

flourish

A Publication of Pharmalliance, Africa's Premier Retail Pharmacy Business Support Network

ISSUE 10, 2019

Also in the Edition

ARTIFICIAL INTELLIGENCE
IN PHARMACY PRACTICE

MANAGING MOUTH ULCERS
IN A COMMUNITY
PHARMACY,

PANEL 11 IN PICTURES

A portrait of Pharm. Agbomma Esom-Ibe, a Black woman with her hair in braids, wearing black-rimmed glasses and a red lace shawl. She is smiling slightly and looking directly at the camera. The background is a light-colored, vertically-pleated fabric.

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PHARM. AGBOMMA ESOM-IBE,
Founder/CEO, AB Pharmacy, Port Harcourt



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It gives me great pleasure to present the 10th edition of Flourish to you. Keeping this title in circulation has been quite a challenge because of our business model. Being a free publication, we solely rely on advertising revenue to keep the press running. We therefore remain eternally grateful for our regular advertisers who have kept faith with us all these years in spite of the prevailing economic conditions. We pray God will continue to keep them in business that they may in turn keep us on the news stands.

This is the PSN conference edition and it promises to be interesting and engaging as usual. As usual, we have 2 interviews in this edition. The first one, which is our cover page personality interview, features a dynamic lady pharmacist who is poised to raise the bar of practice not only in her state of practice, Rivers State but in Nigeria as a whole. Pharm Agbomma Esom-Ibe is an enigma of some sort. There is never a dull moment when you are with her and her mind is always brimming with new ideas. The second is an interview with a young, dynamic and diligent Pharmacist and member of Pharmalliance, Pharm Odunayo Betty Olaleye, Founder/CEO of Teescare Pharmacy and Laboratories, Ibadan. Her interview is inspirational, Insightful and Intellectual!

The clinical section of this edition focuses on Mouth Ulcers, culled from a wonderful resource, Community Pharmacy by Paul Rutter. The book is a must have for every practicing Community Pharmacist. Other articles from our regular columnists like Timeyin Ogungbe, Wilson Okpani and many others promise to keep you enraptured to the last page!

We have amazing photos from the recently concluded 11th edition of THE PANEL, Nigeria's premier retail Pharmacy business summit! It was a magical event. The largest since inception in 2009.

As you peruse this fine mix of clinical, business and lifestyle articles, we wish to remind you that Pharmalliance has released 3 business changing video recordings to empower community Pharmacists. These include

- REBECA (Break even analysis)- Acid test for business survival
- Retail Pharmacy Fraud- Detection, Prevention and Control
- Business Diagnosis Checklist- 27 questions every retail pharmacy owner must answer

These recordings are simply amazing and worth having. They can be procured at any Pharmalliance exhibition stand at Pharmacy conferences and can also be ordered online on www.jumia.com.ng or on our online store on www.rxevolution.com.ng.

We thank you for your consistent support and look forward to bringing more exciting innovations into the Community Pharmacy space.



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FEATURING



Abiola Oluwagbemiga
He's a young pharmacist



Timeyin Ogungbe
She's the founder and CEO of Elbeth Pharmacy



Wilson Okpani
He's a community pharmacist based in Lagos

TEAM

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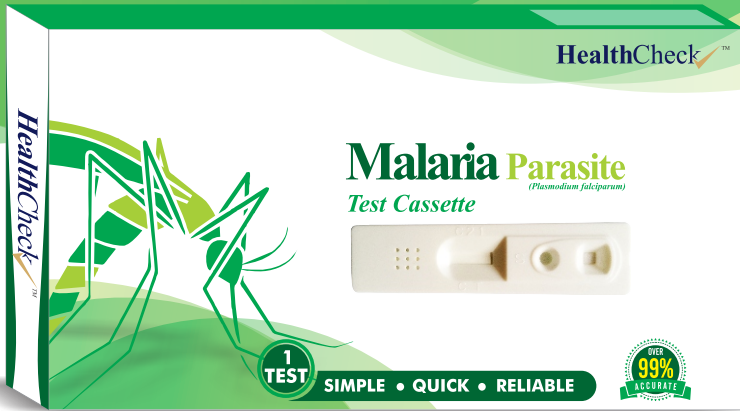


TOUGH on fever

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W.H.O RECOMMENDATION (2010)

W.H.O warns against Anti-Malaria Drug Abuse (2005)



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Test Cassette

BE ABSOLUTELY SURE ✓

MANAGING MOUTH ULCERS

IN A COMMUNITY PHARMACY

Paul Rutter



Background

Aphthous ulcers, more commonly known as mouth ulcers is a collective term used to describe the various clinical presentation of superficial painful oral lesions that occur in recurrent bouts at intervals between a few days to a few months. The majority of patients (80%) who present in a community pharmacy will have Minor Aphthous Ulcers (MAU). It is the community pharmacists' role to exclude more serious pathology, for example, systemic causes and carcinoma.

Prevalence and epidemiology

The prevalence and epidemiology of MAU are poorly understood. They occur in all ages but it has been reported that they are more common in patients aged between 20 and 40, and up to 66% of young adults give a history consistent with MAU. Lifetime prevalence is estimated to affect one in five of the general population.

Etiology

The cause of MAU is unknown. Several theories have been put forward to explain why people get MAU, including a genetic link, stress, trauma, food, sensitivities, nutritional deficiencies (iron, zinc, and

vitamin B12) and infection, but none have so far been proven.

Arriving at a differential diagnosis

There three main clinical presentations of ulcers: minor, major, or herpetiform. Although it is most likely the patient will be suffering from MAU (Table 6.1), these and other causes must be recognized and referred to the GP for further evaluation. Several ulcer-specific questions should always be asked of the patient (Table 6.2), and an inspection of the oral cavity should also be performed to help aid the diagnosis.

Clinical features of minor aphthous ulcers

The ulcers of MAU are roundish, grey-white in color, and painful. They are small – usually less than 1cm in diameter – and shallow with a raised red rim. Pain is the critical presenting symptom and can make eating and drinking difficult, although pain subsides after three or four days. They rarely occur on the gingival mucosa and occur singly or in small crops of up to five ulcers. It usually takes 7 to 14 days for the ulcers to heal, but recurrence typically occurs after an interval of 1 to 4 months.

Table 6.1
Causes of ulcers and their relative incidence in community pharmacy

Incidence	Cause
Most likely	Minor aphthous ulcers (MAU)
Likely	Major aphthous ulcers, Trauma
Unlikely thrush	Herpetiform ulcers, herpes simplex, oral medicine-induced
Very Unlikely	Oral carcinoma, erythema multiforme (Steven's Johnson syndrome), Behcet's syndrome

Conditions to eliminate

Likely causes

Major aphthous ulcers

These are characterized by large (higher than 1cm in diameter), numerous ulcers, occurring in crops of 10 or more. The ulcers often fuse to form one large ulcer. The ulcers heal slowly and can persist for many weeks

Table 6.2
Specific questions to ask the patient: Mouth ulcers
QuestionRelevance

Number of ulcers	MAU occur singly or in small crops. A single large ulcerated area is more indicative of pathology outside the remit of the community pharmacist Patients with numerous ulcers are more likely to be suffering from major or herpetiform ulcers rather than MAU
Location of ulcers	Ulcers on the side of the cheeks, tongue and inside of the lips are likely to be MAU Ulcers located toward the back of the mouth are more consistent with major or herpetiform ulcers
Size and shape	Irregular-shaped ulcers tend to be caused by trauma. If trauma is not the cause then referral is necessary to exclude sinister pathology If ulcers are large or very small they are unlikely to be caused by MAU
Painless ulcers	Any patient presenting with a painless ulcer in the oral cavity must be referred. This can indicate sinister pathology such as leukoplakia or carcinoma

Age

MAU in young children (<10 years old) is not common and other causes such as primary infection with herpes simplex should be considered. If ulcers appear for the first time after adolescence then the diagnostic probability is increased for them to be caused by things other than MAU

Trauma

Trauma to the oral mucosa will result in damage and ulceration. Trauma may be mechanical (e.g., tongue biting) or thermal, resulting in ulcers with an irregular border. The patient should be able to recall the traumatic event and have no history of similar ulceration or signs of systemic infection

Unlikely causes

Herpetiform ulcers

Herpetiform ulcers are pinpoint and occur in abundant crops of up to 100 at a time. They usually heal within a month and often occur in the posterior part of the mouth, an unusual location for MAU. Both herpetiform and major aphthous ulcers are approximately ten times less common than MAU.

