she offered me a seat while I waited.

When I finally met the MD, one Mr Ufflabauer, I discovered him to be a huge German. He received me warmly and this encouraged me to clearly share my vision and explain the essence of my visit to his company. I showed him the dummy, with spaces for adverts. Quite surprisingly, the man immediately caught the vision and seemed quite impressed and optimistic about it. He immediately asked me how I intended to send the copies to my target readers (pharmacists and doctors) and I replied that I would wrap the copies in brown paper, label and distribute them through the post office. Right away, he told me not to use brown paper but rather get very good white paper which would carry his adverts. He assured me that placing adverts on the white paper would generate money for me. After that, he went through the dummy and selected page 2 bottom strip advert spaces and asked me to calculate the cost from May to December; the payment for which he said would be made in advance. Not only that, he promised to retain the spaces and to continue to pay upfront every January till he decided to stop. His product was Cosome Cough Syrup.

Continues next edition

PHARMANNEWS AWARDS

YEAR	AWARD	WINNER
2015	Sir Ifeanyi Atueyi (SIA) Essay & Debating Competition	- Faculty of Pharmacy, UNIBEN.
2016	Sir Ifeanyi Atueyi (SIA) Essay & Debating Competition	- Faculty of Pharmacy, UNIBEN.
2017	Sir Ifeanyi Atueyi Essay (SIA) & Debating Competition	- Faculty of Pharmacy, OAU, Ile-Ife.
2018	Sir Ifeanyi Atueyi (SIA) 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, Anambra State)
2021	Pharmanews Interschool Debate Competition	- Faculty of Pharmacy, UNIBEN
2021	Sir Ifeanyi Atueyi (SIA) Essay & Debate Competition	- Faculty of Pharmacy, UNIBADAN
2022	PANSITE Award	Jennifer Ukamak Ekuma (UNIUYO)
2022	Young Pharmacist Award	Pharm. Ozioma Onyedikachukwu Ezeofor
2022	Dean's Award	Prof. Festus B. C. Okoye (UNIZIK)
2022	Pharmanews Interschool Debate Competition	Prof. Dora Akunyili College of Pharmacy, Igbinedon
2023	PANSITE Award	Olasunkanmi Ahmed Ajilaran (UNILAG)
2023	Pharmanews Interschool Debate Competition	Faculty of Pharmacy, Enugu State University
2023	Sir Ifeanyi Atueyi (SIA) Essay & Debate Competition	Faculty of Pharmacy, UNIBADAN
2023	Dean's Award	Prof. Azuka Oparah (UNIBEN)

Celebrating 44 Years of Uninterrupted Monthly Publication (1979-2023)

Advances in management of HIV/AIDS and STDs

continued from page 11

called the simian immunodeficiency virus (SIV). It was probably passed to humans when humans hunted these chimpanzees for meat and came in contact with their infected blood.

Over decades, HIV slowly spread across Africa and later into other parts of the world. Scientists later conducted more research into how SIV could have developed in the chimps. They discovered that the chimps had hunted and eaten two smaller species of monkeys (red-capped mangabeys and greater spot-nosed monkeys). These smaller monkeys infected the chimps with two different strains of SIV. Once inside the human population, the virus mutated into what we now know as HIV.

Scientists first discovered HIV in a human blood sample in 1959. Studies of some of the earliest known samples of HIV provide clues about when it first appeared in humans and how it evolved. The first verified case of HIV is from a blood sample taken in 1959 from a man living in Kinshasa in the Democratic Republic of Congo. The sample was retrospectively analysed and HIV was detected. The DRC today is known for having the most genetic diversity in HIV strains in the world.

HIV transmission

HIV can be transmitted via the exchange of a variety of body fluids from people living with the virus. These include blood, breast milk, semen, and vaginal secretions. HIV can also be transmitted during pregnancy and delivery to the child. It has also been said that HIV is mostly contracted through unprotected sex or needle sharing. Vaginal or anal sex is considered the most common route of transmission of HIV.

It is important to note that people with HIV who are taking ART and have an undetectable viral load do not transmit HIV to their sexual partners. Early access to ART and support to remain on treatment is therefore critical not only to improve the health of people with HIV but also to prevent HIV transmission.

Although HIV is a lifelong condition that currently has no cure, experts have said the virus cannot be transmitted to another person through skin-to-skin contact, hugging, shaking hands, kissing, air or water, sharing food or drinks, drinking from fountains, tears, or sweat (unless mixed with the blood of a person with HIV), sharing a toilet, towels, or bedding, mosquitoes or other insects.

Signs and symptoms of HIV

The symptoms of HIV vary, depending on the stage of infection. According to experts, the disease spreads more easily in the first few months after a person is infected, but many are unaware of their status until the later stages. Generally, in the first few weeks after being infected, people may not experience symptoms. Others may have an influenza-like illness including fever, headache, rash, or sore throat.

The infection will however progressively weaken the immune system which can cause swollen lymph nodes, weight loss, fever, diarrhoea, or cough. But if left untreated, people with HIV infection can also develop severe illnesses such as tuberculosis (TB), cryptococcal meningitis, severe bacterial infections, and cancers such as lymphomas and Kaposi's sarcoma. Meanwhile, HIV causes other infections to get worse, such as hepatitis C, hepatitis B, and mpox.

Stages of HIV

First stage: Acute HIV infection
Many people do not usually know when they have contracted HIV but they may have symptoms within two to six weeks after they have contracted the virus. This is when the body's immune system puts



up a fight. This stage is called acute retroviral syndrome or primary HIV infection. The symptoms are similar to those of other viral illnesses, and they are often compared to flu. The symptoms typically last a week or two and then go away. Early signs of HIV include headache, fatigue,

aching muscles, sore throat, swollen lymph nodes, red rash that does not itch (usually on the torso), and fever.

Second Stage: Clinical latency/Chronic HIV infection

When the body's immune system loses the battle with HIV, the flu-like symptoms will go away but a lot of things are going on within the body. Doctors call this the asymptomatic period or chronic HIV infection. During this stage, untreated HIV will kill CD4 cells and destroy the body's immune system.

The symptoms at this stage may include tiredness all the time, swollen lymph nodes in your neck or groin, fever that lasts more than 10 days, night sweats, weight loss with no obvious reason, purplish spots on your skin that do not go away, shortness of breath, severe long-lasting diarrhoea, yeast infections in your mouth, throat or vagina bruises or bleeding that you cannot explain among others. However, HIV can still be treated at this stage; otherwise, it will give way for other diseases.

As the disease progresses, symptoms will be expanded and more pronounced. These include

tuberculosis, cryptococcal meningitis, bacterial infections, and some cancers, including lymphomas and Kaposi's sarcoma.

Third Stage: Acquired immunodeficiency syndrome (AIDS)

The third stage of HIV is the stage when the virus has killed the CD4 cells in the body and reduced them to less than 200. According to experts, people with AIDS who do not take medication live about three years, or less, if they get another infection. Various sources, including the WHO, have also submitted that the life expectancy of people with untreated AIDS is about three years.

Diagnosis for HIV

Diagnosis of HIV uses rapid tests that provide same-day results and can be done at home, although a laboratory test is required to confirm the infection. This early identification greatly improves treatment options and reduces the risk of transmission to other people, including sexual or drug-sharing partners.

Several different tests can be used to diagnose HIV but healthcare providers determine which test is best for each person. Blood tests are

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Pharmacists' role critical in attaining universal health coverage, says Jatau

continued from front page

The Deputy Governor of Gombe State, Dr Manassah Daniel Jatau, made the call while delivering his keynote address at the recent 96th Annual National Conference of the Pharmaceutical Society of Nigeria (PSN), held in Gombe State, with the theme, "Pharmacy Practice: A Pivot to Universal Health Coverage in Nigeria".

Universal health coverage, as posited by the World Health Organisation, implies that "all people and communities have access, without any kind of discrimination, to comprehensive, appropriate, and timely, quality health services, determined at the national level according to needs; as well as access to safe, effective, and affordable quality medicines, while ensuring that the use of such services does not expose users to financial difficulties, especially groups in conditions of vulnerability."

Jatau, in his address, noted that pharmacy practice is pivotal in attaining universal health coverage, which, is goal 3 (8) of the Sustainable Development Goals (SDG) of the United Nations that must be achieved by 2030. He added that for the goal to be achieved, there is an urgent need for reforms that will ensure genuine support for local production of pharmaceuticals.

The Gombe deputy governor specifically charged the Nigeria Academy of Pharmacy (NAPharm) to spearhead the reforms that will revolutionise local production of pharmaceuticals in the country.

While asserting that there is no ailment without a cure, Jatau stressed that it is the responsibility of pharmacists to find cures to ailments by ascertaining which ailment a herb or plant can cure. He also called on all stakeholders in the pharmaceutical industry to step up in filling the lacuna created by the exit of some drug manufacturing companies from the country.

The keynote speaker pointed that society is concerned about the sick because the sick are unable to perform the roles expected of them, which disrupts the functioning of society. He added that such negative outcomes can only be averted when pharmacists, with the support of other health professionals, put their heads together to minimise disease burden through quality healthcare service delivery.

Jatau, who noted that it was not surprising that the Millennium Development Goals came and went unattained in Nigeria, avowed that the same fate awaits the Sustainable Development Goals, especially universal health coverage, unless sincere efforts are made by all stakeholders to avert this. He called on pharmacists to play their roles in this regard by ensuring continuous production and access to drugs in the country.

According to him, "As pharmacists who are expected to identify, research, and produce the drugs for use, your tasks are enormous and almost herculean. The new challenges I have for you is to look inward, consider local content, partner and liaise with relevant stakeholders, and produce drugs in our environment, using



Deputy Governor of Gombe State, Dr Manassah Daniel Jatau, delivering the keynote address at the PSN conference in Gombe.

plants, animals, birds, etc., which we must accept that the nation has been blessed with in abundance.

"You are to research, test-run and eventually produce medicines for use from our own environment. We are encouraged by the position of criminologists that "somewhere, somehow lies the solution to every problem". Similarly, one of the popular religious books teach us that there is no disease that God sent to mankind that He has not created the medicine or remedy for it much earlier.

"I appeal to you and the pharmacy profession to please do all you can to discover and unveil

the already existing remedies to ailments. It may interest you to know that in line with the functionalist theory, virtually everything that nature provides is a medicine of one disease or the other, just waiting for human beings to discover and pinpoint the disease that it cures.

"I strongly believe that if we apply the system theory which does not underrate the contributions of any actor or stakeholder in the successful accomplishment of a task, our story will change toward progress.

"In essence, if we close ranks, and break all barriers/boundaries between modern pharmacists, traditional medicine practitioners, and even the clients (those that patronise our services), I am convinced that we can come up with efficacious drugs that will be used in place of the imported medicines."

The deputy governor equally



Keynote speaker, Deputy Governor of Gombe State, Dr. Manassah Daniel Jatau, Gombe State governor, Mr. Inuwa Yahaya, and the PSN President, Prof. Cyril Usifoh with his wife beside him.

averted that, with the Nigeria's Traditional Medicine Policy of 2007 in place, producing medicine locally will reduce, to the barest minimum, the inherent tendency of seeking medical treatment abroad, which he said had gulped over \$1.9 billion as of September 2023, citing the Nigerian Association of Resident Doctors (NARD).

He further emphasised that increased local production of drugs will greatly reduce the importation of unnecessary medicines that is currently giving room for importation of fake, and substandard, adding that it will also enhance exportation of manufactured traditional medicines.

Jatau also stated that improved local production of drugs will provide jobs in the area of conservation, cultivation, harvesting, drying and processing of medicinal plants; build capacity

in all areas of traditional medicine development, such as agro, forestry, manufacturing, distribution and marketing; while also helping in the fight against deforestation and addressing climate change.

"With herbal gardens and traditional medicine forests established and preserved, more green areas will emerge in our environments", he said.

Earlier in his remarks, Chairman of the opening ceremony of the PSN conference, His Royal Highness, Igwe (Dr) Oranu Chris Chidume, Eze Ana-Ukwu, Eze Igulube of Amor, Ayamelum Local Government Area of Anambra State, stated that Nigeria has no reason to be importing drugs. He therefore called on the government to put measures in place to grow the nation's pharmaceutical industry, even as he called for collaborations among local pharma companies.

Advances in management of HIV/AIDS and STDs

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the most common way to diagnose HIV. These tests look for antibodies to the virus that are present in the blood of infected individuals. People exposed to the virus should get tested immediately.

HIV Treatment

As dreaded as HIV is, it can be treated with antiretroviral therapy (ART), consisting of one or more medicines. ART does not cure HIV but reduces its replication in the blood, thereby reducing the viral load to an undetectable level. ART enables people living with HIV to live healthy, productive lives. It also works as an effective prevention, reducing the risk of onward transmission by 96 per cent.

However, the medicines should be taken every day throughout the person's life. People can continue with safe and effective ART if they adhere to their treatment. In cases when ART becomes ineffective due to reasons such as lost contact with health care providers and drug stockouts, people will need to switch to other medicines to protect their health.

HIV medications

According to physicians, there are more than 25 antiretroviral therapy medications that have been approved to treat HIV. They work to prevent HIV from reproducing and destroying CD4 cells, which help the immune system fight infection. This helps to reduce the risk of developing complications related to HIV, as well as transmitting the virus to others.

Antiretroviral medications are grouped into six classes: these are nucleoside reverse transcriptase inhibitors (NRTIs); non-nucleoside reverse transcriptase inhibitors (NNRTIs); protease inhibitors; fusion inhibitors; CCR5 antagonists,



also known as entry inhibitors and integrase strand transfer inhibitors.

Treatment regimens

A healthcare provider will help a person with HIV choose a regimen based on overall health and personal circumstances. The U.S. Department of Health and Human Services (HHS), for instance, generally recommends a starting regimen of three HIV medications from at least two of the drug classes. This combination helps prevent HIV from forming resistance to medications.

