

# flourish

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

ISSUE 5, 2015

Also in the Edition

BEAUTY TURNED BEAST:  
CURTAILING TOPICAL  
CORTICOSTEROID ABUSE

MANAGING EXPIRIES

MANAGING SORE THROAT  
IN COMMUNITY  
PHARMACY

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# **PUBLISHER'S NOTE**

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**W**ith a great sense of accomplishment, I present the 5th edition of Flourish to you. Though it has taken a while in coming, I am glad we eventually came up with a publication you would be proud of. Timing of this release is also a big plus for us as it coincides with the National conference of the ACPN, this guarantees that our message will reach all the nooks and crannies of Nigeria and perhaps beyond.

This edition promises to be interesting and engaging as usual. We have 2 interviews in this edition. The first one, which is our cover page personality interview, features an emerging force in the wholesale and distribution sector of our Profession, Pharm Oghenechuko Omaruaye, CEO of New Heights Pharmaceuticals. The interview is simply scintillating. The second is an interview with a passionate and committed Pharmacist and a foundation member of Pharmalliance, Pharm Oritshetimeyin Ogungbe, CEO of Elbeth Pharmacy, Isashi, Badagry. It's simply a masterpiece!

The clinical section of this edition focuses on Sore throat, culled from a wonderful resource, Community Pharmacy by Paul Rutter. It's a must have for every practicing Community Pharmacist. Other articles from our regular columnists like Funto Olude, Ayomipo Adegeye, DMS Retail and Gabriel Gambo Nmadu promise to keep you enraptured to the last page!

Enjoy our package as we also seize this opportunity to announce to you that the 7th edition of our annual retail pharmacy business summit, **THE PANEL** comes up on August 11-12 at Sheraton Hotel, Ikeja.  
**WATCH OUT!!!**



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## TEAM

**EDITOR:**  
Adeshina **Opanubi**

**PROJECT MANAGER:**  
Ayomipo **Adegeye**

**COVER PAGE PHOTOGRAPHY**  
DAMILARE **DAWUDU**  
ROCDAFELLA STUDIOS  
08033359934

**ART DIRECTOR:**  
Omatsola **Asifor**

## FEATURING



### Gabriel Gambo **Nmadu**

A Pharmacist and team leader at [www.PharmacyMBA.com](http://www.PharmacyMBA.com). He writes on how to make success in pharmacy practice and business.



### Anuoluwapo **Ademuyiwa**

He's a young pharmacist based in Lagos.



### Olufunto **Olude**

She's a senior Pharmacist at the Federal Neuro-psychiatric Hospital Yaba. She's also a certified customer service professional.



### Adegeye **Ayomipo**

He's a young pharmacist based in Lagos. He's the Project Manager for Flourish Retail Magazine



### Joseph **Ebata**

He's the president of DMS Retail West Africa. A leading retail business training and consultancy outfit.

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# ONLINE MARKETING STRATEGY FOR YOUR PHARMACY BUSINESS: WHY IT IS REALLY NECESSARY

Pharm Gabriel Gambo **Nmadu**



**M**ost pharmacy business owners are so overwhelmed with running their business that bringing up other marketing avenues becomes so difficult or a distraction. As a pharmacy owner, you should consistently be adding more ways to your marketing mix in order to grow your business and serve your customers better.

Of all these marketing strategies, is getting your pharmacy on the internet a necessary strategy? Is it important to the day to day running of your business and can it be of any help to grow the business? Most pharmacies are not online (although not supported by any study, I believe less than 1% of pharmacies worldwide are on the internet). One reason for this may be because most pharmacy owners themselves do not have any online presence. Another reason could be that they do not understand what benefits their business could derive from being online. The task of putting their businesses online may seem like rocket science to most of them. In this article, you will find out how your business can benefit from an online presence. You will also see how you can get your

pharmacy business online and realize that establishing an online presence for your pharmacy can be incredibly easy. You will also understand how to use the internet for your marketing mix.

## Why Does Your Business Need To Be Online?

Being online is not only about having a website for your pharmacy; it also includes having a social media presence, being on business review websites, being listed in business directories, selling on e-commerce websites and so on. You can use one or more of these after which you may proudly say that your business is online. Below are a few reasons why your business should be online:

- 1. To educate your customers:** You can educate your customers and patients through your online estates such as your website, social media (Facebook, Google plus, Twitter) etc. You can post educative information on disease conditions, drug usage, lifestyle advice, dieting etc.
- 2. To follow up on your patients:** You can follow up on your patients through the course of their treatment. Depending on the design of your website you can have a one on one contact with each patient. Through this medium you can counsel them, give them advice and answer their questions.
- 3. It makes it easy to find:** When your business is online, it becomes easy to find. When someone searches for pharmacies in a particular location s/he is in, your pharmacy will pop up on their search and you will be contacted by this person. This means that you can get your business across to more people.

**4. It makes your business look bigger:** When you have a website, people tend to see you in a bigger light than you really are. A website gives your business a good impression in the minds of people and that breeds respect and acceptability for your brand. They would equate your business with big multinational establishments and see it as modern and up to date.

**5. To establish yourself as an expert:** Since you use your website to educate your patients and customers, you are also using it to establish yourself as an expert. You position yourself as the go-to guy/lady when it comes to patient clinical education and they will come to you whenever they need advice. This is an opportunity for you to convert them into loyal customers.

**6. It makes it appear as a serious business:** When you have an online presence especially your own website, you appear like a serious business establishment to your prospective partners. It makes your business stand out and they see you as being in control.

**7. To establish a sales platform:** You can sell your products through your website. Examples of products you can sell through your website include nutraceuticals, herbal preparations, medical equipment, books and informational products.

**8. To get feedback from patients and customers:** Your web presence provides an avenue for your customers to read about you and to also get back to you. You can get feedback about your business through your online presence. If you have a website, your website visitors can contact you through the contact form provided or call you through the telephone number provided or send a message to your e-mail. You must always provide a way for your customers and patients to reach you.

**9. To share your business information:** You can use your online presence to share information about your business. Information you can share includes changes in your business, photos, plans, events, promotions,

partnership and so on.

**10. To make cheap advertisement / marketing:** Your online presence is a very cheap way to advertise and market your business. Of all advertising methods, being online is the cheapest and more far-reaching. So you should take advantage of this.

## HOW TO GET ONLINE

Getting your business online is very simple. As mentioned above, there are different ways of creating an online presence for your pharmacy business. They include:

**1. Social media:** This is as simple as creating a fan page on Facebook, business page on Google plus and/or a twitter account for your business. You can search out relevant social networks and create an account for yourself and your business.