Oral thrush

Oral thrush usually presents as creamy-white soft elevated patches.

Herpes simplex

Herpes simplex virus is a common cause of oral ulceration in children. Primary infection results in ulceration of any part of the oral mucosa, especially the gums, tongue, and cheeks. The ulcers tend to be small and discrete, and many. Before the eruption of ulcers, the person might show signs of systemic infection such as fever and pharyngitis.

Medicine-induced ulcers

Several case reports have been received of the medication causing ulcers. These include cytotoxic agents, nicorandil, alendronate, non-steroidal anti-inflammatory drugs (NSAIDs), and beta-blockers. Ulcers are often seen at the start of therapy or when the dose is increased.

Improbable causes

Carcinoma

In 2009, over 6000 cases of oral cancer were confirmed. It is twice as common in men as women. Incidence rates increase sharply beyond 45 years of age. In men, the highest incidence is seen in those aged 60–69, and in women, it peaks in the over 80s. Smoking and excess alcohol consumption are two major risk factors. The majority of cancers are noted on the side of the tongue, mouth, and lower lip. Initial presentation ranges from painless spots, lumps, or ulcers in the mouth or lip area that fail to resolve. Over time these become painful, change color, crust over or bleed. The painless nature of early symptoms leads people to seek help only when other symptoms become apparent. Symptoms, therefore, can be present for several weeks before the patient presents to a health care practitioner. Urgent referral is needed as survival rates increase dramatically if the disease is diagnosed in its early stages.

Erythema multiforme

Infection or drug therapy can cause erythema multiforme, although, in about 50% of cases, no cause can be found. Symptoms are sudden in onset, causing widespread ulceration of the oral cavity. Also, the patient can have annular and symmetric erythematous skin lesions located toward the extremities.

Conjunctivitis and eye pain are also common.

Behcet's syndrome

Most patients will suffer from recurrent, painful major aphthous ulcers that are slow to heal. Lesions are also observed in the genital region, and eye involvement (iritidocyclitis) is standard.

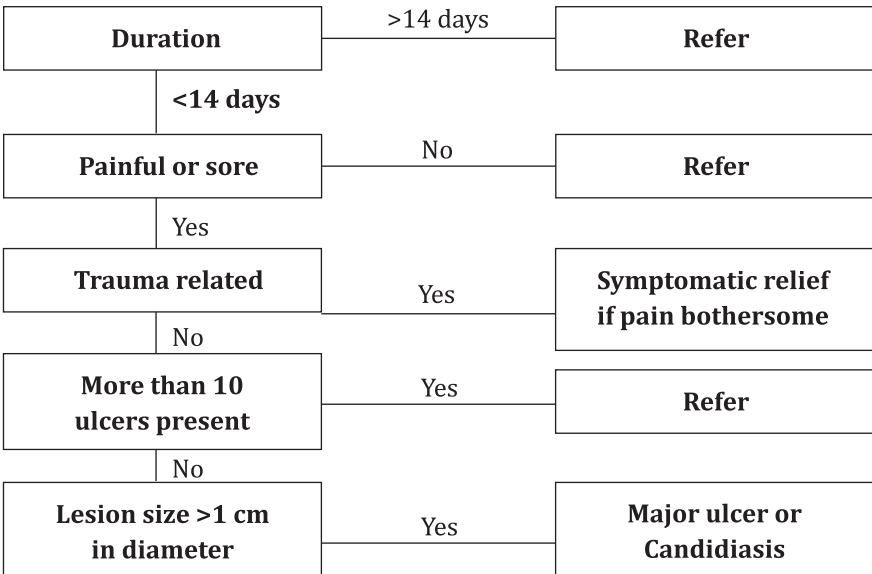
Figure 6.6 will aid the differentiation between serious and non-serious conditions that cause mouth ulcers.

TRIGGER POINTS indicative of referral:

Mouth Ulcers

Symptoms/signs	Possible Danger/reason for referral
Children under 10	Minor ulcers rare
Ulcers greater than 1cm in diameter Ulcers in crops of five to ten or more Duration longer than 14 days	Suggests other causes of ulceration outside scope of community pharmacist
Painless ulcer Eye Involvement	Possible sinister Pathology

Fig. 6.6 Primer for differential diagnosis of mouth ulcers.



1 Duration

MAU normally resolve in 7 to 14 days. Ulcers that fail to heal within this time need referral to exclude other causes.

2 Painless ulcers

These can indicate sinister pathology, especially if the patient is over 50 years old. In addition, it is likely that the ulcer will have been present for some time before the patient presented to the pharmacy.

3 Numerous ulcers

Crops of 5 to 10 or more ulcers are rare in MAU. Referral is necessary to determine the cause.

Evidence base for over-the-counter medication

A wide range of products are used for the temporary relief and treatment of mouth ulcers. These products contain corticosteroids, local anaesthetics, antibacterials, astringents and antiseptics. Until, recently, corticosteroids were available OTC (triamcinolone acetonide 0.1% in Orabase and hydrocortisone sodium succinate pellets) but these have been discontinued by the manufacturers. This is unfortunate as a review in BMJ Clinical Evidence found corticosteroids did reduce the duration of pain with MAU (http://exodontia.info/files/BMJ_Clinical_Evidence_2007_Recurrent_Aphthous_Ulcers.pdf; accessed 22 November 2012).

**Table 6.3
Practical prescribing: Summary of medicines for ulcers**

Name of Pregnancy & medicine breastfeeding	Use in children	Likely side effects	Drug interactions of note	Patients in which care exercised
Choline salicylate	>16 years	None	NoneNone	Ok
Lidocaine Ok		Can Cause sensitisation	None reactions	None
Benzocaine	>12years			
Chlorhexidine	>12years	None	NoneNone	Ok
Carmellose	No age limit stated*	NoneNoneNone		Ok

*Children should not be routinely given products as ulcers are rare in this age group.

Antibacterial agents (e.g., chlorhexidine)

Several random controlled trials have investigated antibacterial mouthwashes containing chlorhexidine gluconate. Data from some, but not all studies, have found that they reduced the pain and severity of each episode of ulceration.

Products containing anesthetic or analgesics

There is very little trial data to support the pain-relieving effect of anesthetics or analgesics in MAU, apart from choline salicylate. However, these preparations are clinically useful in other painful oral conditions. It is therefore not unreasonable to expect some relief of symptoms to be shown when using these products to treat MAU.

Choline salicylate

Choline salicylate has been shown to exert an analgesic effect in several small studies. However, only one study by Reedy (1970) involving 27 patients evaluated choline salicylate in the treatment of oral aphthous ulceration. No significant differences were found between choline salicylate and placebo in ulcer resolution, but choline salicylate was found to be significantly superior to placebo in relieving pain.

Protectants

Orabase is a paste of gelatin, pectin, and carmellose sodium, which sticks when it comes in contact with wet mucosal surfaces. There is a paucity of data to support its efficacy. However, it has no known side effects and can be used in any patient population.

A Practical prescribing and product selection

Prescribing information relating to the medicines used for ulcers reviewed in the section 'Evidence base for over-the-counter medication' is discussed and summarized in **Table 6.3**

Antibacterial agents (e.g., chlorhexidine)

Chlorhexidine (e.g., Corsodyl) mouthwash is indicated as an aid in the treatment and prevention of gingivitis and in the maintenance of oral hygiene, which includes the management of aphthous ulceration. 10ml of the mouthwash should be rinsed around the mouth for about 1 minute twice a day. It can be used by all patient groups, including those who are pregnant and breastfeeding. Side effects associated with its use include reversible tongue and tooth discoloration, burning of the tongue, and taste disturbance.

Choline salicylate (Bonjela Cool)

Adults and children over 16 years old should apply the gel, using a clean finger, over the ulcer when needed, but limit this to every 3 hours. It is a safe medicine and can be given to all patient groups. It is not known to interact with any medicines or cause any side effects.