Many of the antiretroviral medications are combined with others so that a person with HIV typically takes only one or two pills a day. These medications must be taken every day, exactly as prescribed. If they are not taken appropriately, viral resistance can develop, and a new regimen may be needed. Blood testing will help determine if the regimen is working to keep the viral load down and the CD4 count up. If an antiretroviral therapy regimen is not working, the person's

healthcare provider will switch them to a different regimen that is more effective.

Side effects and costs

ARTs may have varying side effects, including nausea, headache, and dizziness. These symptoms are often temporary and disappear with time. Serious side effects can include swelling of the mouth and tongue and liver or kidney damage. If side effects are severe, the medications can be adjusted.

The costs of antiretroviral therapy vary according to geographic location/country. Some pharmaceutical companies however have assistance programmes to help lower the cost to make it more affordable to those who need it.

Useful advice for HIV patients

As earlier stated, about 39 million people are living with HIV across the globe and about two million people are living with the virus in Nigeria. Although the virus is deadly, with treatment, many can live a long and

productive life. The most important thing is to start antiretroviral treatment as soon as possible. By taking medications exactly as prescribed, people living with HIV can keep their viral load low and their immune system strong.

Making their health their top priority is another way people living with HIV can improve their health. They can do this by eating a balanced diet, exercising regularly, getting plenty of rest, avoiding tobacco and other drugs, reporting any new symptoms to their healthcare provider right away, and focusing on their emotional health. They could consider seeing a licenced therapist who is experienced in treating people with HIV, using safer sex practices, talking to their sexual partner(s), and using condoms every time they have sex.

HIV is preventable

The US Centres for Disease Control and Prevention has specifically said that more tools than ever are available today to prevent HIV. "You can use strategies such as abstinence (not having sex), never sharing needles, and using condoms the right way every time you have sex. You may also be able to take advantage of HIV prevention medicines such as pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP). If you have HIV, there are many actions you can take to prevent transmitting HIV to others", the centre said.

Types of STDs

The World Health Organisation has said more than one million sexually transmitted infections (STIs) are acquired every day worldwide. The WHO estimated 376 million new infections in 2016 alone, from which about 127 million people contracted chlamydia, 87 million contracted gonorrhoea, 6.3 million people

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Advances in management of HIV/AIDS and STDs

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contracted Syphilis and 156 million people contracted trichomoniasis.

Another WHO study also showed that more than 500 million people are living with genital HSV (herpes) infection and an estimated 300 million women have an HPV infection, which is the primary cause of cervical cancer. Similarly, an estimated 240 million people are claimed to be living with chronic hepatitis B globally, though both HPV and hepatitis B infections are preventable with vaccination.

Apart from HIV, the most common STDs include:

Herpes

Herpes is the shortened name for the herpes simplex virus (HSV). There are two main strains of the virus, HSV-1 and HSV-2. There are genital herpes, in which sores develop on or around the genitals. There are also oral herpes, which develop on or around the mouth.

Herpes sores generally crust over and heal within a few weeks. The first outbreak is usually the most painful. Outbreaks typically become less painful and frequent over time. There is no cure for herpes yet. But medications are available to help control outbreaks and alleviate the pain of herpes sores. The same medications can also lower your chances of passing herpes to your sexual partner. Effective treatment and safe sexual practices can help you lead a comfortable life with herpes and protect others from the virus.

Chlamydia

Chlamydia is caused by a certain type of bacteria called chlamydia. Many people with chlamydia have no noticeable or outward symptoms in the early stages. It has also been established that about 90 percent of women and 70 percent of men with chlamydia have no symptoms.



Untreated chlamydia can cause serious complications, so it is important to get regular screenings and talk with your doctor or healthcare provider if you have any concerns. The symptoms include pain or discomfort during sex or urination; green or yellow discharge from the penis or vagina; pain in the lower abdomen. Antibiotics can easily treat chlamydia. The surest way for a sexually active person to avoid contracting chlamydia is to use a **condom during sexual intercourse**.

Syphilis

This is a bacterial infection. It often goes unnoticed in its early stages. The first symptom to appear is a small round sore, known as a chancre. It can develop on your genitals, anus, or mouth. It is painless but very infectious. Later symptoms of syphilis can include rash, fatigue, fever, headaches, joint pain, weight loss, hair loss.

If left untreated, late-stage syphilis can lead to loss of vision, loss of hearing, loss of memory, mental illness, infections of the brain or spinal cord, heart disease and death. It is easily treated with antibiotics.

However, syphilis infection in a new-born can be fatal. This why it is important for all pregnant women to be screened for syphilis.

HPV (human papillomavirus)

HPV is a virus that can be passed from one person to another through intimate skin-to-skin or sexual contact. It is a viral infection that commonly causes skin or mucous membrane growths (warts). There are more than 100 varieties of HPV. Some are more dangerous than others.

In most cases, your body's immune system defeats an HPV infection before it creates warts. There's no treatment for HPV. However, HPV infections often clear up on their own. There is also a vaccine available to protect against some of the most dangerous strains.

Gonorrhoea

This is a common bacterial STD, also known as "the clap". Many people with gonorrhoea develop no symptoms. But when present, symptoms may include a white, yellow, beige, or green-coloured discharge from the penis or vagina; pain or discomfort during sex or urination;

more frequent urination than usual; itching around the genitals, and sore throat. If left untreated, gonorrhoea can lead to infections of the urethra, prostate gland, or testicles, pelvic inflammatory disease and infertility.

It is possible for a mother to pass gonorrhoea onto a new-born during childbirth. When that happens, gonorrhoea can cause serious health problems in the baby. This is why many doctors encourage pregnant women to get tested and treated for potential STDs. Gonorrhoea can usually be treated with antibiotics.

Trichomoniasis

Also known as trich, trichomoniasis is caused by a tiny protozoan organism that can be passed from one person to another through genital contact. Majority of those who get the infection, according to the American Centre for Disease Control, do not develop symptoms. However, the symptoms may include discharge from the vagina or penis, burning or itching around the vagina or penis, pain or discomfort during urination or sex, frequent urination.

In women, trich-related discharge often has an unpleasant or "fishy" smell. If left untreated, trich can lead to infections of the urethra, pelvic inflammatory disease, infertility, among others. Meanwhile, antibiotics is the best bet to treat the disease.

Report compiled by Ranmilowo Ojalumo with additional report from the World Health organisation, UNAIDS, the Global Fund, Lancet, the U.S. Department of Health & Human Service, Nigeria Centre for Diseases and Control, U.S. Department of Veterans Affairs, UCSF Health, Webdr, Health Line, Avert, Mayo Clinic, Medical News Today, American Centers for Disease Control and Prevention and Everyday Health and National Agency for the Control of AIDS.

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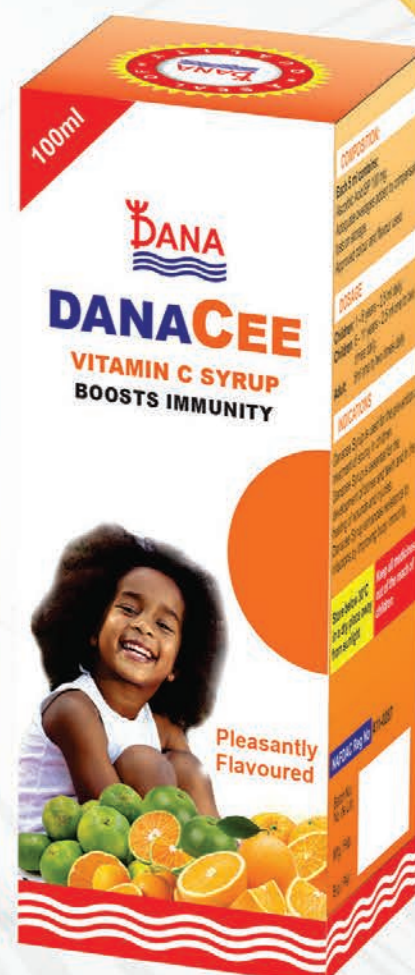
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Celebrating 44 Years of Uninterrupted Monthly Publication (1979-2023)

THE JOURNEY OF AGILE ORGANISATION

Growing opportunities for pharmacists in bridging critical healthcare gaps

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

Healthcare delivery has long been described as a system, which can imply that institutions and individuals have pre-ordained, set roles; but it is time to reimagine those roles. The system is evolving, and people who understand what is happening are better positioned to take advantage of the changes.

For those who deliver healthcare or administer various aspects of the system, the message will be that it is time to reset our expectations for what we can control. The transformation of computing from mainframe to mainstream and its exponential growth in power is both a cause and a pattern for the emergence of a more people-centred healthcare system. People are empowered with knowledge that allows us to take unprecedented personal responsibility for our health.

Today, personalised medicine has cascaded into every aspect of our healthcare system. But what exactly is personalised medicine? What impact does it have on our professional activities? Is it time for healthcare providers to rethink what they do, how, and where they do it?

Dr Lawrence Rosenberg's book, *"Patients Matter Most: How Healthcare is Becoming Personal Again"*, connects healthcare delivery and technology and why it is time for healthcare providers to adapt to this change. The book also unravels how we can benefit from understanding this change, when we must embrace it, and when we must be cautious.

By breaking down the workings and capabilities of personalised healthcare, Dr Rosenberg tells us that healthcare is becoming personal again and what new responsibilities we must all learn to manage successfully.

In the book, we learn:

- Why is healthcare becoming personal again?
- The role of technology in healthcare delivery.
- How personalised healthcare hands us new responsibilities.
- How to take advantage of this change.

The book begins with an exploration of the current state of healthcare and the various challenges it faces. Dr Rosenberg highlights the disconnect between healthcare providers and patients, citing the impersonal and fragmented nature of the system as a significant barrier to optimal care. He argues that to address these challenges and achieve meaningful improvements in healthcare, patients must be empowered and actively involved in their care.

Dr Rosenberg shares numerous personal anecdotes and patient stories throughout the book, illustrating the impact a patient-focused approach can have on individual outcomes. He emphasises the importance of effective communication and compassionate care, advocating for a shift in mindset among healthcare professionals to prioritise patient well-being over administrative

processes.

The book explores key themes such as patient autonomy, shared decision-making, and the importance of building trust between patients and healthcare providers. Dr Rosenberg highlights the need for healthcare professionals to listen to patients, value their input, and work collaboratively to develop treatment plans that align with patients' goals and preferences. He provides practical strategies and tools for healthcare providers to enhance patient engagement and patient experience.

"Patients Matter Most" serves as a call to action for all healthcare stakeholders, including healthcare providers, administrators, policymakers, and patients. It addresses the fundamental shortcomings of the current healthcare system and offers practical strategies for transforming it into a patient-centred model.

Overall, Rosenberg's book is an enlightening and inspiring read that instils a sense of urgency to prioritise patients in healthcare. Through his thought-provoking arguments, personal stories, and practical guidance, he reminds readers of the human element at the heart of healthcare and the need for a system that genuinely values patients. "Patients Matter Most" is a powerful reminder that improving patient care requires a collective effort and a genuine commitment to putting patients first.

The major factors driving the need to put patients first are:

1. Healthcare reborn: A predictable, unstoppable disruption
2. Understanding the complexity of systems and networks
3. Digitalisation and real-time health systems
4. Precision medicine: Why it's personal now
5. Decentralisation is driving changing circumstances
6. Democratisation of knowledge
7. Democratisation of technology
8. The devolution of control
9. Moving toward sustainability
10. Virtual care: not in-person but still personal
11. The issue of privacy and autonomy
12. The need for more broad-minded collaborative agile professionals

1: Healthcare reborn: A predictable, unstoppable disruption

Previously, healthcare was a job that experts performed in centralised facilities that were staffed and maintained at great expense. Today, however, we are moving back to a decentralised system.

Healthcare delivery is evolving parallelly, with the rapid development of technology that more people use in more places. It is becoming more of a personal responsibility; big technology companies are getting into the act, and the emergence of connected care is changing the face of healthcare delivery. This democratisation of

medical technology and information requires those working in medical centres and as physicians and specialists to reimagine our roles and recognise the upscaling of our colleagues' and patients' abilities.

Decentralisation can lower the cost of care because large academic medical systems are costly to maintain. But a lot of intelligent decisions

must be made to ensure we can sustain the high level of specialised care some patients need.

2: Understanding the complexity of systems and networks

The business world may have recognised the drawbacks of individuals or departments operating in their silos, but this concept has not fully reached medicine yet. The traditional, freestanding hospital or medical centre can be a quintessential silo. A more naturally occurring healthcare system would deal with issues across the continuum of care instead of just episodic, acute diagnosis and treatment. However, the decentralisation and digitalisation trends are pushing healthcare into a network structure.

As with the business world, technological innovations in healthcare are seen as disruptive. But it can be an oversimplification to call what is happening a disruption. From a systems point of view, what is unfolding is a natural evolution of ecosystems. Let us take a deeper look into where technology-driven change is leading healthcare.

3: Digitalisation and real-time health systems

A variety of digitalisation initiatives currently operate in healthcare. Some of these include electronic health records (EHR), remote patient monitoring, interoperable data collection, virtual visits, AI screening of data, and paying more attention to the social determinants of health (SDOH).

Healthcare services increasingly reach people where they are, sometimes with the help of start-ups or big tech companies. The ability to monitor signals from anywhere, at any time, and from anybody creates a connected care system and enables a real-time health system (RTHS). Together, these systems are more patient-centred than our traditional medical centre-based establishment. In the next chapter, we dive deeper into the data available about individuals through advances in precision medicine.

4: Precision medicine: Why it is personal now

The US National Institute of Health defines precision medicine as "an emerging approach for disease treatment and prevention that considers individual variability in genes, environment, and lifestyle for each person." It is

emerging partly because science gives us more knowledge of genetics and genomics daily.

Within our healthcare networks, we amass tremendous data from the connected and real-time healthcare system. Much of that data is personal, involving the patient's physical condition, prescriptions, history, lifestyle, health behaviours, and socioeconomic factors. With all this data at their disposal, people can become more engaged in their own decisions around their health and wellness.