**2. Directories:** There several directories both locally and globally, search them out and list your business in relevant directories.

**3. Your own website:** This is the only online presence you have control over. It is your own online real estate. You can put anything you wish on your website and control the design and upload as you wish. This is your direct identity on the internet and you can go a great mileage with it.

*Some of these may seem very technical but they are not as difficult as such. However, as a pharmacy business owner, your concentration should be geared towards your business and the marketing processes. You can employ the services of professionals who understand the nitty-gritty of the online space to help you set these up.*

*Do you want to take your pharmacy business online? Do you need professionals that can help you achieve this quickly and at an affordable cost? Then call **08033531140** to get help or visit **[www.pharmacymba.com/pharmacyonline](http://www.pharmacymba.com/pharmacyonline)**. We offer professional services to help you get your pharmacy business and practice up and running on the internet without a sweat. Best of all, we are pharmacists too and therefore understand your business and practice very well. You can be sure to get the very best service from us.*





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# MANAGING EXPIRIES

Pharm Adeshina **Opanubi**



## **T**HE CASH PRODUCT CYCLE

Every week, we go to different wholesalers to replenish our stocks as customers buy them from our Pharmacies. When we go shopping, we go with our money and come back with products. What this means is that we have exchanged our money for products and we hope to exchange the products back for more money from our customers. Unfortunately, if we are unable to sell these products to our customers due to expiry, it means that

we will have to destroy the products. In other words, we would have to destroy the money. I am sure we know that if we continue to destroy products or money like this, the business will not grow. So how can we eliminate expiries from our Pharmacies?

### **HOW DO PRODUCTS GET TO EXPIRE IN OUR PHARMACY?**

There are different things that lead to product expiry in our Pharmacies. These include:

- a. Buying short-dated products from our suppliers:** Sometimes, the problem starts when we buy short-dated products from our suppliers – either wholesalers or company representatives. Most times we buy without checking the dates only to find out few months later that they are about to expire. As a rule, it is not advisable a. to buy anything that has less than 6 months to its expiry date. The only condition for you to take such a product is
  - i. *If it is an emergency drug and the customer is urgently requesting for it*
  - ii. *If it is a fast moving product that you sell very regularly*
  - iii. *If it is sold on Sales or Return (S.O.R) basis*

- b. Poor Inventory Management practices:** The way the Pharmacy handles its stocks determine whether it

will frequently have expiries or not. Expiries would happen frequently if

- I. Products on the shelf are not regularly checked during cleaning and during random checks*
- ii. New products are shelved in front of old stock thereby pushing short-dated stocks to the back while selling longer-dated stocks*
- iii. Excess stocks are procured from wholesalers in a bid to make the shelves look full.*
- iv. Excess stocks are procured during a sales promotion thereby making you procure more products than you normally would in a bid to gain access to lower pricing or some promotional gifts. This would either make you lose sight of other stocks in the same category which may now expire or cause the huge inventory you just procured to expire because it is beyond your normal consumption.*

**c. External influences:** There is a possibility that factors outside the regular running of your Pharmacy could play a role in predisposing your business to product expiries. These include:

***“It is important to check the dates of all products because it is possible that different batches of the same product was bought on the same shopping trip”***

***i. Change in Doctor's prescription pattern.*** This is a major issue with Pharmacies in close proximity to government hospitals where the activities of Medical Representatives play a huge role in influencing the prescription pattern of doctors. You may consistently see a prescription pattern

evolving and then you respond to it by increasing your stock holding of the product only for the Rep to leave and then the doctor stops prescribing, thereby leaving you hanging high and dry with your stock that no one wants to buy. It is worse if it is a highly specialized medication that can only be sold by a doctor's prescription.

***ii. Pressure from Medical***

***Representatives:*** The job of medical representatives is to sell to you while your job is to sell to your customers. Always ensure you are buying what you can sell to your customers. Many times, we fall prey to the smart selling skills of Med. reps and at the end of the day, we are stuck with products we cannot sell. At other times, it is your staffs that become compromised and end up ordering things that you don't need. It is therefore important to keep tabs on all that goes on in your Pharmacy so that you can limit this menace to the barest minimum.

**HOW DO WE DEAL WITH EXPIRING PRODUCTS?**

Every now and then, we find out that we have products that have a few months or weeks to expiry. At the time of discovery, what options do we have open to us? Whatever decision you take, it is important to always notify the customer when you are giving out a short-dated product. It is always a safe precaution to take against future reputational damage. Depending on how close the product is to expiry, you may

- Reduce the price to encourage customers to buy it.
- Bring it to the attention of all staff and then put the products in a conspicuous position where everyone is reminded of its status
- Solicit the help of other pharmacies

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and hospitals in your environment to help liquidate the stock

- Depending on the volume, discuss with the medical representative or wholesaler to help redistribute the expiring stock.

*In all of this, the primary focus is not to recoup the investment but rather to get some salvage value from the bad situation.*

**How to prevent a situation where we find ourselves always dealing with expiries**

There are a number of steps that can be taken to reduce the incidence of product expiries. A few are listed below:

- The person going to make the procurement must check the expiry dates of all products bought. Products with less than 18months shelf-life should be avoided
- The person receiving the stocks in the Pharmacy and the person tagging the prices must also check the expiry date of all products. It is important to check the dates of all products because it is possible that different batches of the same product was bought on the same shopping trip
- The person putting the drugs on the shelf must also check the dates while shelving
- The person cleaning the shelves daily should also make it a point duty to check the dates of all the products
- The cashier giving the product to the customer should also check to ensure the product has not expired. This is the last person who can salvage the situation before it leaves the Pharmacy
- Only buy fast moving products in high volume
- Unless you are reliably informed that products are going out of circulation, please

- Don't overstock. Sometimes, this can even be a trick to make sure you buy in volume
- For new products and products that don't have a defined consumption pattern, buy only few quantities or better still get them on Sales or Return (SOR) basis
- Buy maximum of what you will consume in two shopping trips. This would cover for sudden surge in demand.



*One of the biggest problems facing community pharmacists is product expiries. If you can reduce your exposure to product expiries to the barest minimum, then the likelihood of recording healthy profits in your business is high. However, if you don't keep a close eye on this issue, no matter how much you are selling, you just maybe losing all your profit and maybe more to expiries.*

**BEWARE!**

# 10 YEARS OF DELIVERING HAPPINESS



**W**ith a keen sense of professionalism in mind, Pharm Ogheneochuko Omaruaye of New Heights Pharmaceuticals set out on a rescue mission to salvage the ailing wholesaling arm of community practice on the cusp of mediocrity. What he conceived birthed a formidable Pharmaempire which has become the cynosure of all eyes and draws magnificent admiration from all quarters. Flourish crew reports

**Can we meet you sir?**

My name is Omaruaye Ogheneochuko. I attended Agbarho Grammar School, Agbarho in Delta state. I did my A+ levels at Government College, Ughelli still in Delta state. I then proceeded to study Pharmacy at the University of Benin.