Local anesthetics; (lidocaine e.g., Anbesol range, Iglugel, Medijel) and benzocaine (e.g., Oralgel&Oralgel extra strength)

All local anesthetics have a short duration of action; frequent dosing is therefore required to maintain the anesthetic effect. They are thus best used on a when needed basis, although the upper limit on the number of applications allowed does vary depending on the concentration of anesthetic included in each product. They appear to be free from any drug interactions, have minimal side effects, and can be given to most patients. A small percentage of patients might experience a hypersensitivity reaction with lidocaine or benzocaine; this appears to be more common with benzocaine.

Carmellose sodium (Orabase Protective Paste)

Orabase can be applied as frequently as required. It is essential that it is dabbed on, and not rubbed on, for it to stick correctly. Also, patients should be discouraged from putting too much on as the excess can peel off, leaving the lesion exposed. There are no apparent interactions, and Orabase can be used in all patient groups.

*culled from community pharmacy
by Paul Rutter*



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BEAUTY, BRAINS & BRAWN

Like explorers on the ultimate search, we went looking all over the country for a befitting cover page personality, Mother luck shone on us as we found a rare and priceless orchid nicely tucked away in the Garden city of Port Harcourt. Sit back, relax and enjoy this interview with Pharm Agbomma Esom-Ibe, Chairman, Association of Community Pharmacists of Nigeria Rivers State Chapter and also Founder/CEO of AB Pharmacy, Port Harcourt. Flourish Crew reports



I grew up listening to my elder brothers having copious conversations with my father from lines in Shakespeare's Macbeth of Julius Caesar.

2. Share with us your educational background and work history?

Primary school (Central School, Nsukka, 1983), Secondary School (Queen of the Holy rosary Secondary School, Nsukka, 1989) and the University of Nigeria, Nsukka (B.Pharm, 1997/98). Then M.Sc in Pharmacology from the University of Port Harcourt, 2018. PhD is in view by God's grace. I am still a student of the West African Post graduate college of Pharmacy (WAPCP). I have also done a lot of trainings, including TOT (Train the Trainer). I started my professional career with Military hospital where I had my Internship training. I proceeded to Kaduna for my NYSC program where I served at the General Hospital, Tudun Wada, Kaduna State. My retail foray started from Firda Pharmacy, Isa Kaita Kaduna, after which I relocated to Port Harcourt and took up a Community Pharmacist appointment at E.J Pharmacy

1. Can we meet you ma (Family background and upbringing)

My name is Pharm (Mrs) Agbomma Esom-Ibe. My parents were disciplinarians (Teachers of course) and I grew up with seven siblings, five males and two females. I am from Mgbowo in Awgu local government area of Enugu State. I am married with three Children. I emerged the only absolute science graduate in a literary-dominated family of eight children.

for about 5 years.

I had a brief stint at Pharmarama Pharmacy Port Harcourt before I decided to launch out on my own by setting up AB Pharmacy Limited in 2006.

Work History:

Internship- Military Hospital, Kaduna, 1998
 Youth Service- General Hospital, Tudun Wada, kaduna, 1999
 Firda Pharmacy- Isa Kaita, Kaduna, 2000-2001
 E.J Pharmacy- Port Harcourt, 2001-2005
 Pharmarama Pharmacy- Port Harcourt, 2005-2006
 AB PHARMACY LTD, Port Harcourt, Dec 2006 to date

3. Why did you decide to settle for community pharmacy practice?

Community Pharmacy practice is fulfilling, challenging and for me, the perfect showcase of proper Pharmacy practice. It is also very versatile. It gives you a wide berth to play and grow. I love the mix of the challenge of pharma-care and business management (which we aren't taught in the University). There is always something new in community Pharmacy Practice. It is evolving and dynamic. It does not box you in, you can spread your wings and fly as a community Pharmacist. There is a bit of every aspect of Pharmacy in community Pharmacy practice vis; Industrial(Compounding), Academic & Hospital(Pharmaceutical care), Administrative(Human and business management). It is the complete package .It keeps you on your toes all the time and you are always learning.

4. What challenges have you faced in business considering the business/political climate we have in Nigeria?

I guess that my biggest challenge at certain points in my business has been human resources.

There have also been issues of paucity of funds and security. The instability and the unpredictability of the economy has also been a factor for me as a Pharmapreneur. Being a femalepreneur has also been a challenge, but we have gone past that now.

5. How many stores do you have? Any plans for expansion?

I have just one store and a laboratory. Yes, there is definitely a plan for expansion, but I want this one store to run seamlessly first. I never want to repeat the mistakes of this one in subsequent stores.

6. What makes AB Pharmacy tick?

AB is a family and we improve on our standards every passing day. We are also academic-oriented, having internal and external seminars. AB is also patient-centric. Our clients are made to feel like stakeholders in the business. In AB, we celebrate ourselves all the time

7. What are your views about the current state of community pharmacy in Nigeria especially the dismal coverage ratio?

The coverage ratio as it is now is very uninteresting. With the current spread, 'health for all' sounds like future impossible tense. I pray that the Satellite Pharmacy project will become a reality and that a lot of Pharmacists will key into it and that Telemedicine will be incorporated into whatever we are doing. I also pray that the Government will see the need for improved security and create some incentives for Pharmacists that may wish to establish their practice in the hinterlands.

8. What is your vision for Pharmacy practice in Rivers state and Nigeria as a whole?

My Vision will be the sanitization of the Pharma-space. It will be a practice we are all proud of, Restoration of confidence and pride in the profession, unity of positive purpose. A practice where practical solutions, other than emotional solutions are proffered to our every challenge we face and Pharmacists that are upbeat even in the midst of the everyday issues. I pray that it is not a 'tall' vision.

9. What are your dreams for AB Pharmacy?

My dreams for AB Pharmacy is that it outlives me ,without compromising Standards and that it remains a force to be reckoned with in community pharmacy in Rivers State and Nigeria

10. As the current ACPN Rivers State Chairman, what does this mandate and office mean to you?

The mandate and office as ACPN chairman ,Rivers State means that i have to do everything within my powers to see that the Pharmacists in the State get the best form of empowerment(not necessarily financial) to move their practice forward and enjoy the dividends of the annual dues they pay. I plan to give it my best shot and attract every positive group or organization(s) that will help us achieve that to Rivers State. The book of Lamentation was not written for Community Pharmacists, so i will wish that at the end of this tenure there will also be some attitudinal change to the challenges we go through as Community Pharmacists. Rivers state ACPN have been blessed by great leaders before me, so I cannot afford to bring the Standard down. For me, it is a lot of trust reposed on me by the CPs in the State.



11. You are a regular face at major Pharmacy conferences, you seem to be very comfortable and confident under the spotlight especially when directing Ceremonies?

Well, I didn't plan to be in the spotlight. I also anchor programmes in my Church and in Rivers State before the National conferences. I found myself there and I am giving it my best shot, same way I approach everything I do. I started attending National conferences as an undergraduate (as PANS Vice President, UNN)

12. How do you juggle the roles of being a mother, a business woman and leader?

That is huge. Top on my chart is my role as a mother and a wife. I never compromise that especially when you are a mother to three intelligent children that try to match you on practically every discussion. I will say that I am a product of grace and that

I am one of the luckiest women in the whole wide world and back again because I have amazing spousal support. I am fortunate to be married to a man who believes that I can achieve whatever I put my mind to and stands

by me to make sure that it happens. When the kids were still in primary school, my husband will urge me to register for the ACPN and PSN conferences and he will take one week casual leave for each conference to do the school runs and take care of the kids.

As a leader in the church and in Pharmacy, I believe in building the capacity of my team. If all members of your executive are empowered, they will put in their best, you will work and speak as a team and your job is a lot easier. Planning is also very important. Never leave what you ought to do today for tomorrow, as they say. I also have pharmacists working with me and I train my support Staff, so that the Pharmacy can have competent hands in my absence.

13. How do you manage to unwind and refresh yourself with these demanding responsibilities?

I shut down from time to time and I take trips out of Port Harcourt to unwind. My favourite pastime is actually dancing and reading novels (they keep me sane).