Ultimately, investing in wellness and prevention is closely tied to personalised medicine. Measurements that get down to an individual level, whether done in a barber chair, at home, or by a genetic testing company, can provide knowledge to make informed decisions about our health. Science is advancing on its own, and it is becoming cheaper and easier to get good data.

5: Decentralisation is driving changing circumstances

Grabbing people from different departments on the fly to set up a command centre and respond to the needs of patients during the COVID-19 wave was a manifestation of decentralisation. The organisational governance structure follows the invention of the product. The form follows function. Ideally, the technology that allows us to provide the proper care in the right place at the right time should produce efficiency and cost savings.

Our institutional, legal, economic, and regulatory structures must adapt to the emerging decentralisation. We are more interested in outcomes and results in a decentralised healthcare system than structures. As the individual becomes the centre of the medical economy, companies that are used to selling devices and supplies to hospitals and doctors' practices must learn to refocus their marketing on the end consumer.

Healthcare institutions also must learn to focus on what other industries call the customer experience. Centring healthcare on people empowers individuals and will lead to better outcomes and more sustainable systems. Many physicians are reluctant to give up their control in managing their patients' healthcare, but the pages ahead explain why that has already begun. Technology is fuelling notable but sometimes chaotic changes in access to health information and knowledge.

(Continues next edition)



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Conjunctivitis: Important facts

By Patrick Iwelunmor

Popularly known as pink eye, conjunctivitis can be caused by virus, bacteria and allergens. Other causes may include chemicals, contact lenses, and foreign bodies in the eye, air pollution, fungi, amoeba and parasites. Though the exact cause of conjunctivitis may be difficult to determine due to the similarity in symptoms of cases, bacterial and viral conjunctivitis are usually easily diagnosed.

Viral conjunctivitis is a highly contagious acute conjunctival infection, usually caused by an adenovirus. Symptoms include irritation, photophobia, and watery discharge. Diagnosis is clinical; sometimes viral cultures or immunodiagnostic testing are indicated. Infection is self-limited, but severe cases sometimes require topical corticosteroids.

Bacterial conjunctivitis can be caused by *Staphylococcus aureus*, *Streptococcus pneumoniae*, *Haemophilus influenzae*, *Moraxella catarrhalis*, or, less commonly, *Chlamydia trachomatis* and *Neisseria gonorrhoeae*. Bacterial conjunctivitis is one of the most commonly encountered eye problems. Most cases are acute, self-limited, and not a major cause of morbidity. However, because of its high prevalence, it has a large societal impact in terms of missed days of school or work.

Antibiotics can quicken the management of symptoms and microbial elimination and are therefore typically used to allow patients to return to their daily activities faster and to decrease the spread of disease. Chronic and hyperacute forms of bacterial conjunctivitis, typically due to *Chlamydia trachomatis* and *Neisseria*, respectively, are entirely different entities that are associated with high levels of ocular and systemic morbidity.

Allergic conjunctivitis can occur as a result of the body's reaction to certain allergens, such as pollen from trees, grasses and weeds. Though not contagious, it occurs more frequently in people suffering other allergic conditions, such as hay fever, asthma and eczema. This type of conjunctivitis also happens seasonally when allergens, such as pollens are high.

Another type of conjunctivitis is that caused by irritants, such as a foreign body in the eye, smoke, dust or chemical or when one's contact lenses are not properly cleaned. It is usually not contagious.

The actual cause of a conjunctivitis infection can be determined by a trained doctor, based on the patient's history, symptoms and an examination of the eye. While conjunctivitis always involves



redness and swelling of the eyes, there are other varying symptoms that indicate the exact cause of an infection. These symptoms can help the doctor in arriving at the definite cause of a case. However, there are instances when it becomes very difficult to determine the particular cause of an infection, owing largely to the fact that some symptoms are the same, irrespective of the cause.

Viral and bacterial conjunctivitis are very contagious. They can easily spread from person to person. One can reduce the risk of contracting the infection or transmitting it to others by observing

some simple steps, such as washing of the hands with soap and water after cleaning the eye/applying eye drops, using alcohol-based hand sanitisers to clean the hands, avoiding rubbing or touching the eyes, washing one's pillow cases, avoiding the use of contact lenses without the doctor's advice and avoiding the use of swimming pools.

Seeking medical attention for conjunctivitis is good but there are times when it is not necessary. One can seek medical care when conjunctivitis comes with the following complaints: pain in the eye(s), sensitivity to light or blurred vision that does not improve when discharge is wiped from the eye(s), severe redness in the eye(s), worsening symptoms like pink eye, a weakened immune system due to underlying conditions, etc.

If your children have infectious conjunctivitis, do not allow them to share eye drops, tissues, make-up, towels or pillowcases with other people. Children with infectious conjunctivitis should be kept home from child care, kindergarten or school, until the discharge from the eyes has cleared. Be sure to regularly wash hands thoroughly to prevent the infection spreading to others.

New-borns with conjunctivitis develop drainage from the eyes within a few days to several weeks after birth. Their eyelids become puffy, red, and tender. The cause of neonatal conjunctivitis is often difficult to determine because, in many instances, the symptoms do not vary by cause.

Conjunctivitis in a new-born may be caused by a blocked tear duct, irritation produced by the topical antimicrobials given at birth, or infection with a virus or bacterium passed from the mother to her baby during childbirth. Even mothers without symptoms (asymptomatic) at the time of delivery can carry and pass bacteria or viruses to babies during birth.



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Opportunities for young pharmacists in Africa's health tech sector

By Pharm. Sesan Kareem

The intersection of healthcare and technology, often referred to as health tech, is rapidly transforming the way medical services are delivered worldwide. In Africa, the health tech sector is burgeoning, offering immense opportunities for young pharmacists. These opportunities not only empower pharmacists to play a pivotal role in healthcare innovation but also address some of the region's pressing healthcare challenges.

The current landscape

Africa faces a multitude of healthcare challenges, including limited access to medical services, shortages of healthcare professionals, and inadequate healthcare infrastructure. These issues are compounded by factors such as geographical barriers and economic constraints. As a result, healthcare services often fail to reach those who need them most, particularly in remote or underserved areas.

The health tech sector in Africa seeks to bridge these gaps by leveraging technology to provide innovative solutions. Young pharmacists, with their strong educational background in pharmaceuticals and healthcare, are uniquely positioned to contribute significantly to this burgeoning field.

Role of young pharmacists in health tech

Young pharmacists in Africa can explore various roles within the health tech sector, which include:

- **Telepharmacy services:** Telepharmacy services are on the rise, allowing

pharmacists to provide remote consultations, medication management, and patient education. Young pharmacists can engage in telepharmacy to reach patients in underserved areas, improve medication adherence, and enhance patient outcomes.

- **Medication management apps:** Developing or working on medication management applications can help patients track their medication schedules, reducing non-adherence issues. Pharmacists can contribute their knowledge to design user-friendly and informative apps.
- **e-Pharmacies:** With the growing popularity of e-commerce, e-pharmacies are emerging as a convenient way to access medications. Young pharmacists can become involved in managing or consulting for online pharmacy platforms, ensuring the safe and responsible distribution of pharmaceuticals.
- **Health information systems:** Developing health information systems and electronic health records (EHR) that integrate pharmacy data can improve patient care. Young pharmacists can play a vital role in creating, maintaining, and optimising these systems.
- **Pharmacovigilance and drug safety:** Monitoring and reporting adverse drug reactions are crucial

for patient safety. Young pharmacists can work on pharmacovigilance initiatives, ensuring that medication-related adverse events are reported and acted upon.

- **Medication quality assurance:** Given the prevalence of counterfeit drugs in some regions, pharmacists can be instrumental in quality assurance, using technology to verify the authenticity of medications.

Challenges and solutions

While the opportunities are vast, there are challenges as well. The health tech sector in Africa may face issues like regulatory hurdles, infrastructure limitations, and the need for proper training. Young pharmacists must be aware of these challenges and actively work to address them.

Regulatory compliance: The health tech sector often operates in a regulatory grey area. Young pharmacists must advocate for clear regulations that ensure patient safety and the ethical practice of telemedicine and e-pharmacies.

Digital literacy: Proper training is essential. Young pharmacists should continuously update their knowledge and skills to stay relevant in the ever-evolving field of health tech.

Access to resources: Start-ups and innovative health tech projects may face resource constraints. Young pharmacists can explore partnerships, grants, and investors to support their initiatives.

Collaboration: Health tech is an interdisciplinary field. Collaborating with physicians, nurses, software



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

developers, and other healthcare professionals is key to success.

Conclusion

The health tech sector in Africa offers an exciting frontier for young pharmacists to make a meaningful impact. By leveraging their pharmaceutical expertise and embracing technology, they can contribute to improving healthcare access, medication adherence, and patient outcomes. With the right training, regulatory support, and collaborative spirit, young pharmacists have the potential to play a transformative role in Africa's healthcare landscape. The future of healthcare in Africa is being shaped by the innovative minds of young pharmacists in the health tech sector.

ACTION PLAN: Look out for opportunities within the health and pharma sector where you can leverage technology and an innovative business model to deliver better value for patients and the entire healthcare ecosystem.

AFFIRMATION: Every day, in every way, I am getting better and better. I am blessed and highly favoured.

Sesan Kareem is the founder of HubPharm Africa, a digital pharmacy that provides medicine delivery and extraordinary care, www.hubpharmfrica.com, and the principal consultant of SK Institute, www.sesankareem.com.ng.

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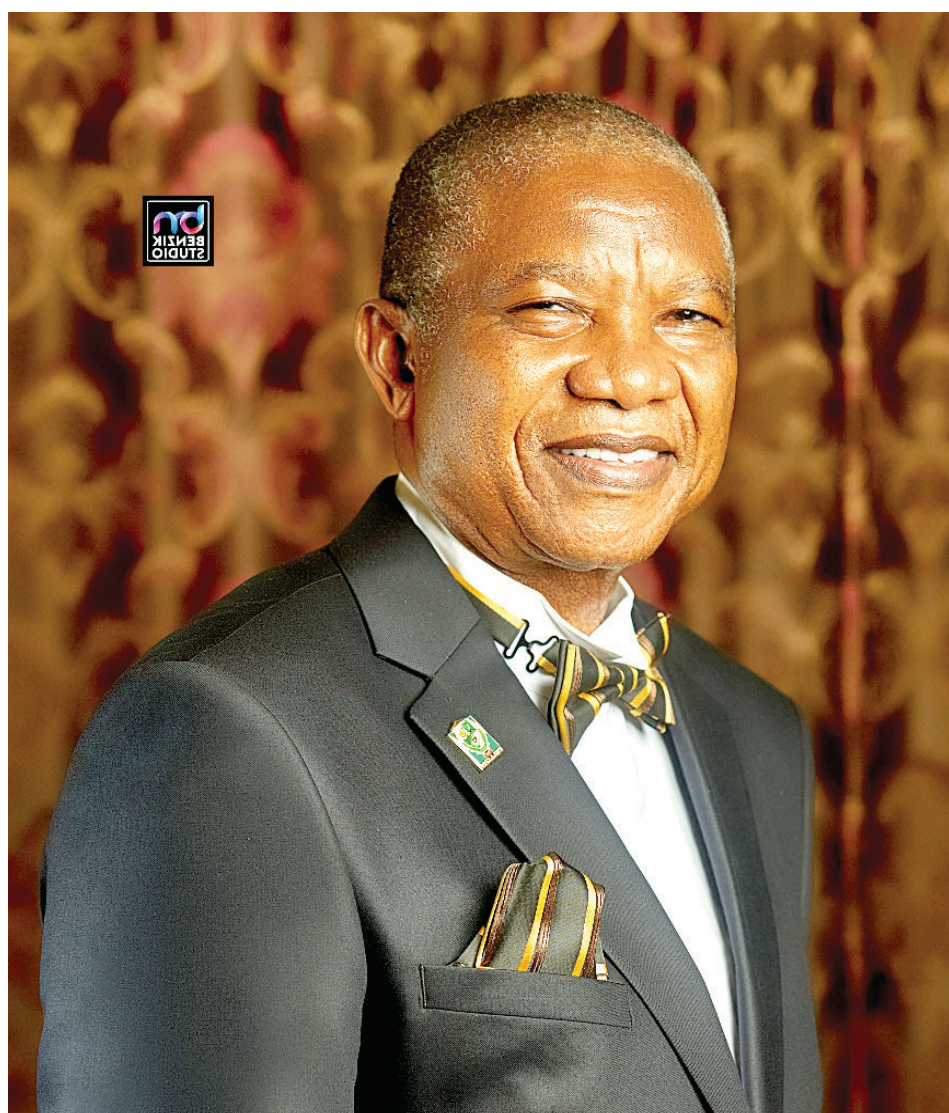
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I did my best as PSN president - Ohuabunwa

Mazi Sam Ohuabunwa is an outstanding pharmacist, erudite speaker and consummate administrator. The Abia State-born pharmacist is a veteran Fellow of the Pharmaceutical Society of Nigeria (PSN). He is, in fact, the Society's immediate past president. In this interview with **Moses Dike**, the eminent pharmacist, who turned 73 this year, talks about his eventful life and career, as well as the various achievements that signpost his over four decades of experience in the pharmaceutical landscape at various levels. Excerpts:



Mazi Sam Ohuabunwa

It is our pleasure to welcome you to our Senior Citizen's column. Kindly tell us about your early years, education and the events that have helped to shape your adult personality.

I was born on 16 August 1950, in Port Harcourt, in present day Rivers State; but my parents came from Abia State. I attended primary schools in PH and secondary schools in Okrika and Owerri. My education was disrupted for three years by the civil war, during which I served as a soldier.

I entered University of Ife (now Obafemi Awolowo University, OAU) to study Pharmacy and graduated in 1976. After my internship and NYSC, I joined Pfizer Products Plc in 1978 and became chairman/CEO in 1993. I worked for 33 years in Pfizer/Neimeth and retired in 2011.