**Can you tell us about your work history?**

After graduation, I did my one year internship at the Eko Hospital in Ikeja and

later proceeded for my one year National Youth Service Corp (NYSC) in Oyo state somewhere in Ogbomosho after which I got a job with Healthplus Pharmacy just 5months after it was set up.

### ***How was your Healthplus experience?***

My stay in Healthplus pharmacy lasted a little over 5 years and I would say it was the critical 5 years of the business because we were just at the formative stage and I was privileged to be given the opportunity to manage the business on ground, of course with 100% support of the business owner. The rest, as they say, is history.

### ***What attracted you to wholesale business?***

As a retail pharmacist working in Healthplus Pharmacy, there were certain things I expected to be in place which were not. For example, I pick my phone to call a wholesaler and the person on the other end of the call is not a professional and cannot give me the kind of information that I desire. I always wished that a wholesale business would come up that would give this professional service and intelligent conversation that was lacking for most of my time in HealthPlus Pharmacy. You can say we saw a need and filled it.

### ***Human resources are by far the most difficult aspect of any organization to manage especially in Nigeria's peculiar business settings. How have you managed to attract and retain your staff in spite of this?***

Human resources have always and would always be a problem purely because of the bad system in the country. Most people join an organization thinking of what they can take. Interestingly, one can't take if he doesn't give.

We recently clocked 10 years and a good chunk of staff that started with us are still

with us; we learnt that in life everything is about giving and taking. We took it as our responsibility to add value in order to maintain that balance, hence creating an environment where everybody is appreciated. Although, it's important to note that there are no perfect employers or employees anywhere.

### ***There are different schools of thought regarding running a business with one's spouse or family members. You run the business with your wife; what advice would you give someone considering this approach?***

Interestingly, I didn't start out with my wife because she was still working at Healthplus, but we were all in the planning stage together. As regards running your business with one's spouse or family members, it's essential they understand the organizational vision and mission, are passionate about it and have values to add to it.

### ***What is your opinion on the NDDGs?***

I think it's a fantastic idea and hope the will to accomplish it will be there. My reservation is the way it is structured; it will take the business away from core professionals and hand over to businessmen. I am hoping that somewhere along the line, the guidelines can be made flexible to accommodate interested professional pharmacists. Also, the system should be allowed to evolve thereby eliminating delays in its execution. Finally, it has to be done with the attitude and mindset that its establishment and execution is for Nigeria, Nigerians and the pharma industry and not for foreign investors who are mainly capitalist.

### ***Who are your role models in the business world?***

Prominent among them are Pharm. Ernest Okafor of Nemitt Pharmaceuticals Ltd and



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Pharm. Paul Enebeli of Elpha Pharmacy. These are people who are selfless and very interested in the good and wellbeing of the pharmacy profession even beyond what's in it for them. Besides, businesses that inspire us are probably those outside the country.

***In addition to your role as the CEO, you are also the president of the Lagos Chapter of the CPFN. How do you cope with these leadership responsibilities?***

There are no clashes at all with these leadership roles. There is a popular saying in the scripture that says, "Give to Caesar what belongs to Caesar and to God what belongs to God". I know my priority; God first, family, then business.

***How do you manage to stay upright in the murky business terrain of Nigeria?***

Well, I live by certain principles and as a Christian, there are certain things I cannot afford to do. As much as possible, I try to do the right thing all the time as much as it's in my power to do so. And like I always say, nobody is perfect; we make mistakes here and there but the issue is in preventing any recurrence as much as possible.

***How do you relax?***

As a Nigerian, we hardly rest and basically have a triangular life (from home to work and to place of worship). Usually, I just relax with my family on weekends.

***What advice do you have for pharmacists interested in wholesale business?***

The issue of starting a wholesale business is not necessarily about the funds; the question is how passionate you are about what you want to do. If you are passionate enough, focused and put your absolute trust in God, sooner or later something will click.

***What advice do you have for young pharmacists?***

I have always had a philosophy in life, "That whatever you sow, you will reap and whatever your hands find to do, do it with all diligence". I always tell young folks that because you have the opportunity of starting a business and making profit doesn't mean the profit is meant for you to consume. You should reinvest the profit back into your business, and make sure you set your priorities right.

***Do you think there is hope in the profession?***

It is interesting to say that in the pharma industry, there are endless opportunities and options. As pharmacists, we are to expand our vision and increase our success threshold. We need to humble ourselves and try to always be competitive not with the norm as we have here in Nigeria, but with global standards.



# BEAUTY TURNED BEAST: CURTAILING TOPICAL CORTICOSTEROID ABUSE

Pharm Anuoluwapo **Ademuyiwa**

*The rate at which dark-skinned people (females especially) are turning "light" in our time and age is quite alarming. It's one thing to be born with light skin and another to see dark-skinned individuals turn oyinbo pepper almost overnight.*

Just so you don't think this article is about a war against light-skinned women (by the way, my future wife is light-skinned), I must say that I also know men (precisely my own dad) who although were born light skinned have gotten into trouble in a quest to maintain their skin colour. The image of my dad's one time multi-coloured face vividly describe the type of trouble I am talking about (thank God he is not a pharmacist). In a culture and society like ours that celebrates and equates being fair, a term commonly used for light-skinned people, to being beautiful (I wonder what happened to black and beautiful), people have made it a special calling to become light-skinned by all means regardless of the many unpleasant and avoidable consequences. As a result, the use of two to three different topical preparations

has become a norm for most ladies and gentlemen alike. With routine purchase of skin lightening products, the sales of products containing topical corticosteroids such as Dermovate® cream, Kenalog® cream, have also skyrocketed as these serves as cheap alternatives. Funbact A®, Skineal® and the likes usually indicated for empirical skin infections on a short-term basis are now solely purchased for their corticosteroid content, mixed with body creams and applied to the skin on a daily basis. However, little do these want-to-be beauties know about the chronic side effects this daily practice. Whilst the miracle of becoming light-skinned generates spontaneous admiration and a second and third glance from guys that normally would not look at a dark-skinned lady, these ladies are predisposed to having side-effects ranging from thinning of the skin, rosacea, changes in skin colour to more serious conditions like osteoporosis and Diabetes Mellitus, that might completely keep them from being seen for a very long time. The story of a woman who had developed type 2 Diabetes readily

comes to mind at this point. I had met her during one of our clerkship sessions at the medicine ward, where she was reported to have developed type 2 Diabetes due to a 2-year chronic use of topical corticosteroid, and to make matters worse, she was on the big side (overweight). At that point, the young fine guys weren't anywhere around her.