14. Who are your mentors in practice?

My Mentors are many and varied, so to say. During my internship year at the Military Hospital, Kaduna, my immediate boss Pharm Awazie taught me how to spread my wings and fly. He told me that the only thing that can restrict you as a Pharmacist is you. He taught me how to administer injections and made me to represent the Pharmacy unit at the hospital clinical meetings. At that tender age, I did a presentation

on Drug-drug and drug-food interactions before the whole hospital. Such early experiences did a lot for my confidence. In community Practice that will be my late Boss, Pharm. Cecelia Isichei (God rest her Soul) of E.J Pharmacy. She taught me practically everything about running a Pharmacy then. She exposed me to administration, importation, medical rep job and even accounting (I used to do some bit of bank reconciliation for her). She had so much energy and could work tirelessly not minding her status in the society. If you work with her, multi-tasking will be your middle name and working late into the night will be part of your routine. When it comes to being a community Pharmacist and craving more academic knowledge and strides, the duo of the great Pharmacists; Chief(Dr) U.N.O Uwaga (FPSN) and Pharm(Mrs) Zelinjo Igweze FPSN are my mentors. There are definitely other colleagues I look up to in Practice

15. Are you mentoring anyone in the industry?

Definitely, yes. That is the only way the Profession can grow. If you die with all the knowledge and experience that you have then you will be adjudged useless to the society

16. If you did not study pharmacy, what profession would you have opted for?

Theatre or Dramatic Arts, most likely

17. What advice do you have for pharmacists willing to venture into community practice?

My advice will be very simple, do not be in a mad hurry, do all the due diligence necessary, get some kind of business training and get yourself a solid and very honest mentor who will guide you through the trying times.



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NATURAL FERTILITY

103

TimeyinOgungbe



Continued from previous edition

The more I delved into the world of Natural Fertility, the more I came across a phenomenon known as OESTROGEN DOMINANCE. It appears to be the leading cause of hormonal imbalance. So since it popped up now and then in the course of my studies, I decided to do an individual study on it.

SIGNS & SYMPTOMS OF OESTROGEN DOMINANCE

Estrogen dominance is a significant cause of infertility. Its occurrence is more rampant than you think. It manifests in different ways. Signs of Oestrogen dominance include:

In Women

Premenstrual Syndrome
Menstrual Cramps
Uterine Fibroids

Endometriosis

Heavy menstrual bleeding

Ovarian cysts

Recurrent miscarriage

PCOS

Anovulation

Fat gain in abdomen, hips, and thighs

Infertility

Thyroid dysfunction

In Men

Gynecomastia

Low sperm count

Erectile dysfunction

"Oestrogen dominance" is a term coined by Harvard physician John R. Lee M.D. It describes a condition where a woman can have deficient, regular, or excessive estrogen, but the body has little or no progesterone (in women) or little or no testosterone (in men) to balance its effects. This then means that checking

the level of Oestrogen alone is not enough to determine whether it is dominant or not.

WHY DOES OESTROGEN DOMINANCE OCCUR?

Four distinct hormone pictures can all lead to the estrogen dominance signs above. These are:

1. High oestrogen (progesterone level is within normal range)

Having higher estrogen levels can cause a mixture of these estrogen dominance signs.

Higher estrogen levels may be caused by

- ✓Exposure to estrogen-mimicking chemicals in our environment called XENOESTROGENS. These are human-made compounds, including BPA in plastics and parabens and phytates in skincare, makeup, and sunscreen.
- ✓The contraceptive pill can create the perfect storm for estrogen dominance. Often hormonal contraception is recommended to help with irregular periods and heavy bleeding (note these are common signs of estrogen dominance...). Unsurprisingly, adding synthetic estrogen (that has been linked with inflammation and some other side effects) on top of excess estrogen doesn't address the root cause of the symptoms; but rather hides them.
- ✓The food we eat can also contribute to excess oestrogen. Many pesticides and herbicides are oestrogenic, as well as unfermented soy products and hormones fed to poor-quality sources of meat.

2. Lower progesterone (oestrogen levels is within normal range)

When the progesterone hormone is low, the oestrogen-progesterone balance is affected. Having lower progesterone levels can lead to a dominant estrogen picture, even if your estrogen levels are within the optimal range.

Lower progesterone levels may be a result of:

- ✓Not ovulating. Small amounts of progesterone are made in the adrenal glands. However, the majority is released by the corpus luteum (in the ovaries) after you ovulate. This is one of the reasons why ovulation is super essential for hormonal health, whether you're trying to conceive or not.
- ✓Stress. Both cortisol (a stress hormone) and progesterone are made from the same precursor hormone, pregnenolone. If the body is always in a stressed state, the production of stress hormones will be prioritized over sex hormones, meaning we produce less progesterone. Progesterone keeps estrogen in check, so if you don't have enough of it, estrogen can go haywire. It's worth noting here that your body doesn't know the difference between real and perceived stress. Work, money, relationships, eating the wrong foods, or overdoing it on coffee and alcohol are going to have the same stressful physiological effect.
- ✓Undereating or restrictive weight loss diet can communicate to the body that the world is not a safe place for potential pregnancy and throw your cycle off balance. Goodbye ovulation and ultimately to the release of progesterone that goes with it.

3. Poor Oestrogen Metabolism

When it comes to estrogen, we want to be opportunistic. We take advantage of its benefits during the pre-ovulatory phase of our cycle and eliminate it after ovulation when it's services are no longer needed. For this to happen, our detox pathways, including our gut and liver, have to come to the party.

Poor estrogen metabolism may be a result of:

✓Overloaded detoxification pathways. Once estrogen has done its job, it must be broken down by the liver and transformed into a form of estrogen that the body can excrete. If the liver is overworked dealing with alcohol, caffeine, plastics, and chemicals from our skincare and makeup, our estrogen metabolism can become compromised, leading to building up and excess.

✓Poor gut health and digestion. Estrogen that has been detoxified by conjugation in the liver is then excreted through the gut. This process can become compromised if the gastric emptying rate is slow. There is a group of bacteria in the gut (oestrobolome) which de-conjugates the already inactive estrogen into the active free form, which can be reabsorbed by the body, contributing to estrogen excess.

✓Nutrient deficiencies. The liver requires lots of lovely nutrients to support it in its job of detoxification. If it's missing some of these critical helpers (specifically, magnesium and

iron - which many women are deficient in), then poor estrogen metabolism is more likely to occur.

NATURAL STRATEGIES FOR FIXING OESTROGEN DOMINANCE

✓ Minimize exposure to XENOESTROGENS

Here are some guidelines to minimize your exposure to xenoestrogens:

Food

Avoid all pesticides, herbicides, and fungicides. Choose organic, locally-grown, and in-season foods.

Peel non-organic fruits and vegetables. Buy hormone-free meats and dairy products to avoid hormones and pesticides.

Plastics

Reduce the use of plastics whenever possible. Do not microwave food in plastic containers. Avoid the use of plastic wrap to cover food for storing or microwaving. Use glass or ceramics whenever possible to store food. Do not leave plastic containers, especially your drinking water, in the sun. If a plastic water container has heated up significantly, throw it away. Don't refill plastic water bottles. Avoid freezing water in plastic bottles to drink water.

Household Products

Use chemical-free, biodegradable laundry, and household cleaning

products.
Choose chlorine-free products and unbleached paper products (i.e., tampons, menstrual pads, toilet paper, paper towel, coffee filters).
Use a chlorine filter on showerheads and filter drinking water

Health and Beauty Products

Avoid creams and cosmetics that have toxic chemicals and estrogenic ingredients such as parabens and stearylalkonium chloride.
Minimize your exposure to nail polish and nail polish removers.
Use naturally based fragrances, such as essential oils.
Use chemical-free soaps and toothpaste.
Read the labels on condoms and diaphragm gels.
Consider replacing Xenoestrogen-containing sanitary pads with menstrual cups organic washable pads.

Exercise

Regular exercise helps to reduce stress and enhance sleep. It also helps to detoxify excess estrogens and eliminate them through your sweat. Also, it increases sex hormone-binding globulin (SHBG) levels, and SHBG deactivates harmful estrogens. Finally, exercise lowers body fat reserves, which reduces estrogen levels.

Nutrition

Eat plenty of healthy fats that support healthy hormones like avocados, tiger nuts, dates, walnuts, olive oil, coconut

products, nuts (peanut, cashew nut, and seeds.

Flax seeds contain lignans that help balance hormone metabolism and block the adverse effects of excess estrogens.

Probiotic-rich foods are essential to digestive health, energy production, healthy skin, and metabolism of hormones, but will also create an environment of higher-good bacteria in the gut. This reduces the risk of harmful bacteria converting estrogen that

reaches the bloodstream and promotes regular bowel movements and elimination.