My youthful and working years were very eventful. I never experienced any dull moment as I was active in my work, profession, community, nation and the church. I have had several and unending opportunities to offer service and leadership through life; and my encounter with Jesus Christ, in midlife, strengthened me for several of the leadership and responsibility roles I have played in life up till now.

Recently, you clocked 73 years of age. How has this affected your priorities and how are you adjusting to the realities of old age?

I am 73 but, to be truthful, I still feel very youthful and feel that my work is not yet done. Despite some deliberate efforts to slow my pace, I still find that my talents and skills are in constant demand and God has

continued to grant me the grace to cope comparatively well. At 73, I have packed in activities and achievements of a lifetime and still feel that there is still much to be conquered.

Nevertheless, as a healthcare professional, I am fully conscious of the physiological changes that accompany ageing and I make deliberate efforts to accommodate and adjust. I try to eat sensibly and maintain a minimum exercise schedule, while dwelling a whole lot in the presence of God who seems to renew my youth on an ongoing basis.

The 60 per cent management buyout of Neimeth International Pharmaceuticals from Pfizer which you spearheaded remains one of the landmark achievements in the annals of the Nigerian pharmaceutical industry. Please tell us more about this and how you were able to see it through.

The management buy over (MBO) of the 60 per cent shareholding of Pfizer Inc. shareholding in Pfizer Products Plc and the eventual transformation of the resultant company, Neimeth International Pharmaceuticals Plc., into a medium-sized Nigerian R&D-based pharmaceutical company seems to signpost my key achievement in my career. It was indeed a very unique experience, which, when combined with the aftermath, has helped to shape my entrepreneurial, economic and financial trajectory.

It tasked me to no end as there

was little knowledge or experience of such a big ticket scheme in our jurisdiction. We therefore combined the little external advice and help with our gut feelings to conclude a 300-million dollar transaction between February and 14 May 1997, when the shares were crossed on the floors of the Nigerian Stock Exchange.

The full story and the lessons from that unique project are captured in my book, "Wired to Lead - Life Lessons from Many Years of Organisational Leadership".

You are one of the few prominent pharmacists who have heeded the call to go into politics and aim for positions at the highest levels. Tell us about your experience in politics and why you decided to take the big leap to contest for Nigeria's presidency?.

My entry into politics was fortuitous. It was the culmination of many years of agonising, writing, preaching and advocating for the emergence of a new Nigeria. In 2010, I wrote what reviewers dubbed my "opus magna" on Nigeria: "Nigeria @ 60, Time for the Evolution of a New Nation". It was my vision of a first world nation that was competitive and that would work for every citizen.

I circulated it widely to the political class, praying and hoping that someone would run with it. But rather than improve, the Nigerian condition continued to regress. So, on 30 July, 2019, I was challenged and motivated in my spirit to quit standing on the barricades, and jump into the ring. And I obeyed and jumped into the murky waters of Nigeria's politics, not minding the sharks and vampires that inhabit the space.

The experience was quite challenging and exciting. With no known political party affiliation and very little fund, I plunged headlong. I set up the New Nigeria Group (NNG), a political but non-partisan group that went round the 36 states of Nigeria and Abuja, selling the concept and possibility of enthroning a New Nigeria in 2023.

Eventually, I decided to use the PDP platform to actualise the vision. I truly enjoyed the experience as it enabled me to have a first-hand experience of the political, social and economic situation of every state of Nigeria. I saw the misery and desperation of the average Nigerian and their cry for a new Nigeria. Second, it helped me to fully understand the political system of Nigeria and the nature of the political practitioners and actors.

There was a wide acceptance of our message and all over Nigeria and they wondered if the established Nigerian political class would allow this kind of vision to hold sway. Though I was new in competitive politics, I was not new in Nigerian politics. At least, I have stood with my younger brother, Senator Mao, since 1998, when he ventured into Nigerian politics, serving in the National House of Representatives for two terms and in the Senate for a term.

I fully understood the savagery and corruption of the electoral system. But I had hoped on three factors for a change in 2023. The first is the frustration of the Nigerian citizens, who I had hoped would had had enough of the Nigerian political choice that is based on money, ethnicity and religion, and would perhaps focus more on vision, competence, capacity and character. The second was the well-advertised promise of INEC to guarantee a free and fair election, never seen in our country. The third was divine Intervention - based on the ceaseless cries and prayers of Nigerians for God's intervention in 2023.

But, from the outcomes of the primaries and the results announced by INEC, it seemed not much has changed in the Nigerian political system. Only those who can steal, grab, snatch and run will win the prize! We now wait only on divine intervention. This cannot fail!

As the immediate past president of the PSN, can you tell us some of the highpoints of your tenure and if you had the opportunity what would you have done differently?

My tenure of 2019 to 2021 was disrupted by the COVID-19 pandemic. Nevertheless, our God enabled us to build on the successes of the preceding regimes. The major high points include recognition and inclusion of pharmacists in the COVID-19 management teams at federal and state levels; creation of additional directorates for Pharmacy in the federal and state ministries of health (such as the Directorate for Herbal and Natural Medicines in the FMOH); approval of the long-awaited pharmacy consultant cadre, including the gazetting and the issuing of implementation guidelines; formalisation of an MoU with the medical and nursing associations, which led to these allied professional groups supporting our demand at the floor of the National Assembly for the specific inclusion of pharmacists on the boards of teaching hospitals and federal medical centres; the shooting down of the effort of the National Assembly to approve the NAPPTON Bill through which pharmacy technicians and technologists wanted to create a parallel regulatory authority.

We also enacted a new PSN Constitution (2020) that created the College of Past Presidents (CPP), enlarged the role of the Board of Fellows (BOF) and strengthened PSN organs, bringing more cohesion and discipline. We formally recognised the Young Pharmacists Forum and introduced the Clinical Pharmacists Association (CPAN), recognising both as interest groups in PSN. We ensured that there were more opportunities for intern pharmacists and stopped the syndrome of young pharmacists staying at home for years because of lack of space for internship placements. We persuaded NAFDAC, PCN, pharmacies (like Alpha and Medplus) NIPRD, manufacturers and many other organisations to expand opportunities for internship and NYSC.

Additionally, we streamlined procurement procedures in the Secretariat and strengthened administration by employing an admin manager to support the national secretary and improved the motivation of the secretariat staff. We opened up the Society for greater inclusiveness and

continued on page 47

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Gov. Yahaya, Usifoh hail Atueyi's 50 years unbroken PSN conference attendance

By Adebayo Oladejo

The atmosphere at the indoor hall of the Gombe International Conference Centre, Gombe State, venue of the opening ceremony of the 96th Annual National Conference of the PSN, came alive as the octogenarian Publisher of **Pharmanews**, Pharm. (Sir) Ifeanyi Atueyi, was recognised for setting a historic record of 50 years unbroken attendance of the Annual National Conference of the PSN.

Speaking on the achievement, Prof. Cyril Usifoh, president of PSN, appreciated Atueyi for his dedication and consistency, while urging other pharmacists to follow his example.

Usifoh had begun his address by thanking all pharmacists, 80 years and above, present at the conference, for their support since the beginning of his administration and for finding time to attend the 96th conference, despite their age.

As the senior citizens stood for recognition, to the applause of the over 2000 delegates at the venue, Usifoh seized the opportunity to appreciate Atueyi's sterling attendance record, describing it as both exceptional and inspiring.

Other octogenarians recognised alongside Atueyi were Pharm. Tunde Enemmo (86), Pharm. Deji Osinoiki (83) and Prof. Bona Obiorah (82).

Also sharing Usifoh's sentiments, Governor Muhammad Inuwa Yahaya of Borno State, in his welcome address, commended the octogenarians for having the love of Pharmacy at heart, adding that they are good examples to the unborn generation.

"One thing I have come to understand and appreciate more is that some of you are retired but not tired. If not so, I can't imagine someone over 80 years coming this far to attend a conference of this nature, not minding the stress and rigours, and to the extent of attending for 50 years. It is pure love for the pharmacy profession," Inuwa said.

The **Pharmanews** publisher, who was PSN's chief editor, from 1974 to 1978, during the presidency of Pharm. C. U. Efobi and Chief Ayo Fasanmi, further attributed his feat to divine providence, adding that from



R-L: Pharm. (Sir) Ifeanyi Atueyi, publisher, *Pharmanews*, discussing, with Dr UNO Uwaga (middle) and Pharm. Anthony Akhmien, both former presidents of PSN at the 96th Annual National Conference of PSN, recently held in Gombe State

the time of Dr U.N.O Uwaga (2003 to 2006), the presidents have appreciated him for the support **Pharmanews** has been rendering to PSN and for his continuous attendance of the conferences.

On the factors that aided his consistent attendance of the conference for 50 years, Atueyi noted that he likes consistency in doing anything he considers worthwhile, adding that he looks for the things he can do easily and well and focuses on them.

"When I was attending FIP conferences, I was consistent for many years. Later, I started attending the NAPPSSA conference from its inception in 2007 in Houston, Texas. In 2004, I started writing inspirational books every year, and today, I have 22 books. Meanwhile, **Pharmanews** has been published every month for 44 years, so I like consistency," he said.

Atueyi further expressed his desire to keep attending the PSN

conference, adding that he had not reached his limit.

"By the grace of God, I am looking forward to hitting Akwa

Ibom State next year. I want to participate in the elections of the next president, meet some old and young colleagues and keep expanding my knowledge and experience," he stressed.



Pharm. (Sir) Ifeanyi Atueyi, publisher, *Pharmanews*, exchanging pleasantries with Prof. Bona Obiorah, at the 96th Annual National Conference of PSN, recently held in Gombe State

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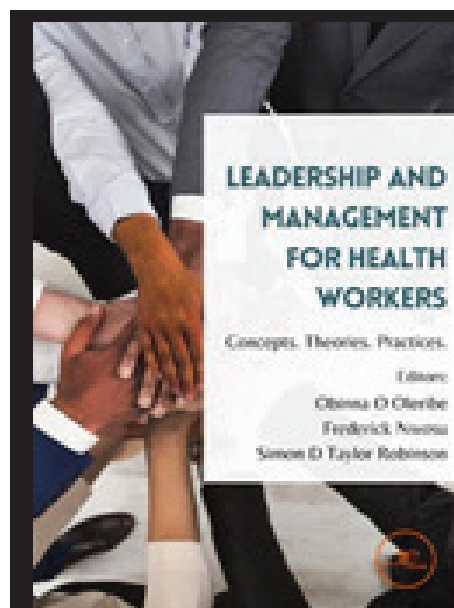
Leadership and management for health workers, concepts, theories, practices

By Ijeoma P. Chijioke-Nnani (RPh, MBA) and Obinna O. Oleribe (DrPH, MBA, MBBS).

This book is a product of years of planning, writing, and reviews by over 30 multidisciplinary health professionals drawn from Africa, North America, and Europe. It is a synthesis of many years of knowledge and experiences of well-accomplished professionals and scholars, each bringing their unique vision, and wisdom with a distinct African flavour, covering the spectrum of health systems leadership and management. It is the first comprehensive book on health leadership and management written by African health professionals for use in universities, and by health practitioners in Africa and, the rest of the world.

Our aim is to help train leaders and grow future leadership and management teams organically in Africa and beyond. We proposed this book as a standard textbook in universities around the world, and Africa, in particular.

This book was inspired by the evidence that leadership and management pose the greatest challenge to health. Lack of or poor leadership and management are detrimental to all aspects of the health systems including human/other resources management, service delivery, financial integrity and accountability, information, communication and governance. Inadequate leadership and management contribute to staff dissatisfaction, strike actions, poor



service delivery, loss of resources (such as expiry or damage of medicines and other consumables), logistic challenges, higher cost, lack of access to care, and consequent poor health outcomes, including increased mortality and morbidity.

Knowledge and understanding of leadership and management concepts, principles, and practices by all health workforce, especially those in positions of authority offer solution to these challenges. However, developing nations face additional challenges due to diverse definitions of these concepts and principles across the world, which are not often designed with consideration

of realities in developing nations.

This book is a step-by-step guide to organised leadership and management, drawn from decades of learning and field experiences by the authors. It discusses when to exercise leadership and when to pursue proactive management. In a world where people are afraid to get involved, this book suggests that active engagement in leadership can be quite rewarding to both leaders and the led.

The eight sections cover most of the vital concepts in leadership and management. Section one covers the differences between leadership and management concepts; their origins, definitions and explanations. Readers should be able to define, explain, and educate others on these concepts. Section two lays the foundation for health managers and leaders to better understand the concepts and employ them to combat the incessant problems they face in their work.

Section three covers leadership and management theories, which provide the foundation for health interventions, guide in practice and forecast for health outcomes. Readers are enabled to employ theories to address the *what? why? and how?* that arise in the health system.

Section four elaborates on the principles underlying the different leadership and management styles and their applications in different health sectors. The reader should be able to understand the

differences between leadership and management principles and the impact of different leadership and management styles on health outcomes.

Section five presents leadership and management concepts in practice, for effective performance and optimal health outcomes across diverse health systems. Readers are expected to draw from these to improve their practice. Section six presents leadership and management experiences from which readers are also expected to draw for improvement.

Section seven addresses current challenges in health leadership and management, and the requirements for building effective health systems - including technology, and effective management of meetings. Section eight introduces a completely new leadership style - Deliberate-Proactive Leadership; and revisiting the COVID-19 pandemic, the book shared insights in leadership in health crisis and emergencies.

We encourage individuals and institutions to buy copies to read and donate to schools and colleges in Nigeria, and the world at large. We also urge those in positions of authority to make "**Leadership and Management for Health Workers, Concepts, Theories, Practices**" a standard textbook in universities and other higher institutions in Nigeria and other countries. Here is the link to the book, if anyone wants, text to their number.