So the question remains: ***who is responsible for this rampant topical corticosteroid abuse; the society or the health professionals (especially we the pharmacists)?***

Trust me when I say that this is not a blame-laying article, but a call for we all to help curtail the on-going abuse and imminent consequence of long-term topical corticosteroid use through; proper patient counselling, rational prescribing and promoting naturally healthy skin (with adequate water intake, fruits, vegetables and vitamin supplementation). Together, we can prevent countless beauties from turning into potential beasts as we warn them about the dangers of topical corticosteroid abuse.

**fl**

# WATCH THAT **MOVE!**

Pharm. Olufunto **Olude**

**I**t was just about 9pm in the evening and I had to rush into this retail pharmacy to buy some medications for my sister. The lady I met looked like someone who had just been run over by a truck. She looked worn out but had a sense of relief since she was done for the day. That expression was quickly eroded as she saw me walk in. She used the usual line, “Good evening Madam, welcome to ....., how may I help you?” This had an underlining tone of sarcasm and I knew she actually meant “Why are you here? Can't you see that I've closed?” She attended to me in such a flippant manner, though she used all the right words, “please”, “sorry”, “thank you”, but the body language said otherwise. It revealed what she was thinking and how she felt, without her even realizing it. Our interaction almost got confrontational when it came to her giving me change she didn't have. Of course, at that time of the day it would have been difficult to get change but she didn't even offer any alternatives. It just wasn't a pleasant experience for me. Do you know that 55% of our communication with each other is actually through our body language, 38% from the tone of our voice and 7% percent from the actual words spoken? That means communication is 93% nonverbal and 7% verbal thus supporting the saying “Actions speak louder than words”. It's important we convey believable messages to our customers through our body language as

this could either initiate a positive experience for your client or ignite fireworks you never planned for, like in my own situation.

There are various forms of body language skills that should be used appropriately. Let's talk about a few of them; eye contact for instance. Eye contact is one of the most important and powerful body language skills. It lets the customer know and feel you are interested in providing service and are attentive to their needs. The minute a customer walks into your premises, you should immediately make eye contact by focusing softly on him / her showing that you recognize their presence.

I remember mentioning my experience at a pharmacy outlet where I walked in and asked to see the pharmacist, and without lifting her head, the sales assistant (who was fiddling with her phone) just pointed in one direction of the store. I was an obvious intrusion in her social media world. For me, every other experience was negative and the pharmacy eventually lost me as a customer. If your friend is chatting you up on facebook, bbm or whatsapp and you have a customer walk in, it would be better to press the pause button on your discussions so you can focus on your client or better still keep all communication gadgets aside during active work hours. As much as making eye contact is vital, try not to overdo it. Having a fixed gaze on your client, could come across as rude or suspicious, though you may have to do that if you suspect the client may have sticky



fingers and is about to pick something he doesn't plan to pay for. Your facial expression is also another vital body language. Someone described it as a billboard which shows if you are excited, sad, bored, angry or scared. A positive facial expression like smiling is so vital. It sets the mood for a pleasant interaction with a client and endears him / her to the service provider. You know how you feel when you go to a store and right from the door the security welcomes you with a smile and at each point you are attended to with a genuine smile; it just makes you feel special. You wouldn't think of an alternative store in a hurry would you? On another note, if you have a client with an impossible character, smiling may not cut it; it could actually get you in great trouble.

There was this case of a male pharmacist who had a doting husband bring his pretty wife to the retail pharmacy. He had a wide grin on his face while attending to the man's wife and even complimented her on her outfit and looks (she looked younger than her age). She was all smiles and giggles but apparently someone wasn't. She then stole a glance at her husband and ..... I guess you can figure the rest out or better still ask the male pharmacist! My advice: watch your moves while attending to clients, because it communicates louder than your words. I'll take some other body language skills in the next edition, catch you all then.

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# WHEN YOUR CLIENTS BECOME SMARTER THAN YOU:

## CASES OF SELF-MEDICATION, DRUG ABUSE AND MISUSE IN THE NIGERIAN PHARMACY

Pharm Ayomipo **Adegeye**

***I*** *Is it possible that our clients are becoming smarter than us? Sometimes, they seem to know not just exactly what a drug works for, but even go as far as choosing what a drug should or should not do for them regardless of the manufacturer's claims. With a plethora of medical misinformation spreading malignantly and discreetly in the society, it's not difficult to understand why our clients abuse and/or misuse drugs. We need to clean up this clutter by empowering our clients with the right information about drugs and taking responsibility for rational drug use for every drug dispensed. Here are 10 peculiar cases with the stories behind the scene interview to prove my point.*

**1. Tramadol:** I was very shocked when I realized that tramadol was being used for indications other than that provided for by the package insert, Emdex, BNF etc or that which I had good knowledge of – treatment of moderate to severe pain. I used to attend to this client (male) who comes unsuspectingly to buy tramadol for body pains (or so I thought). When I later realized the frequency at which he was purchasing this item, I made inquiries from him about this. He hesitated initially but later revealed that he uses it to last longer in bed by prolonging his ejaculation. Honestly, I was



quite startled at this rather bizarre information he was divulging. I then did some fact-finding only to realize that this was true and that tramadol had been found in studies to have beneficial effect in the treatment of premature ejaculation. It seems to do this by numbing the entire nervous system to sexual stimulation (being a mild opiate). But again his smartness would not justify his actions because the strengths at which tramadol capsules come (50mg & 100mg) have given significant side effect profiles at the dose usually taken and further studies of long-term safety are required before this treatment can be recommended as a viable option. Guess he didn't know all of these.

## 2. Codeine-containing cough syrups:

This will always make me have a good laugh. I remember vividly in the good old days how we sold codeine-containing cough syrups to clients without any hassle or suspicion which was normal. Suddenly, there was an unexplainable surge in the sales turnover of these products such that we had to frequent the markets to refill the stock. News later filtered in from the regulatory bodies about the gross abuse of these syrups – especially by youths – to which we immediately placed restrictions on its sales except for prescription or rational reasons. Then sharp 'boys' began to package lies like sardines to sell to unsuspecting pharmacists. One of them even acted a scene in a movie using the pharmacy shop I worked as a free location by coughing profusely as he entered as if his God-given breath was on 'last card' and then 'check up'. I offered him a codeine-less cough mixture to which he immediately reacted harshly by demanding for the codeine brands as if to mean that I did not know my onions and what was best for his 'severe' cough. I insisted on my brand and you can guess how it wrapped up.