Eat probiotic-filled foods like Greek yogurt, honey (moderation is required), apple cider vinegar, etc

Eat Cruciferous Vegetables

The most common one in Nigeria is cabbage. Other types include kale, cauliflower, broccoli. They contain a particular phytonutrient called Diindolylmethane (DIM), which balances the hormones and aids in the metabolism of estrogen.

Aim for 2.5 liters of pure filtered water daily to help remove toxins and excess estrogen from the body. Water is needed for all bodily functions, including healthy bowel movements.

Fiber is critical for healthy bowel movements, which is the primary way for excess estrogen to exit the body. The general rule is at least 35 grams

of fiber per day. It is easy to reach this if consuming a whole foods-based diet. Fruits and vegetables can supply adequate amounts

Supplements

Vitamin B6 is a particularly essential vitamin that can help boost progesterone production to counteract excess estrogen. B6 supports the development of the corpus luteum, which is where all your progesterone originates, and it also works with your liver enzymes to remove excess estrogen from the body. The recommended daily dose is 1.3 mg.

Magnesium is responsible for hundreds of enzyme responses that impact natural hormone balance. It aids in liver detoxification that detoxifies excess estrogen from the body. Try Chelated Magnesium (natural form found in the body) or Magnesium Glycinate. Both are highly absorbable with low laxative side effects — 300-400 mg per day.

DIM Complex- A strong estrogen metabolizer and helpful for those with estrogen clearance issues. Recommended dosage is 100mg three times daily

Botanicals

CHASTE TREE BERRY (VITEX). This berry supports the pituitary gland to produce progesterone and luteinizing hormone — both of which are necessary for your body to ovulate, for regular menstrual cycles and to avoid

symptoms of hormonal imbalance. Use 800mg twice daily for 3-6 months.

BURDOCK ROOT. This gentle diuretic aids in removing excess estrogen from the body by supporting elimination. Use 450mg of the extract once daily

DANDELION ROOT. This bitter herb helps in the detoxification process to remove excess estrogen naturally from the body. It's a gentle laxative that helps increase bowel movements. Try a tea or infusion consumed daily.

MILK THISTLE. Supports the liver while helping to clear excess estrogen. Use a tincture or capsules between 50-150 milligrams daily.

Conclusion:

Estrogen dominance is the leading cause of infertility due to hormonal imbalance. The modern life we live in is mainly responsible for the dramatic rise in its occurrence. Male and females can be affected. Nutrition, exercise, and supplements can help restore the right estrogen balance naturally.



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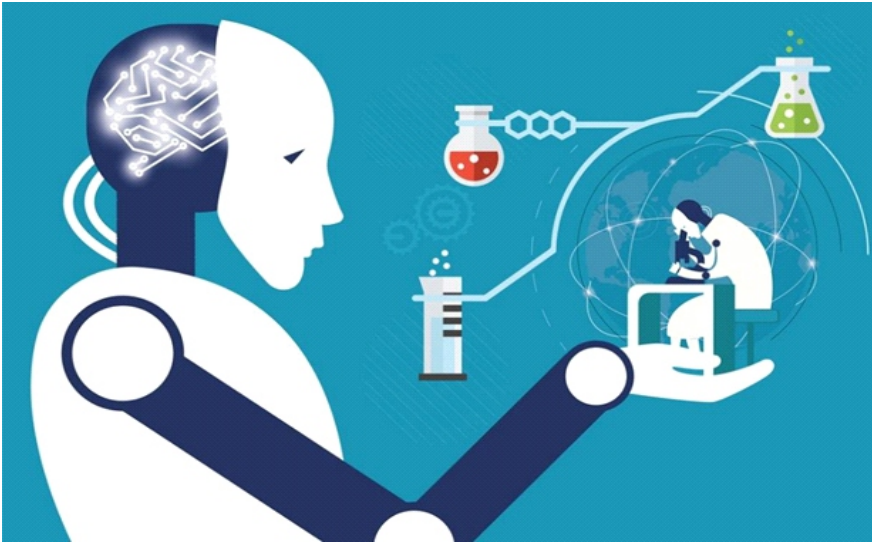
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ARTIFICIAL INTELLIGENCE (AI) IN PHARMACY PRACTICE

Abiola **Oluwagbemiga** (B.pharm).



The birth of computers emerged as an intervention to data and number-related problems encountered in the 1800s. The computer, since then, has led to several technological advancements in virtually all fields, from engineering to architecture, education, accounting, business, health, and so on.

Computers have come a long way in healthcare, having played significant roles in data and information storage and management – such as patient medical histories, medicine stocks, sale records and so on; automated machines; software and computer applications like diagnostic tools such as MRI radiation technology, Computer tomography (CT) diagnosis and many more have all been created to aid and simplify healthcare measures. Inarguably, computers have revolutionized healthcare to be more productive and

efficient, and the pharmacy sector is not left out. The first application of a computer in a pharmacy presumably dates back to 1980s, and since then, computers have been utilized in everything from data collection, retail pharmacy management, clinical research, drug storage, pharmacy education, clinical pharmacy and lots more. And with the emergence of artificial intelligence, there is no telling just how much the Pharmacy sector will evolve in the long run.

The purpose of this article is to create awareness for artificial intelligence as a component of pharmacy in the future, to encourage us pharmacists, to embrace this advancement, and as much as possible, put in the effort to acquire the relevant skills, which will enable us to contribute towards the much-envisioned development.

General Overview

The term Artificial intelligence (AI) (also known as machine intelligence) is very commonly confused and used interchangeably with robotics and automation. While robotics is simply the creation of machines that can carry out difficult, repetitive tasks, artificial intelligence refers to the exhibition of human-like behaviors or intelligence by any computer or machine.

Traditionally, robots were not built to possess these intelligent capabilities even though they may be able to move or carry objects independently using a designed program and surface sensors in a process known to as automation. AI, in essence, is the field of computer science that specializes in the creation of intelligent machines, developed with the ability to perform tasks that will ordinarily be associated with a human being.

AI is frequently applied to the development of digital computers or computer-controlled robots with the capacity to autonomously execute intellectual and cognitive human-like processes. Such intellectual and cognitive processes include learning, reasoning, problem solving, perception and language. The form of artificial intelligence currently in use today is referred to as narrow AI or weak AI because it is only designed to perform small tasks like internet search, facial and voice recognition, controlling and driving cars, and so on. However, the long-term goal of the AI community is to have machines that can autonomously outperform humans at all cognitive tasks. The AI that involves creating machines that can perform all human cognitive tasks will be the general AI or Strong AI (ADI). In simple terms, AI refers to the ability of machines and computers to think, act, behave, and function as human beings. Familiar examples of AI-controlled

systems include Apple's SIRI (on iPhones), Amazon's Alexa and the self-driving cars of Google, Mercedes, BMW, and Tesla, to name a few. The core bit of AI can be Knowledge Engineering, in which machines are assembled with access to abundant data and information relating to the human world, which enables them to be able to mimic human behavior. Machine Learning is another type of AI, which involves the use of algorithms and statistical models to improve the accuracy of software applications in predicting outcomes without being distinctly programmed.

Machine Learning is the most prevalent type of AI technology. It was established based on the idea that machines can learn from data, identify problems, and make decisions with minimum human help or intervention. Applications of machine learning include self-driven Google cars, fraud detection, online recommendation offers like those on Amazon and Netflix.

Natural Language Processing (NLP) is another type of AI technology. NLP focuses on designing computer software and applications, which enable the computer to understand and process human languages. NLP is applied in health care where it utilizes a combination of medical expert rules and AI techniques to process random free text such as clinical notes and transform them to organize data that enables more accurate decision making. Machine perception is another aspect of AI and it involves designing and building machines with the ability to use sensory inputs to deduce information about the different aspects of the world. Computer vision is the ability of machines to process visual inputs such as facial information, objects, and gestures.

There have been various skepticisms, criticisms, and myths towards artificial intelligence, mostly concerning safety and

the dangers that may be potentiated by the creation of machines that could match human cognitive capabilities. One of the five predictions made by Forbes for AI in 2019 is that it may become an issue of national politics. Aside from concerns that AIs may be used as weapons for war and mass destruction, certain people have expressed concerns that the creation of AI systems that are smarter than humans, through general AI, could be more fatal and be the end of the human race itself. They believe we may not be able to predict how AI systems that are more intelligent than us will behave and that humans may end up being controlled by these super-intelligent machines. Scientists believe most of the safety concerns about future super-intelligent AI systems may be resolved if the “goals” of these machines can be made to align with our own goals. Most AI researchers at the 2015 Puerto Rico AI safety conference predicted that human-level AI would happen before 2060, and it would be better to start working on it now as it may take decades to complete the necessary safety research.