<https://www.waterstones.com/book/leadership-and-management-for-health-workers-2022/obinna-oleribe/nwosu/9791220121224>

Winners emerge in Shal'Artem Dance Challenge Season 3

By Adebayo Oladejo



L-R: Anijj Gairola, senior general manager, OTX Market, Shalina Healthcare, Dubai; Chiuba Nwaosu, brand manager, Analgesic and Anti-Malaria, Shalina Healthcare; Broda Shaggy, comedian and brand ambassador; Adewale Oladimeji, winner, Shalina's #Sharlatemidan Challenge; Emeka Adimoha, head, Quality & Regulatory Affairs; Folorunso Alaran, head, Corporate Marketing, and Key Accounts and Sandeep Sahu, deputy general manager, West Africa, at the presentation of prizes to the winners of Shal'Artem Challenge Season 3 in Lagos.

Winners have emerged in this year's Shalina Dance Challenge Season 3, tagged "Shal'Artem Idan Challenge", a social youth initiative to raise awareness about malaria.

The grand event, which took place after the four-week contest in Lagos at the corporate head office of Shalina Healthcare Limited, saw 22-year old Oladimeji Adewale, an Osun

State-born dancer, with the stage name @boizukah, getting the prize of one million naira. Sunday Dada, with the stage name @king_rapsodi; and Tosin Fatuyi @cdf_nation, emerged first and second runners-up, winning 500,000 naira and 200,000 naira, respectively.

According to the Deputy General Manager, West Africa,

Shalina Healthcare, Sandeep Sahu, the mission of the company is to provide quality medicines that are affordable and available, adding that the dance challenge is a social initiative in this direction, basically to make meaningful contributions to health development in Nigeria by raising awareness about malaria.

In his speech, the Brand Manager, Analgesic and Anti-Malaria, Shalina

Healthcare Nigeria, Chiuba Nwaosu, noted that the #Shalartemidan challenge is a social initiative by Shalina Healthcare, with the primary aim of raising awareness about malaria by empowering individuals with the knowledge that it can be knocked out in three days with Shal'Artem.

He continued, "Ten winners emerged per week, making a total of 40 winners, before they were later shortlisted to 16, followed by an online elimination poll, where eight finalists emerged, before the eventual three finalists."

Applauding the winners for their creativity, the popular comedian and skit maker, Samuel Animashaun Perry, popularly known as Broda Shaggy, commended the relentless drive of young Nigerians, saying by encouraging new talents and rewarding them, Nigeria is on the verge of regaining its status.

Shaggy, who is the brand ambassador of Shal'Artem, a flagship product of the company, noted that, with the creativity and resilience of the Nigerian youth, they undoubtedly have the potential to change the world and put the country on the global map positively, adding that the efforts of corporate organisations like Shalina Healthcare in discovering talents cannot be overemphasised.

He appreciated Shalina Healthcare for its commitment to talent development, adding that the creativity and resilience of the young talents would help shape the country's future.

In his reaction, the grand prize winner, Adewale, a student of Lagos State College of Education, Epe, disclosed that the feat was a dream come true for him, adding that he felt privileged to have won the competition among the different talents that participated.

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Emzor conducts free medical screening on Akanun residents

By Temitope Obayendo



Emzor's staff checking the blood pressure of one of the participants during the exercise.

As part of its mission to prevent cardiovascular diseases among Nigerians, Emzor Pharmaceuticals, in collaboration with the Chike Okoli Foundation, has conducted free medical screening on over 1000 residents of Akanun Community, in Ikorodu area of Lagos State.

The free medical check-up, organised by the Pacesetter CDA of Akanun-Laara, in conjunction with Emzor Pharmaceuticals, was held at the playground of Okikiola Street, Akanun-Laara, in Adamo, Ikorodu.

Participants at the health outreach had their blood sugar, blood pressure, cholesterol level and BMI tested for free, while children were dewormed.

Speaking with **Pharmanews** at the event, the Programme Coordinator, Chike Okoli Foundation, Mrs Obi Adimachukwu, explained that the Foundation was established to wellness services to Nigerians through free medical screening.

She said: "Chike Okoli Foundation was founded in memory of late Chike Okoli, who died of cardiovascular disease.

"In order to reduce the cardiovascular burden in Nigeria, we create awareness of cardiovascular diseases among Nigerians by conducting important medical checks, such as blood sugar level, blood pressure, cholesterol level and BMI.

"We came to this community first in 2018, but today's attendance outnumbered that of 2018, because the CDA chairman told us that he was expecting 800 participants, but they are more than that."

Adimachukwu further disclosed that findings from the tests conducted on the people showed that most of them had high cholesterol levels, which they knew nothing about.

"The normal cholesterol level is 1 to 200, but once it is above 200, it is high. And high cholesterol is one of the

indications of cardiovascular diseases", she stated.

The programme coordinator therefore counselled the people to adopt a healthy lifestyle, by eating healthy foods, avoiding junks and engaging in regular exercise.

In a chat with the Pacesetter CDA Chairman, Mr Waliu Balogun, he emphasised the importance of sound health for individuals, saying it determines the prosperity of a community.

Commenting on the massive turnout of the people, Balogun said while the organisers had initially planned for 1000 children and 600 adults, the attendance exceeded their expectations, adding that this indicated a population increase.

He however assured the people of a more robust health outreach in the future, saying the CDA, based on its budget, would seek support from medical doctors for further consultations and treatment.

He said, "The first thing is check-up and screening. Now, since they know their health status, they can visit hospitals for further screenings and treatment. However, we can also plan on bringing in medical doctors at subsidised rates, so that they can benefit from such consultations.

"We have started well by bringing Emzor Pharmaceuticals and the Chike Okoli Foundation to our community for free check-up. The next step depends on our budget - whether we can afford to partner the primary health centre or general hospital, or other hospitals within our community, for them to treat the identified conditions in our people today."

Beneficiaries of the outreach expressed their appreciation to Emzor and the Chike Okoli Foundation for the kind gestures they showed towards them.

Mrs Olusola Abimbola, a beneficiary, described the initiative as a welcome development, saying it enlightened them on their health status and lifestyle.

"We are grateful to the Foundation and Emzor pharmaceuticals for the support. We are hoping they will always remember us for good," she said.

Expert highlights dangers of skin bleaching, toning

- As Drugfield relauches Neo-Presol lotion

By Adebayo Oladejo

A consultant dermatologist with the Lagos State University Teaching Hospital (LASUTH), Dr Abiola Oshoke, has warned against bleaching and toning of the skin, saying both practices portend disaster for the body.

The skin care expert, who spoke at the recent relaunch of Neo-Presol lotion, by Drugfield Pharmaceuticals Limited, at the NECA House, Agidingbi, Ikeja, Lagos, described the skin as the largest organ of the body, and thus requiring utmost care.

Speaking on the topic, "Adequate Skincare in Contemporary Nigeria", Oshoke noted that bleaching creams can destroy the melanin of the skin which protects it from harm, thereby predisposing the skin to infections, including cancer.

According to the dermatologist, "People should know that the skin is the largest organ of the body and it reveals the overall health of an individual. This requires promoting good skin health, as a healthy skin not only appeals to one aesthetically but also informs of the state of health of one's internal organs."

She added, "From the experts' perspective, we do not need a sponge to wash the body. But, if we must, it must be a very soft one, while gentle moisturising cream is also enough for our skin."

Oshoke, who disclosed that bleaching, toning and whitening have become major problems of contemporary Nigerians, stressed that people need to know that there is no need to alter their skin colours to prove anything because dark skin is as beautiful.

She advised users of bleaching creams to desist and seek medical attention, in order to halt further damage to their skin, noting that common skin disorders like acne, commonly called "pimples", are usually hormonal issues that wear off on their own.

While urging the public to seek dermatologists' attention when facing skin problems for professional medical advice, she advised that people should remain as natural as possible, eat and rest well, and consume lots of water, at least three litres a day, to maintain a healthy and glowing skin.

Speaking on the launched product, the expert noted that Neo-Presol is both an antibiotic that helps kill the bacteria that may cause or aggravate acne, and an anti-inflammatory that helps to reduce redness and swelling, adding that it also has anti-microbial properties.

Speaking earlier at the event, which had, in attendance, the company's notable distributors, members of the Lagos State Barbers and Hairdressers Association, Nigerian Association of Patent Medicine Dealers (NAPMED), and several other dignitaries, the Group Managing Director and Chief Executive Officer, Drugfield, Pharm. Olakunle Ekundayo, explained that the relaunch was strategic to create awareness about Neo-Presol's affordability and accessibility, being an indigenous product.

According to the frontline pharmacist, the issue of skin is significant for everyone, both rich and poor. "In the part of Nigeria where I come from, once you look at someone's skin, you could tell if all is well with such a person and if the home front is good. Also, by merely looking at someone, the part that strikes most is the face and skin, and it goes a long way in telling a story about the well-being of the person", he said.

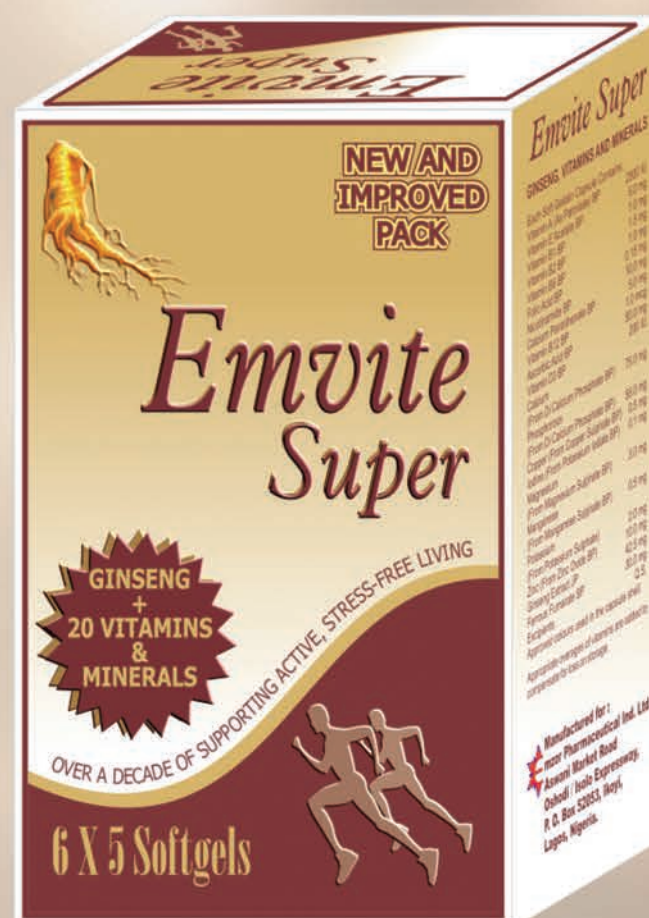
He added: "We also found it necessary to invite experts and stakeholders to a gathering of this nature to familiarise ourselves with what we do at Drugfield, and also tell them the advantages of patronising our indigenous products, thereby growing the industry.

Also speaking, Mr Femi Afolabi, marketing manager, Drugfield, noted that the product is indicated for the control and treatment of acne vulgaris, acne rosacea and seborrhoeic dermatitis, as well as skin irritation and eruption that often occur after shaving, adding that the product that was initially introduced some years back, is now wearing a new look.



L-R: Pharm. Ben Ajepe; Pharm. Olakunle Ekundayo, GMD/CEO, Drugfield Pharmaceuticals Limited; Dr (Mrs) Abiola Oshoke, consultant dermatologist, LASUTH, and Mr Subrat Kumar Roul, WWCVL, at the Neo-Presol Lotion Relaunch/ Stakeholders Forum, in Lagos.

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INTELLIGENT SOLUTIONS 

“Edible”: The worm way to health

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



Rhynchophorus ferrugineus

Edible worm or *Rhynchophorus ferrugineus* Fam. Dryophthoridae is the larva of the red palm beetle found in palm trees, coconut trees or dates trees. It is a nutritious food source which is found in the remaining parts of a palm trunk after the removal of starch. It is also called “edible”, mealworm, sago worm, coconut worm, palm tree worm, palm grubs, palmetto grub, palm tree weevil, edible maggot, Asian palm weevil, *grugru*, grew-grew or sago palm weevil.

Constituents

Edible worms are said to be

rich in fatty acids (such as linoleic acid, palmitic acid and stearic acid), protein, amino acids (such as aspartic acid, arginine, Isoleucine, alanine, lysine and tyrosine), oil, carbohydrates and minerals like zinc, iron, magnesium, manganese, copper, calcium, sodium, potassium, phosphorus. It also contains dietary fibre, lipids and vitamins (such as B₂, B₅ and B₁₂).

Preparations

Edible worm can be eaten either raw or fried, roasted, steamed, toasted, barbequed, cooked, battered and deep fried.

Sago worms can also be used for preparing stews, soup, sago salad, sago kebabs, sago kabobs, satay sago and sago pudding.

Pharmacological actions and medicinal uses

Some people use the edible worm mainly as an alternative to meat, while some others use it in treating various ailments. Edible worm has been reported to aid digestion, help lower blood sugar, fight microbial infections and help strengthen bone and teeth.

The fibre content of edible worm helps to boost metabolism by promoting digestion, thereby reducing the risk of having flatulence and constipation. It is good for diabetics because it is low in sugar and helps to maintain blood sugar level.

Because of its antimicrobial properties, edible worm can help the body fight against some infections caused by microorganisms. Also, the presence of calcium and magnesium makes it important for teeth and bone health as it helps to make them stronger. It also helps to reduce cholesterol levels, while also helping to reduce the risk of other diseases.

Edible worms can have positive effect on gut microbiota, either by their pre-biotic effect or their antimicrobial activity towards pathogens. A study revealed that some polar substances present on the body of both adults and

larvae of the red palm weevil help them to offer a protective barrier against microorganisms due to their antimicrobial properties.

Adverse effects

There are no known safety issues from the consumption of “edible”.