**3. Ampiclox®:** This branded drug and its generics have such massive appeal amongst the largely uneducated and semi-educated population that it is believed to be the 'Messiah' of every single infection ('Gbogbonise' of white man medicine).

Hardly is there any drug in Nigeria that has enjoyed abuse, misuse and self-medication as Ampiclox® and its generics. So loyal is their belief in this purple and black magic capsule that some wouldn't mind daring the impossible by taking it assuming they were diagnosed of HIV/AIDS (well, maybe placebo effect might just win it here after all). From being a cure to all known STD's, including vaginal thrush, to the potent 'sperm-killer' morning-after pill and trusted abortifacient (just in case she missed her period), I have met an innumerable number

of clients who have patented their own version of what Ampiclox® can & cannot do for them. Where do they get these information from? I honestly don't know! I have picked up frustrating arguments with clients about their convictions in wanting to buy just one capsule of Ampiclox® which they claim has proved effective.

These ridiculous & unfortunate instances have left me saddened at people's die-hard carcinogenic ignorance. Interestingly, it is now a subject of review on whether Ampiclox® should be dropped from the Nigerian Essential Medicines List as a result of newer, better, equally cheap and less abused/misused antibiotic alternatives and this move is getting a nod.

**4. Paracetamol drops:** Well, this is something I will advice pharmacists to look out for henceforth. I have recently realized how much mothers misuse pediatric paracetamol drops for their infants and this trend could be silently common. I noticed it while attending to a woman with her baby wanting to buy multivitamin drops, vitamin-c drops and paracetamol drops. I dispensed the drugs advising her on the directions for use. And it just clicked: I asked her why she was buying paracetamol (her baby looked healthy). She said it was the doctors that prescribed it during her baby's immunization together with the vitamins and that she has been giving her baby paracetamol drops daily since then together with the vitamins. My panic buttons immediately rang out the alarms as I imagined the worst for the baby's fragile liver ecosystem being exposed to daily paracetamol for several months (remembering all the pharmacology and chemistry of paracetamol overdose on the liver). I immediately ordered her to stop giving her baby paracetamol drops and use it only when her baby developed a fever so as to improve the baby's comfort. I noticed this same disturbing trend in a few clients

I discussed with afterwards. Pharmacists should also check for similar errors with pediatric paracetamol usage when dispensing or prescribing teething and cold mixtures (already containing paracetamol) together with paracetamol syrups to avoid paracetamol overdose which could lead to life-threatening liver problems.

**5. Andrew's liver salt®:** This magnesium sulphate containing household remedy is well known for indigestion and constipation (osmotic laxative). But many 'smart' people use it for other exotic reasons. One of the commonest, especially amongst adolescents, is as an emergency contraceptive immediately after sex. Yes you heard me right! Peer belief holds that Andrew's liver salt® can prevent pregnancy right after sexual intercourse by flushing the sperms (fluid) out of the body, and, when used together with antibiotics, such as Ampiclox®, provide a double-barrel protection against pregnancy. In a study conducted in Nigeria in 2008, about 16% of females aged between 17-30 years believed that this method works. Pharmacists thus

***“So loyal is their belief in this purple and black magic capsule that some wouldn't mind daring the impossible by taking it assuming they were diagnosed of HIV/AIDS”***

have a huge responsibility to properly educate young people on these erroneous beliefs and properly scrutinize the sale of Andrew's liver salt® to adolescents. This may look absurd but you might as well be saving a life from the dark experience of unwanted pregnancy.

**6. Gynaecosid®:** After the downfall of the kingpin – menstrogen® due to its gross scarcity/unavailability in Nigeria, people turned their attention to gynaecosid®, which has now become the trending drug of choice for self-medication

after a missed period (with an early confirmatory pregnancy test diagnosis), if a visit to the abortion clinics must be avoided at all cost. Gynaecosid® – which is basically a female sex hormonal (oestrogen) pill meant for the correction of amenorrhoea due to secondary causes (except pregnancy) – is **NEITHER A CONTRACEPTIVE** (to prevent pregnancy) **NOR AN ABORTIFACIENT** (to expel pregnancy). Gynaecosid® (methylloestrenolone & methylloestradiol) causes a thinning of the lining of the uterus which would result in mild contractions and bleeding but not expulsion of foetus. The drug will not be effective in terminating an existing pregnancy even though it might seriously damage the unborn baby. So, there exists a good chance that the abusers of this medication may be disappointed after 9 months of wishing bad luck away. It therefore lies in the hands of pharmacists to be liberal with the truth.

**7. Chloramphenicol eye drops:** This is also regarded as the 'Messiah' of all eye problems by most uneducated and semi-

educated people. They believe that it is a 'cure-all' preparation for eye problems. I had on several occasions questioned clients' intentions to self-medicate with chloramphenicol eye drops and my observations, more often than not, have been interestingly significant. We must make sure that we are on hand to properly educate our clients on rational drug use.

**8. Quinine:** A lady once walked into the pharmacy requesting for 'white quinine'. I wasn't quite sure what that meant even though I was very familiar with quinine



antimalarial tablets and the fact that it was usually white in colour. But her emphasis on 'white' quinine threw me off-balance and made it seem as if 'white quinine' was a synonym name for an entirely different drug. I proceeded to ask her what the drug was used for while leaning over to my reference books for an answer. She was not forthcoming with her response while the same uncertainty stared me in the face on the pages of the Emdex and BNF. I showed her the 'white' quinine tablets we had but she said that it was not the one she wanted. But at the moment I googled it, I immediately understood – not only what the drug was but – her intentions. 'White quinine' is essentially quinine sulphate antimalarial tablets taken to provoke a self-induced abortion and sometimes taken in combination with ampiclox, gynaecoid and/or misoprostol for the termination of pregnancy. Pregnant women that take high doses of it to attempt such are more likely to suffer renal failure and not an abortion, though the baby may suffer congenital abnormalities.

**9. Triple-action creams:** These popular topical semi-solid preparations e.g. Funbact A®, Skineal® & Epiderm® creams exert a wide spectrum of activity against a host of bacterial, fungal and allergic skin conditions. The rate of misuse of these creams is quite alarming and it has somehow managed to work its way into the cosmetic kit of both sexes. People mix these creams with their regular body creams or lotions and apply it all over their bodies to treat or prevent local skin infections. Some claim it helps them achieve and/or maintain a lighter tone of their complexion. Many who have used it this way for several years see no danger in this. I had to rebuke a client once for mixing one of the popular brands with shea butter (òrì) and rubbing it as cream on her baby's body every day for the sheer silliest reason of maintaining her baby's fair complexion,

not wanting it to darken under Nigeria's harsh and wicked sun. These abuses come with severe consequences of steroid overdose such as skin hypopigmentation and thinning, skin cancers, susceptibility to skin infections and systemic corticosteroid effects such as adrenal gland suppression, high blood pressure, diabetes etc. In all cases, pharmacists should always preach short courses of these topical medications (fewer than four weeks) and be ready to quiz any client on the reason(s) for purchasing them.