Application in Pharmacy

Despite the safety concerns about AI and the risks involved in its research and development, there is a lot of ongoing research into developing more AI-controlled systems. This may be because it is believed that the invention of super-intelligent machines will help in the fight against poverty, disease, and war. One primary justification for further research into AI is for its potential use in healthcare and specifically in pharmacy practice. In the last couple of decades, Pharmacy has demonstrated continuous growth, embracing the use of various technological advancements in circumventing the continuous rise in demand for prescriptions, patient counsel, drug monitoring, and other aspects of

pharmaceutical care. The use of automated dispensing systems is an example of such advancement. The automated dispensing system makes the dispensing of drugs to patients more comfortable and faster while enabling the pharmacist more time to engage more in patient-centered practices like patient-counseling and therapeutic monitoring.

Computer software and applications have found uses in many areas of pharmacy, from research to industry, retail, and many more. The International Pharmaceutical Federation conducted a study between 2015- 2017 to access the state of pharmacy practice worldwide. The survey spanned 74 countries that represent 5,614,000,000 people (76% of the world population), and it was found out that there were 4,067,718 pharmacists in these countries, out of which 2,824,984 were actively practicing; that is an average of 5 pharmacists per 10,000 population. From the reported data, it can be inferred that while there is need to make provisions for an increased number of practicing pharmacist, there is also a need to support the already practicing pharmacist with as much help as necessary to enable an effective and efficient healthcare delivery and the incorporation of artificial intelligence into pharmacy practice will go a long way.

Artificial Intelligence and the Pharmaceutical Industry

Research works are carried out daily to find new active principles for the currently incurable diseases and conditions; to increase the safety profile of already existing drugs; to combat drug resistance and minimize therapeutic failure. Hence, there is an increase in the size and variety of biomedical data sets involved in drug design and discovery. This factor and many more contributed to the advancement of AI in the pharmaceutical industry.

Today, some companies offer software with much relevance in drug design and data processing, as well as in predicting treatment outcomes.

GNS healthcare uses AI machine software known as Reverse Engineering and Forward Simulation (REFS). REFS determines the cause and effect relationships between various types of data, that are unforeseen ordinarily by direct data evaluation.

GNS claims that REFS can transfer millions of data points ranging from clinical to genetics, laboratory, imaging, drug, consumer, geographic, pharmacy, mobile, proteomic, and so on.

In drug design, a company known as Atomwise developed the first deep learning neural network for structure-based drug design and discovery that they called AtomNet. AtomNet makes use of a statistical approach to extract information from millions of experimental affinity measurements and thousands of protein structures to predict the binding properties of small molecules with proteins. By presenting 3-dimensional images of the protein and ligand pair showing channels for carbon, oxygen, nitrogen and other types of atoms. AtomNet technology enables the pharmaceutical chemists to perform core processes of drug discovery and design like hit discovery, lead optimization and prediction of toxicity with high precision and accuracy in weeks as against years.

Insilico Medicine announced an AI project by a company called Pharm AI.

Insilico Medicine claims they applied Generative Adversarial Networks (GAN) and reinforcement learning algorithms. The GAN is a type of generative model that can generate samples and also learn from training samples. They are made up of two neural networks, the generator, and the discriminator. The relationship between

the generator and the discriminator is referred to as “adversarial.” The generator tries to create and learns to create new samples and sends them to the discriminator, which classifies the sample as real or fake, where real denotes the examples that belong to the data set, and the examples generated by the generator are denoted “fake.” By continuous training, the generator begins to create samples that are similar to the real ones while the discriminator gets better at the identification process. With Pharm AI, through GAN and reinforcement learning, Insilico Medicine claims that it can generate new molecular structures and ideate the biological origin of a disease.

Artificial Intelligence, Hospital and Retail Pharmacy

In the Hospital Pharmacy and clinical pharmacy, AI can reduce the errors encountered in disease diagnosis and drug therapy, predict and evaluate the risks involved in therapy, predict therapy outcomes and reduce health cost and treatment time. Gordon D Schiff and a team of researchers carried out a study using computer software known as the Medawar system to evaluate medical data collected over five years (January 1, 2009 - December 31, 2013). The data were obtained from outpatients of various ages who had at least an outpatient encounter with two medical centers in Boston, USA. They were able to discover a clinical decision support system based on a probabilistic machine learning approach that utilized statistically derived outliers to identify medical errors. AI is also applied in clinical pharmacy to predict the treatment outcomes and risks. For example, AI is applied in predicting and preventing opioid overdose. With the patient's electronic medication history, AI can use algorithms to estimate what is known as “overdose risk scores,” thereby

predicting the potential risk of unintentional overdose from an opioid prescription.

Artificial intelligence in pharmacy, although it seems to have the most use and application in the pharmaceutical industry, it can also be judiciously employed in the retail pharmacy. An example of this application is the delivery of personalized health care to patients' e-commerce and m-commerce portals, promotions, personalized communication through e-mails, and so on. Machine learning models allow e-mails to be personalized at a speed and accuracy more significant than that of any human being. Chatbots can be used to increase the efficiency of service delivery. Chatbots are capable of mimicking interactions between customers and customer care of sale staffs. Chatbots are capable of automatically resolving customer complaints and queries, and the problematic questions are transferred to individual staff. In retail pharmacy, this principle can be applied. The chatbots can be programmed to mimic pharmacist-patient interaction.

Walgreen made a partnership with Medline, a telehealth firm, to create an avenue to help patients interact with healthcare professionals through video chat. AI can also be useful in inventory management. As a retail pharmacist, imagine being able to predict what your patients will need in the nearest future, stocking them, and using personalized software to deliver e-mails to remind the patient of his/her drug need. With the use of AI-powered data analytics, a patient's future drug purchase can be predicted. Predicting the patient's drug purchase through AI will help the pharmacist to make proper stock procurement decisions.

Although, there are existing inventory management software and application that

are used in retail pharmacy stock management like Mckesson's; liberty; Winpharm; PrimeRx; and WinRx; but not all of them utilize AI or machine learning. For example, an AI company, Blue Yonder, developed software for the Otto Group, a German online and catalog retailer. This software can predict with 90% accuracy what will be sold by Otto in 30 days. This reduced the delivery schedule for purchased products from one week or more to one of two days by enabling direct delivery of the product from the supplier to the consumer without having to pass through the warehouse.

What Pharmacists Should Do

It is easy for most pharmacists who have little knowledge of artificial intelligence to see it more like the enemy that is coming for their jobs and their employment. On the contrary, there have been speculations that artificial intelligence will create more jobs. Gartner reported that AI would create 2.3 million jobs while eliminating one .8 million, by the year 2020.

One of the many ways in which artificial intelligence will create more jobs with reduced unemployment casualty is the AI augmentation. AI augmentation involves the combination of human knowledge and resources with artificial intelligence. As research into artificial intelligence continues, with much interesting application of it in progress, one may consider it as a necessary evil even for those that see it as an enemy. I will advise that pharmacists endeavor to acquire the relevant hard skills that will promote AI augmentation. Artificial intelligence may be the breakthrough that we await.

Moxie

Paracetamol



THE MILLENNIALS AND COMMUNITY PHARMACIES IN NIGERIA: DEALING WITH THE HOPPERS (PART TWO)

Wilson Okpani



In the previous article *Dealing with the Hoppers*, getting the most from the Millennials, we tried to see how we can deal better with the Millennials who make up the majority of the Community workforce at least for now. It is common to trade blames in most settings. In this edition, I hope to share thoughts on ways Pharmacy Owners can attract, retain, and get even more from their Employees.

In truth, your business is your own, and it is your responsibility to build the systems needed to grow your business. Almost all Community Pharmacy Business owners tend to have a People problem. From my background as an employee with an interface with Pharmacy owners and with much of searching through books and researching successful businesses, I have come to realize that building a business is far more than setting up

space, getting products, and selling to customers. Without the necessary systems in place, your business may not grow as you wish, and your people have a lot to contribute to the success of your business. Recently, a Community Pharmacy owner had been bothered about how difficult it is to plan for business growth following the resignation of one of his Pharmacist and looking deep I saw that there was not a lot in place to retain such person owing to several issues which I hope to share with you herein.