Economic uses and potentials

Edible worm is useful in the food, agricultural and pharmaceutical industries. It may be processed for its high protein content. Edible worms can serve as animal feeds. They can also be used as bait for catching fish. The content of fatty acids, such as linoleic acid, palmitic acid and stearic acid, is useful in the pharmaceutical industry. In Nigeria, 100 pieces of edible worms cost about N15,000. A pack of processed worms costs between \$3.95 and \$17.25.

Edible worms offer economic opportunities to people in the underdeveloped and developing parts of the world, where the worms are sold for income generation. Since studies already show that the business of edible insects requires little capital investment and time, as well as being easy to master and a fast revenue generator, it should therefore be seriously considered in food security and poverty alleviation strategies in Nigeria.

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Nwokolo C. (2021). 7 Amazing Health Benefits of Sago Worm. HealthGuide.ng. Retrieved from <https://healthguide.ng/health-benefits-sago-worms/> on 29th October, 2023.

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....Championing Healthy Living

PSN lauds Gombe gov's strides in health sector

By Adebayo Oladejo



A cross-section of the PSN delegates to the Government House, Gombe

destiny. Together, we can achieve greatness, as we have a substantial population of productive young individuals, comprising more than 50 per cent of our citizens. Together, we can propel Nigeria towards its desired destination and I urge the PSN to be part of this project."

Yahaya expressed his administration's readiness to partner with the PSN towards actualising his target of providing quality healthcare services for all citizens of Gombe State.

He said his administration recognised the significance of Pharmacists and other healthcare

professionals in healthcare delivery, which is the reason the government is committed to fostering an environment where all healthcare professionals can thrive and make meaningful impacts.

Yahaya further assured of the government's continued support and increased investment in the professional development of healthcare personnel in Gombe.

President of the Pharmaceutical Society of Nigeria (PSN), Prof. Cyril Usifoh, has lauded Governor Muhammad Inuwa Yahaya of Gombe State, for his commitment to strengthening the health system in the state, especially through the provision of essential infrastructures.

Usifoh gave the commendation when he led the leadership and stakeholders of the professional body on a courtesy call to the governor, during the recently concluded 96th Annual National Conference of the PSN, held in Gombe, from 30 October to 4 November.

Usifoh pointed out projects such as good roads, functioning street lights, advancements in the healthcare sector, and elevation of Gombe's reputation as one of Nigeria's cleanest and most hygienic states, as part of Yahaya's giant strides.

He explained that they were at the Government House to particularly express gratitude to the governor for the support provided towards the success of the PSN conference in the state.

"We want to show appreciation to Your Excellency for making sure that our stay in Gombe since we came has been very comfortable. Not only that, you came to declare the ceremony open.

"Your deputy was also there to give a keynote address, and all commissioners and other members of your government also graced the occasion. This is an unprecedented gesture," the PSN president said.

Usifoh further averred that based on what they had seen in Gombe, he and other conference participants would leave the state fully satisfied with its level of hospitality and security, pledging to serve as ambassadors of the state everywhere.

Receiving the PSN delegation, Governor Yahaya expressed his gratitude to the Society for choosing Gombe as the host state for its 2023 conference, highlighting the state's reputation for hospitality.

"Let me extend my appreciation to you for choosing Gombe as the host state for your 2023 Annual Conference.

Since your arrival, I trust you have experienced our warm hospitality. We firmly believe in a united Nigeria, and that is why our doors are open to all, whether for business or tourism," the governor stated.

Speaking on the importance of a more unified Nigeria, the governor remarked, "We ought to be a united people despite the differences among us. We share many commonalities and a shared



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Ibezim bags May & Baker Professional Excellence Service Award

- As Tikare wins Biogenerics Integrity Award

By Ranmilowo Ojalumo

Former National Chairman of the Nigeria Association of Pharmacists in Academia (NAPA), Professor Emmanuel Ibezim, of the Faculty of Pharmaceutical Sciences, University of Nigeria, Nsukka (UNN), has won the 2023 edition of the May & Baker Professional Excellence and Service Award in Pharmacy.

Ibezim was declared winner of the award at the recent 96th Annual National Conference of the Pharmaceutical Society of Nigeria (PSN), held in Gombe State.

The May & Baker Professional Excellence Service Award in Pharmacy which was instituted in 2005 is one of the most prestigious awards in the pharmacy profession in Nigeria.

The award, which was established to recognise exceptional contributions and achievements of stakeholders in the pharmaceutical industry in Nigeria, comes with a plaque and a certificate, as well as a N1 million cash prize.

Incidentally, pharmacists in academia have dominated the award in recent years, winning it in 2021, 2022, and 2023. A former National Chairman of NAPA, Prof. Prof. Martins Emeje, clinched the award in 2021. The Deputy Vice Chancellor, Academic, University of Benin, Professor Ray Ozolua, who is also a pharmacist, won the award in 2022.

Speaking shortly after the announcement of the winner, Chairman of the Award Committee, Pharm. Anthony Oyawole, appreciated the management of May & Baker for not only sustaining the award since it was established to date but also increasing its monetary value significantly.

Oyawole urged pharmacists in other practice areas to be innovative so that they can win such awards.

During a brief chat with **Pharmanews** after winning the award, Ibezim expressed gratitude to the award committee and the PSN for recognising his contributions to the advancement of the pharmaceutical industry.

He also thanked the management of May & Baker Plc for sponsoring such a prestigious award, noting that the recognition would spur him to contribute more to move the pharmacy profession forward.

The award winner said, "I feel highly elated, winning the May and Baker Professional Service Award, which is unarguably, one of the most prestigious awards in Pharmacy, in Nigeria, today. I give all the glory to God, from whom every good and perfect gift, comes.

"I deeply appreciate my immediate family, especially, my dear wife, Prof. Mrs Nnenna Ekpereka Ibezim, for the high level of love, support, and encouragement I enjoy from them.

"I am highly indebted to my mentors, for their overwhelming impact on my life, and to the management of May & Baker for consistently promoting excellence in pharmacy practice. I appreciate my colleagues, for their comradeship; as well as the officials of PSN, ably led by the amiable President, Prof. Cyril Usifoh, for their giant strides.

"I owe a lot to my innumerable students, scattered all over the globe, for their warm cordiality and unwavering hands of fellowship."

In a related development,

Pharmacist Olubukola Adenike Tikare, who practises at the Federal Medical Hospital, Jabi, Abuja, has been announced winner of the Biogenerics Integrity Award for pharmacists in public hospitals. She beat 12 other nominees to win the prize, which comes with a N1 million monetary reward.

Similarly, the Association of Community Pharmacists of Nigeria (ACPN) was announced winner of the PSN Group Dynamic Award. The chairman of the award committee pointed out that the award, which was keenly contested by all the groups in the pharma sector, had the Association of Industrial Pharmacists of Nigeria (NAIP) coming second and NAPA clinching the third position.

In another category of awards at the PSN conference, Pharm. Oyinlade Kehinde was presented with the 2023 Best Abstract Award. An Award of Selfless Service was also presented to the Director, Gombe State Security Service, H. R. Sambo.

Professor Usifoh also presented a



R-L: Pharm. (Dr) Egbuna Udeorah, Deputy PSN President South; Ms Binta Yusuf, Corporate Communication Manager May & Baker; Mr Chiagozie Maduneme, Head of Sales, May & Baker; Winner of 2023 Professional Service Award, Prof. Emmanuel Chinedum Ibezim; Mr Obinna Emeribe, Head Pharma Sales and Marketing, May and Baker; NAPA National Chairman, Dr Ezekiel Akinkunmi, and Dr Ibrahim Eniaiyewu at the Presentation of the May & Baker Professional Service Award at the just concluded 2023 PSN National conference in Gombe State.

presidential service appreciation award to some of the national executive members of the PSN, namely Pharm. Gbenga Falabi,

Pharm. Gafar Madehin, Pharm. Martins Olanipekun Oyewole and Dr Magret Ilomuanya, in recognition of their services to the society.

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Wellness

with

Dr Patrick Ijewere

(Specialty: Internal Medicine, from John Hopkins University)
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“You must have been a village herbalist or traditional healer or native doctor in your previous life.” That was a statement I found very complimenting from a sibling of mine. My journey to the current mode of my medical practice, being a holistic practice, has both an informal and a formal education component.

The informal education

For my informal education or exposure, I give credit to my grandmother and my great grandmother. As a little child, from age five to 10, we would go to the village during the holidays and stay with them at the family compound, in Ubiaja, Esanland, Edo State.

Great Grandma's age was estimated to be over 110 years around that time. Yet, every morning, she was almost always the first to wake up. She would get her broom and start sweeping the front yard. If you tried to take the

broom from her, she would refuse. Thereafter, she would pick up firewood to start the fire for meals, at the native outdoor cooking area.

After that, she would go in and take a bath. Next, she would have breakfast, pack her basket and head to the market. In the evenings and on weekends, she had fun playing with her great grandchildren. We played “ayo”, a Nigerian game, and Ludo. Often, she accused her grandchildren of trying to cheat her. She always kept herself active, doing one thing or the other, including washing clothes.

My other informal educator was my grandma. She would frequently visit her herbalists, traditional healers and native doctors, and she took us along. We sat and watched them.

Sometimes, when Grandma saw that we were about to go out with our parents, she would call us into her bedroom, get this little cow horn and pour out some black stuff on the palm of our hands and

The native doctor who trained in America

ask us to lick it. After that, she would tell us, “Don't tell your father and don't tell your mother.”

She was our grandma; we loved and trusted her, and so we did not tell our parents. Many, many years later, as a doctor studying emergency medicine in the USA, I saw this same black substance used as an antidote for food poisoning or medication poisoning. Wow! My mind flashed back to my Grandma. That's exactly what she gave us in the village.

Those folks knew what to do for so many ailments. Anytime we or other folks got sick with fever or other ailments like malaria, Grandma knew what to do. She boiled water in a clay pot, always a clay pot. Once boiled, she selected herbs from her yard, shred them with her bare hands and put them into the hot water. Shortly, she would get a big blanket or wrapper and cover our head over the aromatic steaming clay pot.

Again, when I was diagnosed with asthma, they knew what to do. The village herbalist gave me charcoal tablets. This appeared to

reduce the severity of the asthma episode

If you had stomach problems, Grandma knew what herbs to use.

I was a passive student in this phase of my education. But the memories stuck. Often times, I wonder if they are still communicating with me. Especially on the days I awake with a very clear inspiration or revelation of a treatment that is natural and unconventional. I have come to acknowledge that their knowledge is parked in my memory banks. And I am privileged to access these memories the more I remember and honour my ancestors.

Now, as a full practising physician, I have developed a healthy respect and admiration for my ancestors. I honour them for the healing knowledge and skills that kept generations alive and thriving. This is not only in Nigeria, but globally.

This was education, practical education. While it was informal education, it was still education and the transfer of knowledge intergenerationally. My subsequent journey to the USA validated my ancestral healing knowledge, as will be revealed in the next edition of this column.

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How Nigerian healthcare system wastes human lives

By Ola Aboderin



Just before dawn, on Tuesday, 19 September, 2023, my eldest sister, Mrs Abosede Ajuwon, called to inform me that her 57-year-old husband had suffered a stroke the previous night and had been rushed to a hospital.

I was thunderstruck. The Mr Jeremiah Ajuwon that I knew did not seem like one to be stricken by stroke.

"How is he doing?" I asked, after momentarily recovering from my shock.

"He has been placed on a drip," she replied. "But nothing else has been done and the doctor has gone to sleep."

"What do you mean?"

"Yes, he is sleeping," she repeated. "I've been going to disturb him but he says nothing can be done until 8:00am when the lab will be opened and tests can be conducted on him."

I further inquired if there was no better hospital around that could respond faster to the needs of the patient. She replied that they had previously tried two other hospitals but could not get the needed attention. The first was Covenant University Hospital, Ota, which was the closest to their residence in Atan, Ogun State. There, they had been told that his pulse was too low and he would need the services of an ICU, which the hospital did not have. They were referred to Ota General Hospital. Unfortunately, the gateman had turned them back, with the claim that the doctors were on strike.

Anguish and anger

Knowing how critical it is for a stroke patient to get prompt treatment, we were left feeling helpless and anguished – and very angry. Still, we kept praying, while frantically considering other options.

As information spread around the family, the anger and agitation mounted. Eventually, a brother-in-law to Ajuwon, Mr Adebajo, discussed with a doctor, who had been known to successfully handle stroke cases in the past. The doctor, whose hospital is in Ipaja area of Lagos, said the patient could be brought to his facility but that a CT scan of his brain must be done before coming.

Almost immediately, efforts were made to transfer Ajuwon to the recommended hospital. As

instructed, the CT scan was done on the way and presented on arrival, at about 1:00pm. Sadly, the doctor, who had encouraged us to bring the patient, was said to have gone for a meeting and did not respond to calls to his phone. Worse still, another doctor, who was the main doctor's assistant, made no effort to attend to Ajuwon. Instead, he repeatedly queried the decision to bring the patient, in the first place. He said the hospital had no facility or expertise to handle such a case and therefore he could not be bothered to make any effort.

Once again, we found ourselves in deep dismay, as time ticked away – together with any chance of Ajuwon's survival. Incidentally, by this time, the patient had regained a bit of consciousness. He occasionally moved his left hand and left leg but his eyes remained closed. With nothing left to do at the hospital but to keep waiting for the doctor, whose time of return we were not sure of, we began to think of what else to do.

Hapless hope

It was at this time that we got in touch with a nurse, who informed us that Lagos State University Teaching Hospital (LASUTH) might be our best bet. According to her, not only did the hospital have relatively better facilities and experts – as is common with most government hospitals – but also had a special unit for stroke patients. We were assured that as long as we had money to pay the huge bills, the stroke unit would offer the best of treatment and attention for the recovery of the patient.