**10. Dexamethasone:** I first heard the Yoruba word 'yòdí' (pronounced 'yaw-dee', meaning "to let the buttocks come out") in secondary school when girls were becoming self-aware about their bodies. While they saw their friends' hips and buttocks bulge out to carve the perfect 'figure 8', they wondered why nature didn't endow them with the full assets as theirs remained flat like a pancake. So they decided to revenge for nature's partiality: they panicked and fidgeted seeking for the magic pill that would make their buttocks balloon like puff-puff. And guess what they gave them: 'yòdí' pills (dexamethasone). Well, bigger is better these days with breast enlargement, hip enlargement, buttock enlargement, penis enlargement etc.; so it's no surprise that many ladies fall into the trap of believing that dexamethasone actually make their butts shoot out. Dexamethasone being a gluco-corticosteroid not only causes weight gain and osteoporosis (bone thinning), it can result in a phenomenon known as fat redistribution. This makes fat deposits collect in unusual areas of the body particularly the face, back of the neck and abdomen and not usually around the hips or buttock as so desired by them.

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# MANAGING SORE THROAT IN COMMUNITY PHARMACY

## BACKGROUND

Any part of the respiratory mucosa of the throat can give rise to symptoms of throat pain. This includes the pharynx (pharyngitis) and tonsils (tonsillitis), yet clinical distinction between pharyngitis and tonsillitis is unclear and the term sore throat is commonly used. Pain can range from scratchiness to severe pain. Sore throats are often associated with the common cold. However in this section, people who present with sore throat as principal symptom are considered.

**TABLE 1**

**Causes of sore throat and their relative incidence in community pharmacy**

| INCIDENCE     | CAUSE                   |
|---------------|-------------------------|
| Most likely   | Viral infection         |
| Likely        | Streptococcal infection |
| Unlikely      | Glandular fever, trauma |
| Very unlikely | Carcinoma, medicine     |

**TABLE 2**

**Specific questions to ask the patient: Sore throat**

| QUESTION               | RELEVANCE   |
|------------------------|---|
| Age of the patient     | Although viruses are the commonest cause of sore throat there are epidemiological variance with age: Under 3 years old Streptococcus is uncommon.<br>Streptococcal infections are more prevalent in people under the age of 30, particularly those of school age (5-10 years) and young adults (15-25 years old).<br>Viral causes are the commonest cause of sore throat in adults<br>Glandular fever is most prevalent in adolescents. |
| Tender Cervical glands | On examination, patients suffering from glandular fever and streptococcal sore throat often have markedly swollen glands. This is less so viral sore throat   |

|                           |  |
|---------------------------|--|
| Tonsillar exudate present | Marked tonsillar exudate is more suggestive of a bacterial cause than a viral cause                                      |
| Ulceration                | Herpetiform and herpes simplex ulcers can also cause soreness in the mouth especially in the posterior part of the mouth |

**TABLE 3**  
**Features of viral and bacterial sore throat**

|                     | Age             | Tonsillar/pharyngeal exudates        | Duration | Cervical glands | Cough present | Other symptoms                  |
|---------------------|-----------------|--------------------------------------|----------|-----------------|---------------|---------------------------------|
| Viral Infection     | Any age         | Possible but generally limited       | 3-7 days | Normal          | Common        | Low grade fever, headache       |
| Bacterial Infection | School children | Often present and can be substantial | 3-7 days | Swollen         | Rare          | High grade fever, possible rash |

**TABLE 4**  
**Examples of medication known to cause agranulocytosis**

|                               |
|-------------------------------|
| Captopril                     |
| Carbimazole                   |
| Cytotoxics                    |
| Neuroleptics, e.g clozapine   |
| Penicillamine                 |
| Sulfasalazine                 |
| Sulfur-containing antibiotics |

**TABLE 5**  
**TRIGGER POINTS indicative of referral: Sore throat**

| Symptoms   | Possible danger/reason for referral                        |
|--|--|
| Duration of more than 2 weeks  | Suggest non-acute cause and requires further investigation |
| Marked tonsillar exudate accompanied with a high temperature and swollen glands  | Possible bacterial cause and may require antibiotics       |
| Adverse drug reaction  | Requires doctor involvement to monitor                     |
| People taking medicines that can interfere with the immune response (e.g. immunosuppressants, disease modifying anti-rheumatics) |  |
| Dysphagia Associated skin rash   | Suggests sinister pathology                                |

| TABLE 6<br>HINT AND TIPS BOX: SORE THROAT |  |
|---|--|
| Stimulation of saliva production          | Sucking a lozenge or pastille promotes saliva production, which will lubricate the throat and thus exert a soothing action.  |
| Gargles or Lozenges?                      | Gargles have very short contact time with inflamed mucosa and therefore any effect will be short lived. A lozenge or a pastille is preferable, as contact time will be longer. |

| TABLE 7<br>Practical prescribing: Summary of sore throat medicines |                                     |                                   |                           |                                      |                           |
|--|-------------------------------------|-----------------------------------|---------------------------|--------------------------------------|---------------------------|
| Name of medicine   | Use in children                     | Likely side effects               | Drug interactions of note | Patients in which care exercised     | Pregnancy & breastfeeding |
| <b>Local anaesthetics</b>  |                                     | Can cause sensitization reactions | None                      | None                                 | Ok                        |
| Lidocaine  | >12 years                           |                                   |                           |                                      |                           |
| Benzocaine   | Lozenges >3 years<br>Spray >6 years |                                   |                           |                                      |                           |
| <b>Anti-inflammatories</b>   |                                     |                                   | None                      | None                                 | Ok                        |
| Benzzydamine   | Rinse >12 years<br>Spray >6 years   | Oral rinse may cause stinging     | None                      | None                                 | Ok                        |
| Flurbiprofen   | >12 years                           | None reported                     | None                      | Avoid in patients with peptic ulcers | Avoid if possible         |