The System is the Problem, Not the People

Most community pharmacies have a great outlook, high product ranges, perhaps great marketing. But only a few have a robust system in place to attract, retain, and inspire their employees. It is challenging to scale up your business without a robust People process, the

essence of which is to attract the right people, retain the best people, and inspire the average to get better. According to Micheal E. Gerber, without the Turn-key systems, scaling is difficult if not impossible, and every business has 7 Turn-Key systems, and that includes a People system or process. Not until Community Pharmacy owners sit down to create a unique and distinctive people process for their businesses; the desired growth will not be possible.

Anticipate, don't react!

According to Tony Robbins, Successful people anticipate, unsuccessful people react. Most successful businesses I have come across or read about had always been proactive. They expect that employees at a certain point must leave, though not sure about when, so they prepare for it. I learned that usually in GeneralElectric, upon the resignation of any of their Presidents or CEOs, the replacement is announced within 24hours. In truth, GeneralElectric has one of the most beautiful People Process in the world, thanks to Jack Welch, who understood the importance of People Process and its centrality to Strategy and Operations. But we are not General Electric, and Micheal Gerber will say, every big business today started as a small business. In one of the editions of the Panel, the caption was Start Small, Think Big. Yes, you may be small, but if you do not run your business like a big business, you cannot attract, retain, and inspire people, and your employee transition rate will remain high.

Continuous Dream Selling

Most Pharmacy owners keep appealing to Employees sentiment rather than continuously selling values to them. Every business has three (3) key stakeholders – the investor/owners, the

Employees, and Customers. While selling to customers is often the prime focus, selling to the business owners/investors are demanded, but selling to the employee is often grossly neglected, consequently, their high migration rate. It is the responsibility of the Pharmacy owners to sell their dreams to their employees continuously. A Harvard Business Review article has it that the three most important things employees seek are Cause, Community, and Career. Pharmacy Owners need to deploy the new ABCs of selling (Attunement, Buoyancy, and Clarity), according to Daniel Pink in his book, To Sell is Human, in selling their dreams to their employees. They must ensure their employees are consistently A-tuned to their Cause, feel an upward thrust of value, and have a sense of clarity concerning their Career. If the only thing your employees can boost after working with you for that length of time you desire is their salary, then something is wrong. How much value could working with you add to your employees' lives? I remember a friend who worked with an Aviation company boasting that all her co-staff are independent consultants courtesy of the company, and I imagined how many Pharmacist employees could boast of such. Your employees, if treated great and they feel so valued by your company, will become the ambassadors of your business with no cost on you as they spread your good news to other prospective employees.

Get them to work with you, not work for you

Your business is your business. The idea of always trying to prove it is, is of no relevance. Such an attitude only puts your employees too down that they do not feel relevant to your employ. Most millennials and their younger ones want

to feel relevant wherever they are. They want to shine too. Allow them to shine, allow them to explore, to try new things. Make them feel the Pastor-parent quality that draws them closer to you and inspires them to work even better and create a bond with you and your company and thus makes it difficult for them to leave your company.

Create trust before you demand trust

Most Community Pharmacy owners do not reveal trust, or perhaps their businesses do not possess systems that can be trusted by employees. Unfortunately, they demand that their employees should trust them and entrust their time, energy, and growth to them. Lack of trust in your business systems creates some alienation from your business. It makes employees unsettled in your business, and no one wants to remain in a place where he/she feels unsettled. So, a well-crafted People process would earn the trust of your employees, and you would not need to enforce a lot of things. It would inspire and drive them to give your business their best. And more importantly, ensure your People process is promising and capable of keeping to such promises. No tricks, no intentional forgetting; be plain and clear.

Appreciate first, and more. Admonish last and less

Most of the Pharmacy owners are or have systems that are just too fast to admonish than to appreciate. Each admonition drains employees of energy while appreciation, on the other hand, creates an energy boost within the employees. In as much as every error should be avoided, caution must be taken to avoid excessive energy drain that could lead loss of interest and inspiration on the part of the employee.

Appreciation, on the other hand, cannot just be too much. It builds enough energy to try new things. To build a culture that drives growth, encourage your employees to make mistakes, but the rule is not to keep it for too long.

Your people, your company

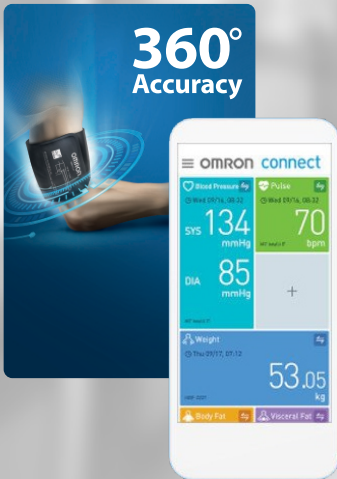
Finally, we must appreciate the fact that in life, it is given and take. Whatever you give is what you receive. How much you value your people, determine how much they value you and your business thereof. If you place a premium on your employees, they will, in turn, place a premium on your business and deliver excellent service to your customers, which consequently will cause your business to grow. May I say that most Community Pharmacist owners do not value their people enough, so they care less about them too; they do not appreciate the fact that your people are your company. They place peanuts on their employees and expect great stuff from them. I do wonder and ask myself this always: what can one pay me to defer my dreams and aspiration for say three years or more and commit to someone else's dreams. It must be a premium, I suppose, because no one would except for a premium.

Indeed, we will continue on and on with our blame game. Whether we like it or not, the Community Pharmacy belongs to the owners, and it is their responsibility to build their business, to attract great people for their business, retain them and inspire them to work with you to build and live your dreams. Perhaps, every Community Pharmacy business owner should find a way to read the books *Winning* by Jack Welch and *Execution* by Larry Bossidy and Ram Charan, as they can find great ideas on developing an excellent people process that can cause their business jumps to a new curve.

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PHARMALLIANCE INTERVIEW

PHARM. ODUNAYO OLALEYE OF TEESCARE PHARMACY

Please tell us about yourself and your journey into retail?

I am Olaleye Odunayo Betty, a Christian. I had my B.Pharm from Madonna University and MPH from the University of Ibadan, I am an indigene of Ekiti State. I am a Pharmacist, Public health professional, Family planning consultant, entrepreneur, and God's love. I am happily married and blessed with two children.



At Anthill pharmacy, where I was also the sales manager, I learnt report writing where I have to send daily, weekly and monthly report to my boss and he will respond by giving me queries and more challenges to handle and report back again. Maxi pharmacy, on the other hand, where I was the superintendent pharmacist, exposed me to good clinical practice, staff management, and inventory control. All these skills still help me in running my business today.

My journey into retail business started in 2009 after graduation and waiting for induction in Anthill pharmacy, Isolo, where I was acting as the Pharmacist as well as the sales manager. After my NYSC, I worked with Maxi pharmacy, Ibadan, as the superintendent pharmacist. I already knew from school days that I will open my pharmacy, and I have been preparing myself for this by reading business and clinical books.

What personal character traits would you say has given you an edge in running your practice?

Integrity and Empathy - I am a very jovial person, my staffs and customers can testify to this, I can come down to anybody's level to relate with them. I am also a possibility thinker, a goal setter, and a goal-getter. I read and meditate a lot, and from this, I come up with different ideas/innovations that will always give me an edge in running my business, and in all this, I make sure I don't lose focus on my vision statement.

What work experiences have contributed to the running of your own business today?

I know the importance of work experience before establishing my own business, and I can say I was so fortunate to work in businesses that exposed me to excellent experiences.

What skills have you had to acquire to run your premise outside the contents of your B.pharm, and how have you found them useful in practice?

Outside the contents of B.pharm, I have a master's degree in public health, which has to be useful in my practice. My exposure to this program

has made it possible to run some health services such as HIV/AIDS/STD screening and treatment, Breast cancer screening and treatment, TB screening and treatment, pregnancy testing and counselling, fertility consultations, etc.