Right away, we began to think of how to convey Ajuwon to LASUTH. By this time, it was getting to 4:00pm and the main doctor had arrived. When he saw the condition in which his colleague had left the patient, he was furious. He said he had expected that, as a professional, the doctor should have, at least, got a few basic things going for the patient. He expressed readiness to begin treating the patient but said there was a snag – the neurologist to attend to him was not immediately available.

That was the last cue we needed to finally decide for LASUTH. We told the doctor of our plan and he raised no objection. We also requested a referral letter and he obliged us. The next thing we needed was an ambulance. We discussed this with the doctor and he offered to link us up with another hospital that had one. Considering the patient's

condition, we were actually expecting a standard emergency ambulance with the necessary medical equipment and trained personnel. What we got, instead, was a jalopy, operated by two young men, who looked more like dabblers than professionals. In short, the only things that gave the vehicle a semblance of an ambulance were the hospital name on it and the non-functional siren on its roof.

Seeing our desperation, the young men gave us an outrageous bill of N40,000, for a journey of about 15 km (30 minutes of driving). We could only haggle that to N35,000 since we had no time to spare. The "ambulance" drivers subsequently brought out a wonky field stretcher, with which they conveyed Ajuwon into their vehicle.

The inside of the vehicle was worse. While the outside was dismal, the inside was dangerous. The stretcher bearing the patient was placed on the floor of the makeshift ambulance, with deadly iron bars close to his head. Fortunately, my sister and I were made to sit beside him, while the driver and his assistant went to the front, happy to have struck a goldmine.

Whether it was this excitement of having hit the jackpot or the desire to impress us, the wannabes immediately began to speed on the bumpy road, making the car rock violently and the patient's head almost hitting the metal bars. My sister tried using her hand as a wedge, while we cautioned the young men. We had to eventually ask them to stop the car, so they could come to reposition the stretcher for the patient's safety. With that sorted, we managed to endure the frightful ride to LASUTH.

Sham and scam at LASUTH

We got to LASUTH at about 4:45 pm and immediately went to the emergency unit. We were told to remain outside, while a doctor would come to attend to us. The doctor came soon after and made necessary enquiries about the condition of the patient, as well as his lifestyle and medical history. Thereafter, he requested the CT scan and examined it. He then told us that while the patient could be admitted in the emergency ward, the stroke unit was a much more advisable option for specialised treatment and recovery.

With no time to waste, we proceeded to the accounts section,

after making necessary enquiries from the stroke unit. Thinking we were paying for admission into the emergency ward, the accounts personnel gave us a bill of N41,000, but when we told them that it was the stroke unit, we were billed N275,000. The astronomical difference was daunting but we wanted the best treatment, as we had been assured.

However, if we thought that the completion of our "elite" payment plan would ensure immediate treatment for the patient, we were mistaken. While the payment was made at about 6:00pm, the patient was not admitted to the stroke unit until about 9:00pm. Worse still, Ajuwon remained in that jalopy outside of the emergency unit, without any form of treatment throughout the time.

As anyone can imagine, that three-hour interval was about the most harrowing that we had to endure. What actually happened was that, immediately after we indicated that we had paid, we were directed to an office where my sister filled a form and necessary information about the patient was taken. Then she was given a list of drugs to purchase for the patient, which she did. Thereafter, we were asked to wait outside for "a team of specialists" that would come to assess his condition.

We waited endlessly for this "team" to arrive. At some point, my anxious sister kept trying to remind the nurse that had the patient's file of the critical nature of his illness and the fact that the ambulance was hired. The nurse simply ordered her to remain outside and wait for the doctors. Meanwhile, by this time, the ambulance guys had become very restless and kept hounding us to do something about our patient, as they needed to leave. The more we pleaded, the more they pestered. When the pestering became unbearable, I decided to go see the nurse myself and the more aggressive of the boys decided to follow me, since he felt my sister and I were being too docile.

The stern-looking nurse did not wait for us to finish our inquiry before angrily ordering us out. "I don't repeat myself," she said. "Go ask your sister what I told her." Even the restless young man became speechless when he saw the nurse's disposition. As we stepped out of the ward, I gave him an "I told you so" look, and he replied that it was all because we were still being "too calm". He said the next step might be to create a scene, so the hospital could understand how dire the situation was. I quickly pointed his attention to a notice at two strategic points at the entrance of the ward, stressing the right of medical personnel to refuse attending to a patient, if they considered either the patient or their relative as being confrontational. For obvious reasons, the Patient's Bill of Rights was nowhere in sight.

Meanwhile, as we continued our agonising wait, the distraught wife of the patient intermittently spoke comforting words to her husband, with the hope that he could hear her in his semi-conscious state. Of course, despite the prolonged starvation and distress to which he had been subjected, he kept showing his fighting spirit with little movements.

"Sorry, Dear," she whimpered to him, fighting back tears. "Look at what they are doing to you. Look at the stress they are making you go through. See the bulging veins on your head. But don't worry, you will be fine soon."

Little did she know that even greater horrors awaited him! *(Continues next edition)*



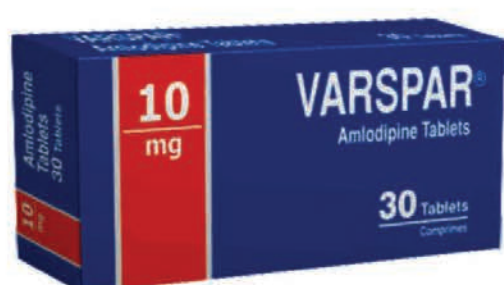
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DEANS' DR CLEMENT ANIE Corner

Pharm. (Dr) Clement Oliselo Anie is the current acting dean, Faculty of Pharmacy, Delta State University, Abraka. His area of specialisation is Pharmaceutical Microbiology.

Anie hails from Ndokwa-West Local Government Area of Delta State. He attended Adege Primary School, Ndemili and Ndemili Grammar School, both in Ndokwa-West LGA.

He studied Applied Microbiology at Nnamdi Azikiwe University (UNIZIK), Awka, Anambra State, and graduated in 1995. Thereafter, he proceeded to the University of Ibadan, Ibadan, where he bagged an MSc in Pharmaceutical Microbiology in 1999.

After that, he decided to study Pharmacy, also at UNIZIK and graduated in 2015 with a B.Pharm. He later obtained his PhD in 2017 at the University of Nigeria, Nsukka (UNN).

Anie started his career

with the Delta State Local Government Service Commission, where he served for five years. His passion for teaching, however, prompted him to begin his teaching career in 2008, as an assistant lecturer in the Faculty of Pharmacy, Delta State University, Abraka.

He has presently taught Pharmaceutical Microbiology for 15 years. He was the coordinator of

the pre-degree programme, representing the faculty from 2009 to 2013. He was also head of department of Pharmaceutical

Microbiology & Biotechnology for over four years, from 2016 to 2020.

During his tenure as the



acting dean of the faculty, the faculty has achieved many feats. For instance, the faculty started its postgraduate programme, which has been running successfully. The first set of PharmD students has also been admitted and this is in addition to the fact that the faculty has moved to its new building.

Anie ascribes the glory of all the feats to the grace of God, the management of the university, and the support of every member of the faculty.

Dr Anie, who has over 60 publications, has also attended many seminars and conferences. A professional to the core, he is a member of the Nigeria Association of Pharmacists in Academia (NAPA).

Moreover, he is not just a member of the Pharmaceutical Society of Nigeria (PSN) but also a council member of the Society. Also, the acting dean was a council member of the Pharmacists Council of Nigeria, now known as the Pharmacy Council of Nigeria (PCN).

Pharm. (Dr) Anie is both a devoted Christian and a church leader.

► Feature ◀

Diabetes: Demystifying the myth of unripe plantain, wheat flour and garri

By Prof. Ernest B. Izevbigie

Diabetes is a chronic metabolic illness, characterised by high levels of blood glucose or sugar that result in deleterious effects on many organs, such as the kidney, the heart, the eyes, and the nerves. The most prevalent is type 2 diabetes (T2D), considered to be adult diabetes or usually obesity-induced. It occurs due to inadequate insulin production or compromise in insulin sensitivity.

Type 1 diabetes (T1D), considered juvenile diabetes and insulin-dependent, is a chronic disease in which the pancreas produces little or no insulin at all. Globally, 537 million people are estimated to be living with diabetes, which is 1:10 people. The number is predicted to increase to 643 million people by 2030 and 783 million people by 2045, according to the International Diabetes Federation (IDF) Diabetes Atlas.

In 2017, the top five countries in Africa for the prevalence of diabetes were Ethiopia, South Africa, Democratic Republic of Congo (DRC), Nigeria, and Tanzania (www.VisualCapatalist.com). Nigeria, with about 1.2 million people living with diabetes, tops the list; followed by South Africa, with 841,000; DRC, 552,000; Ethiopia, 550,000; and Tanzania, 380,000 people, respectively.

Studies have shown that the main risk factors associated with type 2 diabetes (T2D) are high body mass index (BMI), poor dietary choices, sedentary lifestyle or lack of physical activities, and alcohol and tobacco use. Consequently, these risk factors (especially diet) represent control points or possible strategies to turn the tide of the diabetic scourge in our society.

It is therefore not surprising that, in the last decade or so, Nigeria has witnessed an increase in the campaign of the health benefits of green/ unripe plantain (*Musa paradisiaca*) flour and wheat (*Triticum aestivum*) flour, as replacement for garri (*Manihot esculenta*) granule and yam (*Dioscorea alata*) flour. Unfortunately, these claims are not only anecdotal but they have been debunked by emerging and compelling scientific data. Put simply, the claims are all myths!

As a matter of fact, results of the proximate analyses carried out on green/ unripe plantain flour, wheat flour, garri and cassava flours also contradict the putative health benefits of green/ plantain flour and wheat flour. In this review, emphasis will be placed on carbohydrate (fibre and carbohydrate) because of their involvement in the etiology of diabetes.

Results show carbohydrate content was highest in cassava flour, aka santana, (85.8±0.55 %) > wheat flour (82.33±1.66 %) > unripe plantain (81.97±1.52 %) > garri (79.01±1.00 %) which has the lowest carbohydrate content. However, the differences observed in carbohydrate levels were not statistically significant (P>0.05).

In 2017, the top five countries in Africa for the prevalence of diabetes were Ethiopia, South Africa, Democratic Republic of Congo (DRC), Nigeria, and Tanzania (www.VisualCapatalist.com). Nigeria, with about 1.2 million people living with diabetes, tops the list; followed by South Africa, with 841,000; DRC, 552,000; Ethiopia, 550,000; and Tanzania, 380,000 people, respectively.



Carbohydrate (%)		Crude Fibre (%)
1. Cassava Flour	85±0.55	1.67±0.42
2. Wheat Flour	82.33 ± 1.66	3.00±0.87
3. Unripe/ Green Plantain Flour	81.97 ± 1.52	1.6±0.87
4. Garri granule	79.01 ± 1.0	3.13± 0.81*

As shown in the above table, compared to the four food staples listed above (cassava flour, wheat flour, green/ unripe plantain flour and garri granule), garri not only contains the least amount of carbohydrate, which is desirable - though not statistically significant (P>0.05) - it also contains the highest amount of fibre, which is also considered desirable because fibre provides a variety of health benefits, including damping the glycaemic effect of carbohydrate.

In summation, green/ unripe plantain and wheat flour cannot be touted as healthier alternatives to garri granules for diabetics or pre-diabetics. It is therefore recommended that diabetics or pre-diabetics limit their consumption of these foods.

References

1. Facts and Figures, (International Diabetes Federation [IDF] Diabetes Atlas, 2021
2. Jamison DT, Feachem RG, Makgoba MW et al., Washington (DC): The International Bank for Reconstruction and Development / The world Bank, 2006



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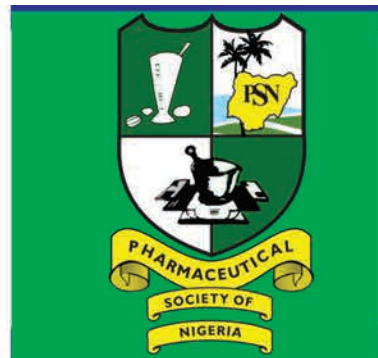


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96th Annual National Conference of PSN, 30th October - 4th November, 2023, Gombe.



A cross-section of dignitaries at the opening ceremony



Prof. Cyril Usifoh, President, PSN, presenting a plaque to the Governor of Gombe State, Governor Mohammed Inuwa Yahaya at the opening ceremony.



A cross-section of delegates during the recitation of the national anthem at the opening ceremony.



Governor Mohammed Inuwa Yahaya, Governor of Gombe State, and his Royal Highness, Igwe (Dr.) Oranu Chris Chidume, Eze Ana-ukwu, Eze Igulube of Amor, (middle), flanked by other personalities at the opening ceremony.



Pharm. (Sir) Ifeanyi Atueyi, Publisher, Pharmanews (third from left), flanked by other personalities at the opening ceremony.



A cross-section of NAPPSSA delegates in a group photograph with Pharm. (Alh.) Ahmed Yakasai (Kachalla of Kano).



Pharm. (Alh.) Ahmed Yakasai (Kachalla of Kano), presenting an award plaque to its Royal Highness, Igwe (Dr.) Oranu Chris Chidume.



Pharm. (Sir) Ifeanyi Atueyi, publisher, Pharmanews, and wife, Lady Joan Atueyi, at the stand of Biogenetics Pharma Limited.



Prof. Cyril Usifoh, President, PSN, and His Excellency Dr. Manassah Daniel Jatau, deputy Governor, Gombe state, at the closing banquet.



Prof. Moses Atanda Akanmu, and Air Commodore David Babalola, during a plenary session.



A cross-section of dignitaries at the closing banquet held at the Government house, Gombe.



Prof. Emmanuel Ibezim, the winner of the 2023 May & Baker professional service Award and other personalities during the presentation at the closing banquet.



Prof. Emmanuel Ibezim displaying his dummy cheque of one million naira as the winner of the prestigious May & Baker professional service award.



Delegates from Akwa-Ibom state displaying their handover flag as the 2024 host of the PSN conference.