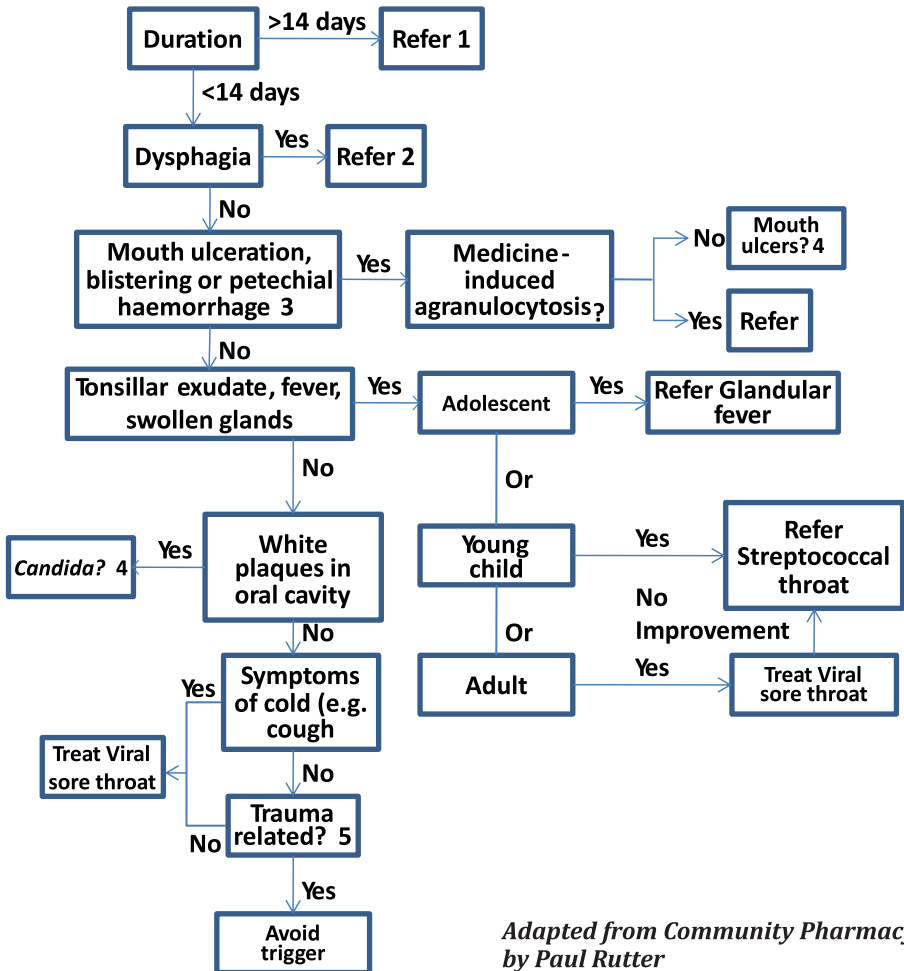
**1. Duration longer than 2 weeks:** The overwhelming majority of cases resolve spontaneously in this time; it is therefore prudent to refer these cases for further investigation.

**2. Dysphagia:** True difficulty in swallowing (i.e. not just caused by pain but by a mechanical blockage) should be referred. Most patients with sore throat will find it less easy to swallow but this has to be differentiated from actual difficulty in swallowing. Severe inflammation of the throat that can cause restriction of the airways and thus hinder breathing. Additionally, rare causes of sore throat also have associated dysphagia symptoms, such as peritonsillar abscess, thyroiditis and oesophageal carcinoma.

**3. Signs of agranulocytosis:** A severe reduction in the number of white blood cells can result in neutropenia, which is manifested as fever, sore throat, ulceration and small haemorrhages under skin.

**4. Mouth ulceration and candida (oral thrush) primers**

**5. Trauma related:** Simple acts of drinking fluids that are too hot can give rise to ulceration of the pharynx. It is worth asking whether any such factors could have triggered the sore throat.



*Adapted from Community Pharmacy by Paul Rutter*



## PHARMALLIANCE INTERVIEW WITH MD / CEO OF ELBETH PHARMACY, LAGOS



**W**e wear two caps as retail pharmacy owners: Pharmacist and Entrepreneur aka 'Pharmapreneur'. Thorough training in both is essential for success." These were the words of Pharm (Mrs) Ogunbe who sought the help of experts of pharmacy business education – Pharmalliance after realizing the need to run her Pharmacy as a business and not as a hobby. Flourish crew reports.

### *Can we meet you Madam?*

I am Oritsetimeyin Tolulope Ogunbe. I am an Itsekiri (paternal) and an Ijebu (maternal) married to an Egun. I was born and bred in Lagos. I completed my primary education at Stepping Stone private school, Satellite Town in 1988. Then I proceeded

for my secondary education at Awori College, Ojo which I completed in 1994. My higher education was at the University of Ibadan where I got my B. Pharm Degree in 2001.

### *Share with us your work experience?*

I did my internship at Pharmicare, a retail Pharmacy in Festac, Lagos in 2002-2003. I proceeded for my one-year NYSC at Onitsha, Anambra State in 2003-2004 where I worked at Ramsgate, a retail Pharmacy. I was asked to remain with them and help set up their new branch at Morogbo, Lagos (opposite the Agbara Industrial Estate). It looked like an interesting job, so I accepted the offer. I worked there from 2004-2006. I resigned from Ramsgate and became CEO of Elbeth Pharmacy till date.

### *What attracted you to retail pharmacy business?*

Retail Pharmacy is the part of Pharmacy practice where you get to interface with the end-users the most. I love being at the frontier where the medicines that have been so painstakingly made and quality assured by my colleagues at the backstage are delivered to the people. Also, there is less friction here between other healthcare providers, when compared with the hospital setting.

### *You seem to be practicing what can be referred to as rural/village community*

***pharmacy. Is this by choice or you just found yourself there?***

I think 'semi-urban' is a better description. It's by choice. I love being at the frontiers, as I told you; territories yet to be conquered. It is more fun for me. I want be there for the people that lack access to the kind of Pharmaceutical care the urban dwellers get. I love being where my impact is most felt. Elbeth Pharmacy has become the haven in the jungle. It's what drives me. That was why I loved the times I worked at Morogbo better than when I worked at Festac.

***What challenges do you face in this business?***

Plenty! The biggest of them all is practicing within the ethics of the profession in a jungle, where anything goes, and nobody is checked. It's really tough. The kind of standard I want to maintain in my practice means operations cost are relatively high. This makes my pricing relatively higher than the patent medicine stores in my neighborhood. Furthermore, there are a lot of 'nurses' that do home service – giving injections and 'drips'; a service people in my community regard as premium. I have often been encouraged by customers to offer this kind of service.