My project work on family planning services also equipped me with exceptional skills in providing different contraceptives services, and for this year 2019, I was nominated by 120under40 as a young family planning champion. These public health skills have helped me in collaborating with APIN, WHO, and NGOs in rendering public health services in my community. Also, because of my passion in ensuring total wellness, we run a FULL laboratory and Ultra Scan services where we ensure accurate diagnosis before treatment, all these skills have made the job very interesting, giving me an edge in running my business. Outside academic training, I attend business training too, such as WIMBIZ, Pharmalliance and The Panel, where I acquire more skills to run my business.

What have you found most challenging in retail practice, and what ways have you found to deal with it?

(Smiles) As fascinating as retail is, it also has its challenges. I will list some of the challenges first and what we are doing to manage them because challenges will always be there; human resources management, pricing competition, running cost, inventory management, shoplifting, unhealthy competition among colleagues, and fear of failure.

I will like to say thank God for Pharmalliance that has helped me deal with most of these challenges. Challenges will always come. As you are trying to overcome them, some will always re-surface, what I do amid challenges is to,

1. *Withdraw, read a book relating to that problem and meditate on it*
2. *Speak to someone that has faced similar challenges*
3. *Talk to God.*

What was your motivation for joining pharmalliance?

The first time I heard about Pharmalliance was at the 6th edition of the Panel, Nigeria's premier business summit, when I came with my boss Pharm Niyi Aje, Founder/CEO Maxi pharmacy, and I was impressed with the way Pharm. Adeshina Opanubi, Convener of the Conference and project catalyst of Pharmalliance kept talking about them, they were all on black and white and I kept wondering how do I belong to this group despite the fact that I haven't started my own business, I fell in love with them that day. I went back and browse on the pharmalliance group but didn't get any information then. Few months after I started my own business, my boss Pharm. Aje called and told me that I need to join a business group if I want to be successful in business, this group will show you the secrets to running a successful business. I joined them in the next meeting after pharmalliance came to Ibadan. After that meeting, I knew there was no going back; I am in the right place.

How has your membership in pharmalliance affected your business and its running?

My membership has affected my business positively; everyone around me knows that I am an advocate of Pharmalliance; whenever I am questioned on my achievement in business, I never fail to mention pharmalliance.

1. I have been able to overcome the fear of failure, Pharmalliance taught me that mindset is everything; everything is doable only if you set your mind at it.
2. My membership has helped me overcome most challenges I faced in business, such as Human Resources Management, Budgeting, Branding, Inventory Management, shoplifting, the list is endless.
3. I have learnt how to run a successful business by putting proper business processes and controls in place such that the business can run very efficiently and effectively without me thereby encouraging expansion
4. I can boldly say Pharmalliance pushed me out of my comfort zone to achieve more and to develop a way to achieve what looked impossible.

What do you reckon is the catch with pharmalliance, what about it should draw other pharmacists?

The fact that they encourage you by holding you by the hands and ensure your business is successful whether you want it or not. We have what we call healthy competition there, people with like minds who you can always share your problems with, and you are sure of a way out of that problem.

They will always bring out the best in you no matter how bad. They have the back of all their members, no wonder you see some people are very successful in their business and you wonder how they are doing it, Pharmalliance is the answer to a successful business.

What would you say to a room full of retail pharmacists running their premises if you had the opportunity?

We all have potentials and all it takes to be successful in life; we should not surrender to forces that can negatively influence our life but instead keep working on our dreams. Passion, hard work, and sacrifices have been my motivation in this journey. Be passionate about your dreams, and you must work hard, nothing good comes easy, (whoever is diligent in his/her work will sit before kings and not mere men). Retail business is not for lazy people, and you must be ready to make sacrifices to get to your dreamland. Being successful to me is not how much money you have rather how much you value happiness. Have the mentality that it is doable, work towards it, and with this, the sky is just the starting point.

If you weren't a pharmacist, what would you be?

I would have been a Counsellor; it is an innate character

Moxie

Paracetamol



Pain relief
with
peace of mind

PANEL 11 IN PICTURES

SPEAKERS



Panel 11 keynote Address speaker
Leo Stan Ekeh



Dr. Daisi Oduniyi
Consultant Family Physician LASUTH



Dr. Ayesha Akinkugbe
Consultant Dermatologist LUTH



Prof. Antonia Ogbera
of LASUTH during the diabetes masterclass



Dr. AE Okobi
Consultant Cardiologist NOH, Igbobi



Dr. Goke Ewedairo
Consultant Family Physician GSK

PANEL 11 IN PICTURES

GUESTS



Sir Leo Stan Ekeh with Pharm Uchenna Apakama of Pax Pharmacy



Mazi Sam Oluwabunwa, PSN Preseident



Pharm Elijah Mohammed, PCN Registrar



**Pharm Bukky George,
CEO of Healthplus Pharmacy**



**Pharm Chris Ehimen,
CEO of Nett Pharmacy**



Pharm Olalere, Director PCN



Pharm Bukky George with an Award Recipient

PANEL 11 IN PICTURES

PRIZES



Winner of the 4 day Luxury Trip to Dubai sponsored by PharmacyPlus



Winner of the Panel 11 Grand Prize- a Car sponsored by Sylken Pharmacy



Winner of the Viral Moxie Challenge



Winner of the Moxie Challenge receiving his Cash Prize of 250,000 naira



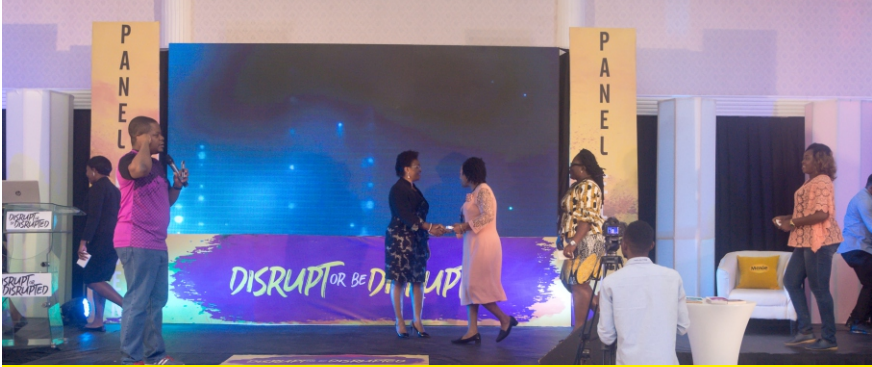
1st Runner Up of the Moxie Challenge receiving his Cash prize of 150,000 naira



1st Runner Up of the Moxie Challenge

PANEL 11 IN PICTURES

PRIZES



CEO of Bydow Pharmacy, **Pharm Nike Adenuga** presenting the Bydow gifts to the delegates



Cash Prize Winner



Presentation of TableTopCooker by SylkenPharmacy



Presentation of Table Top Cooker by Sylken Pharmacy

PANEL 11 IN PICTURES

AWARD



Presentation of framed sculptor to Sir Leo Stan Ekeh



Molfix receiving the panel extraordinary partners award



Pharm. Hakeem Ikolaba of PillBox Pharmacy receiving the 2019 Pharmalliance Inspiration award



Mazi Sam Ohuabunwa, PSN President receiving the 2019 Pharmalliance Leadership award



Pharm. Chiedu Mordi of Coka Pharmacy receiving the 2019 Pharmalliance Retail Legend award



Pharm. Chiedu Mordi of Coka Pharmacy with ACPN Edo State delegates



Pharm. Ogunayo Olaleye receiving the 2019 ST prize of one year free Pharmalliance membership subscription



Pharm. Ogunayo Olaleye with Rockcity Pharmalliance members

PANEL 11 IN PICTURES

EXHIBITORS



PANEL 11 IN PICTURES EXHIBITORS



Moxie

Vitamin-C Syrup



Strong bones and joints

Strength and Vitality

Glowing hair and skin

Immunity and defence

Healthy gums and teeth

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IMPROVED
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WHOLE BODY FORMULA | TOTAL EYE & BODY SUPPORT

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Double the levels of other leading brands

MaxiVISION®, your exceptionally well researched brand of Eye Antioxidant Formula, has been reformulated to meet the AREDS-2 research findings.

MaxiVISION delivers a comprehensive array of highly potent antioxidants, vitamins and minerals targeted at slowing down aging, improving eye health and brain function among our aging population.

Doctors recommend MaxiVISION® as a standard of care in the nutritional management of age related eye diseases.



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