L-R, Lady Joan Atueyi, Pharm. (Alh.) Ahmed Yakasai, and Pharm. (Sir) Ifeanyi Atueyi, publisher, Pharmanews

Celebrating 44 Years of Uninterrupted Monthly Publication (1979-2023)

I did my best as PSN president - Ohuabunwa

continued from page 28
participation by creating a few more committees. We also started the construction of the eight-storey Pharmacy Plaza in Victoria Island, adopting an innovative financing mechanism that invites a multi-year debenture investment, through which over 500 million naira was raised/pledged. We equally brought the Abuja national building project up to speed and for the first time opened the Abuja liaison office for the Society. We did our best. No regrets.

As a pharmacy elder, which of the issues affecting Pharmacy and healthcare in general would you like the government and stakeholders to address more frontally, especially as we have ushered in a new government in Nigeria?

For me, the most critical matter today is to have a pharmacist sit in every room where decisions on drug-procurement and the like are taken in the public sector. They must be on boards of the teaching/specialist hospitals.

Related to this is the full implementation of the Pharmacists Consultant Cadre. This has been gazetted since 2021 but, to date, and after several implementation guidelines from the Head of Service of the Federation and the FMOH, many teaching Hospitals are still resisting full implementation. This should attract disciplinary action.

Thirdly is the sanitisation of the pharmaceutical distribution chain. Nigeria must stop sales of drugs in open markets and eliminate

quackery in the distribution of drugs. I wish the new Federal Government will attend to these matters

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

Actually, much of my relaxation is built into my daily schedule. I intersperse serious activities with less demanding and mundane ones. I could move from a Board meeting to a community meeting or a Christian fellowship. During my morning worships, I take healthy walking exercise, while singing praises to God, before I pray. So I am able to optimise my time.

I use every opportunity I find to exercise; walking to the boarding gate or exiting from an aircraft, visiting a shopping mall, etc. - I deliberately take measured steps. Sometimes, I walk around my estate. I find time to attend social events and enjoy being in the company of friends. I dance often and then read and write regularly.

The critical thing is that I am conscious that I need to exercise and relax to reduce stress; but I'm often too busy to go to sports clubs or gyms. So I improvise and take the staircase, instead of using the lift. Somehow, I manage to make up!

Can you briefly share with us some of the most memorable moments of your career?

I actually had a very memorable career, from beginning to the end. I became an area manager at Pfizer Products Plc within two years of joining the company. Within one

year, I turned the fortunes of the new area around. It seemed like a fluke and to be sure that the sudden turnaround was due to my effort, I was transferred to another area the next year. Again, within one year, I moved the performance of the new area to a new height.

Having achieved these spectacular attainments within a few years, I was promoted to the position of national sales manager. Later on, I was made group sales manager (Pharmaceutical and Animal Health divisions). Subsequently I became marketing manager, pharmaceutical division director, deputy managing director and, soon after that, I became country manager, managing director/CEO, then Chairman/CEO and regional manager for West Africa. Within a period of 15 years (1978-1993), I moved from the lowly position of a pharmaceutical sales representative to the position of chairman/CEO.

Perhaps the most spectacular event in my career was in 1997 when I led the MBO of the 60 per cent shareholding of Pfizer Inc. in Pfizer Products Plc, as Pfizer divested. I named the resultant company Neimeth International Pharmaceuticals Plc. I worked in Pfizer/Neimeth for 33 years, 18 of which were at CEO level, retiring in 2011.

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

I got married in 1980 in Benin to the love of my life, Stella Omude, from Kwale, Delta State. We have



Mazi Sam Ohuabunwa

five children - three girls that came first and then two boys. My first daughter Oby (Mrs Ronnie-West) is a clinical pharmacist working in Charlotte, North Carolina, USA. My second daughter is Chinenye (Mrs Adekanmbi), an attorney working in the company secretariat at Neimeth. My third daughter is Matilda (Mrs Nwosu) an accountancy graduate and HR specialist living in Port Harcourt. Our first son is Emeka, a medical director currently in Denmark; while our second son and last child is an IT engineer living and working in the UK.

Between them, we are currently grandparents to 13 children. God has been very merciful to us and my wife played exceptional roles in the upbringing of these children, while I was actively running my career.

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Madehin, Kelani, others win PSN 2023 elections

continued from back page

Pharm. Emeka Adimoha, who had 241 votes.

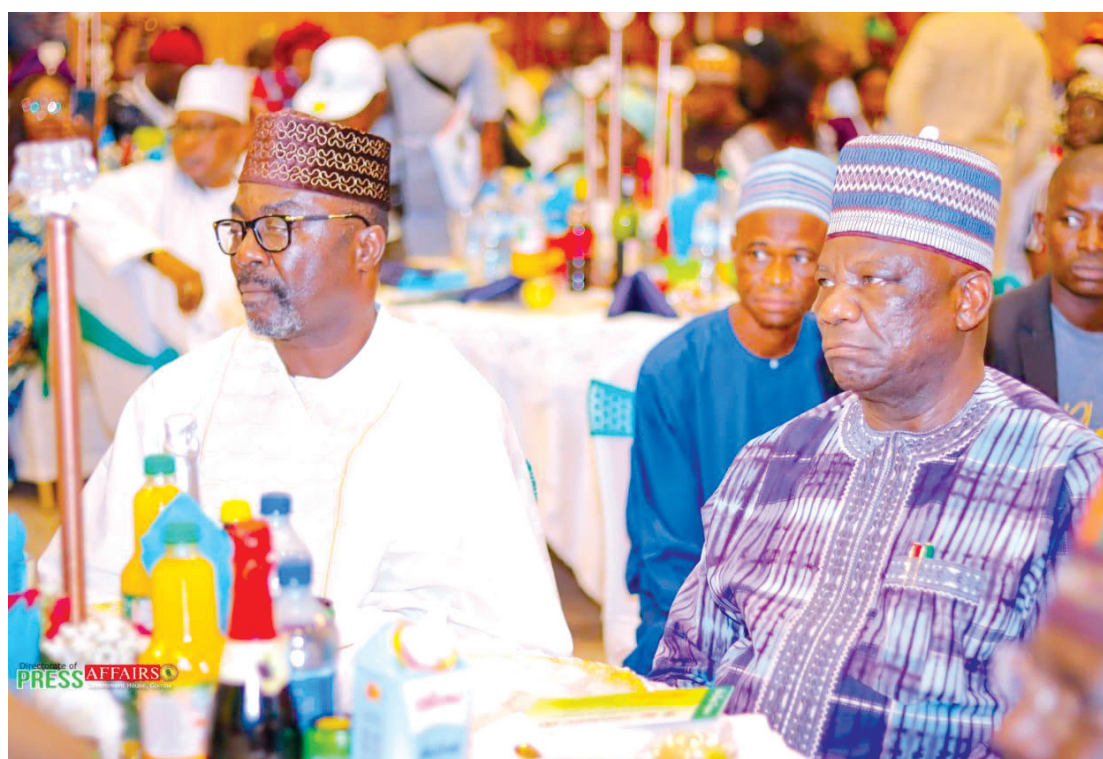
In the same vein, Prof. Moses Akanmu, who contested for the post of editor-in-chief, and Pharm. Nafisatu Mijinyawa, who contested as the internal auditor, were announced elected unopposed.

Swearing in the newly elected executive members, Chief Justice of Gombe State, Justice Halima Muhammed, who was represented by Justice Muhammed Awal Haruna, urged them to make good use of their offices and lead with the fear of God.

Also speaking at the event, Gombe State Governor, His Excellency, Alhaji Muhammad Inuwa Yahaya, who was represented by his deputy, Dr Manassah Daniel Jatau, reaffirmed his commitment to maintaining a strong partnership with the PSN and other pertinent players in the pharmaceutical and medical sectors, to attract investments to Gombe State.

Inuwa said, "We are delighted to host you as our guests for your 96th National Annual Conference here in Gombe. During your stay, you must have experienced the serenity of our peaceful state, and the richness of our culture, and felt the warmth of our hospitality."

"We want to assure you of our commitment to a lasting partnership with you and



Prof. Cyril Usifoh, president, PSN, and Dr Manassah Daniel Jatau, deputy governor, Gombe State, at the closing banquet.

encourage you to explore the opportunities offered by our industrial park for your investments in Gombe State."

He further urged the PSN membership to maintain cooperation with the Society's leadership, while also portraying themselves as good ambassadors of the state anywhere they found themselves. He assured that they

would always be welcomed and treated with the same warmth and kindness that reflected the hospitality and generosity of the government and people of Gombe State.

In his remarks, President of the PSN, Professor Cyril Usifoh, conveyed the Society's appreciation to Yahaya for what he described as "unwavering

support, complete solidarity, and exceptional hospitality" throughout the conference.

Earlier, the Secretary to Gombe State Government, Prof. Ibrahim Abubakar Njodi, who delivered the opening remarks, underscored Gombe's readiness to collaborate with partners in advancing various initiatives, emphasising that the state was wholeheartedly receptive to hosting events similar to the one organised by the PSN.

Highlights of the event were the presentation of awards of excellence to exceptional individuals in recognition of their significant contributions to the pharmaceutical industry and their

support for the success of the PSN conference in Gombe.

Notable among the recipients were the First Lady of Gombe State, Haj. Asma'u Yahaya and the Emir of Gombe, His Royal Highness, Alh. (Dr) Abubakar Shehu Abubakar III, CFR.

Why Nigeria must increase funding for healthcare research - NIMR

continued from back page

and approaches to diseases management and treatment.

Salako, who mentioned creation of employment opportunities as one of the major reasons the country should fund health research, explained that research provides jobs for people at each stage, from field work to data collation, before the results are released.

According to him, "Funding research is very costly, but very beneficial in the long run because the results will impact not just the immediate population of the place where it is done but will transcend that country to other countries and the return on investment will be huge."

"So, I believe it is crucial for countries to fund research, if not for the sciences behind it, for political interest, countries should fund research. For improving their own healthcare system and providing new solutions and approaches to manage diseases, countries should fund research."

He continued, "Of course the leadership of the country may not directly realise that funding research is an opportunity to create employment opportunities, especially for the young people, but there abound a lot of jobs for the youth population in research."

"For instance, before the results are available, there are people that work on the field, people who will collate data, and people who will sell sample containers and lots more. So it is important for government to start



A cross-section of dignitaries and participants at the I-CHAIR conference, held recently in Lagos.

thinking of the economy behind funding research."

Salako also discouraged the tendency of investors to always look for immediate return-on-investment in research, saying research does not work that way.

He revealed that, sometimes, researchers engage in experiment that fails, which may appear to the funder as a revenue loss, but which is not in the real sense. "That is just to tell us that there is no way there, which is also as important as telling us there is a way," he explained.

The keynote speaker at the conference, Prof. Umberto D'Alessandro, director, Medical Research Council Unit, The Gambia, who spoke on the topic, "Malaria: Past and current challenges", emphasised the need for African

countries to deliberately fund research on malaria eradication, saying dependence on donor organisations will not assist them to be malaria-free in good time.

While acknowledging the important role of vaccine in malaria prevention, D'Alessandro asserted that there is no one magic bullet approach in malaria elimination, saying the process requires a combination of different interventions.

Also speaking, a former Minister of State for Health, Dr Olorunnimbe Mamora, called on governments at all levels to invest more on research generally.

He said, "Government at all levels need to continue to fund research for the benefit of the nation. Research is not cheap because when you start a research

work, you can't determine how long it will take or what the outcome will be."

"One thing that is sure is that you stand to benefit from the research output and the result is always positive to the development of the society."

Mamora, who was the chairman of the conference, commended NIMR for being in the forefront of promoting translational research in the country over the years.

He said NIMR has continued to maintain global excellence in research through the ground-breaking researches carried out by the institute.

"The annual ICHAIR conference is a testament of the leading role NIMR is playing to improve and increase research capacity in the country", he added.



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Why Nigeria must increase funding for healthcare research - NIMR

By Temitope Obayendo

The Director General, Nigerian Institute of Medical Research (NIMR), Professor Babatunde Lawal Salako, has called on Nigeria and other African countries to increase investment in healthcare research, saying this plays a critical roles in national development.

The NIMR DG made the submission at the recently concluded 2023 International Conference on Health Advances, Innovation and Research (ICHAIR), organised by the NIMR in Lagos.

While acknowledging the expensive nature of health research, Salako stressed that the outcome usually outweighs the input in the long run. He therefore urged government at all levels to see beyond the education and sciences behind research and consider its potentials to improve the nation's health system through the provision of new solutions

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L-R: Pharm. Anthony Idoko, representative of the PCN registrar; Pharm. (Mrs) Abimbola Adebakin, founder and CEO, Advantage Health Africa ; President, Pharmaceutical Society of Nigeria, Prof. Cyril Usifoh; and Pharm. Adewale Oladigbolu, national chairman, Association of Community Pharmacists of Nigeria (ACPN) at the launch of The Advantage, by Advantage Health Africa, held recently at Impact Hub, Ikoyi, Lagos.

Madehin, Kelani, others win PSN 2023 elections

- As Gombe Gov fetes delegates to lavish closing banquet

By Adebayo Oladejo

The duo of Pharm. Gafar Madehin, a contestant for the office of national secretary, and Pharm. Jelili Kelani, a contestant for the post of treasurer, have emerged winners of the keenly contested 2023 PSN elections into different offices.

Declaring the results at the closing banquet at the recent 96th PSN conference in Gombe, tagged "Jewel City 2023", the electoral committee chairman, Pharm. Alli S. Atabo, declared

the duo returned and elected, having garnered the maximum valid votes in the elections.

According to Atabo, who is the director of pharmaceutical services, Borno State, Madehin polled 449 votes to defeat his opponent, Pharm. Ndukwe Uma Ndukwe, who had 209 votes.

The election umpire added that Kelani, who contested for the position of treasurer also polled 435 votes, to defeat his opponent,

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