***What do you think is the biggest problem of retail pharmacy in Nigeria?***

Inadequate continuing education in Clinical Pharmacy and Entrepreneurship. We wear two caps as retail pharmacy owners: Pharmacist and Entrepreneur aka 'Pharmapreneur'. Thorough training in both is essential for success.

***Why did you join Pharmalliance?***

I realized that I needed help in running my Pharmacy as a business and not as a hobby. I went to Pan Atlantic University (formerly known as Pan African

University) for education in Entrepreneurial Management and then did the 1-year Fellowship program of Vital Voices. I realized that that wasn't enough. I needed to be constantly kept in the 'business training mode', or else I will forget all I had learnt. Pharmalliance solved that problem for me.

***How has the experience been so far?***

Fantastic! The opportunity to network with other Pharmacy owners and learn from them is an experience I find so priceless. Being a haven in the jungle can make you feel like a local champion and the tendency to rest on one's oars is there. Networking with Pharmalliance gives me an environment where I am constantly challenged to do more to achieve excellence. Through the network, I am learning new ways to work smart as opposed to working hard with little result.

***Do you think the investment is worth it or do you think it is expensive?***

The investment is really worth it. If it wasn't, I would have quitted after one year. That was the plan I had. I am paying through my nose, but I am getting much out of the investment. By His grace, I'm not quitting.

***What do you like most about Phamalliance?***

**The learning:** Phamalliance is synonymous with learning. You learn business as well as clinical; very balanced learning.

**The networking:** The Whatsapp chatroom has provided a place to interact and learn from others.

**The affirmative environment:** The 'can do' environment is lifting. When there is a challenge, Phamalliance says there's got to be a way out. That environment helps my psyche. It has also helped me look for



innovative ways to solve my problems.

***Every month, you travel from Badagry to Maryland just to attend Pharmalliance meeting. What is the driving force?***

The time spent at the meeting serves to sharpen my axe. I get inspired to work smart. At meetings, I get ideas that I quickly jot down to be implemented later. Phamalliance has sharpened my innovative skills. So tell me, how can I afford to miss it?

***You were recently elected into the Lagos state executive of ACPN. What should we expect from you?***

As Editor-in-chief, you can expect an information revolution. I am so passionate about mass information and communication because I believe it's key in helping us get the most out of our profession in so many ways, e.g. professional development, and in branding the profession. There are modern ways of doing the editor-in-chief's job, even with a low budget, especially through social media. By God's grace I'm going to take advantage of that.

***What advice do you have for pharmacists interested in joining Phamalliance?***

It's a great place to be. If in doubt, just try it for six months and see for yourself. You won't know until you have tried it for that long. However, Phamalliance will only appeal to those who believe in the power of 'co-opetition' and who believe that networking is key to success.

***What next for Elbeth Pharmacy?***

Big question! For some years I have been working hard but I have only been going round and round with little progress. Now it's time to work smart.

Elbeth Pharmacy is presently working

towards getting the daily operations running well without the CEO's presence. This will give her the time to strategically steer the Pharmacy to the next level. This takes finding the right people, training them (the stage where I am now) and setting up performance matrices with which they will be measured by. Only then can I be free from being bugged down by mundane affairs so that we can work smart and move on.

***What advice do you have for retail pharmacists?***

It's time we stop moaning over the poor regulation of the pharmacy industry. Instead, I believe we should channel our energy to stepping up our pharmacy practice in such a way that we have a competitive advantage. This involves a lot of learning and strategic thinking.

***Do you think there is hope in the profession?***

Yes! I believe that while we wait for PCN to enforce regulations, there is a lot we can do on our own. We can start looking inwards on how we can consolidate our strengths, exploit opportunities, find ways to reduce our weaknesses and cope with our threats. If we act accordingly, based on what we figure out, amazing things start to happen in the profession. Not even the threat of chain pharmacies can get in our way of success.

***If you weren't a pharmacist, what would you have been?***

An engineer in ICT. That was what I dreamt of becoming, until my father compelled me to do medicine. I then decided to stand in the middle by studying pharmacy, after consulting the encyclopedia I found in my school's library.



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# RETAIL BUSINESS TURNAROUND

DMS Retail West Africa ( **Joseph Ebata** )



***T***hroughout history, there have been many, many examples of people who have succeeded in a given field or discipline through the application of common sense, hard work, firm principles and, above all, great leadership skills. In retail, this combination is rarely found. That's not to say that there aren't many exceptional people in retail – only that the particular combination mentioned isn't seen very often. Great leaders apply the above and much more.

To lead a retail company, region, district or store is no small task. Many would argue that because specialized degrees or formal education is not necessarily required, or indeed even sought out when recruiting someone to run a retail organization, that anybody can do the

job. I once met a person, who was searching for employment say “Job hunting is so difficult. I can't even get a job as a Store Manager, even with my qualifications.” The individual who spoke those words had a college education, had never held a leadership position in any job and had absolutely no retail experience. That person, and many others, doesn't think leadership skills would be important to managing in retail. They think pretty much anyone at all can successfully manage a store. I apologize if that comment offends, but, really, if you ask people, that's pretty much what you're going to hear. I disagree wholeheartedly, of course, and here's why.

The retail business is all about people; people dealing with people. Though the hardships are many – long hours

standing and walking around, schedules conflicting with family members' schedules, sometimes getting too few hours to earn a decent living, or too many hours, often no benefits etc. – retail employees must soldier on or they leave. The retail story is actually very big and quite complicated. While the process of selling products to customers is simple, the back story is fraught with problems that need to be solved. How a particular retailer solves those problems, day in and day out, will determine the level of success achieved. To achieve at the highest levels, great leadership is required.

Let's look at where it starts; let's just take a single store owned by a single person. The person secures a location, finds a supplier for a product or many different products, gets the inside of the store all decked out with the latest and greatest fixtures and POS equipment, has a logo designed and gets a great sign outside, and the various other things that need to be done to get a store open for business. On opening day, s/he is worn out but excited because the dream has come true – they took an idea and saw it all the way through to fruition. Often, the store owner works in the store and welcomes the customers; and does everything else too. In a short time, though, the owner realizes s/he can't possibly handle everything, and can't work 75+ hours a week. So, they start hiring. They hire one, or more, people to work in their store. And that is where their problems often begin. Without really knowing how to recruit, hire and train, the store owner finds that the new hires really aren't doing things the way they would do it themselves. The new store owner expects, and naively assumes, that the new hires will have the same common

sense, direction and level of concern that they, themselves, have. Not so. And how could they? They weren't part of the dream and they didn't travel the long road of seeing it materialize. And they didn't invest all of their money and time and effort into the creation of the dream. They have simply applied for, and landed, a retail job – probably at minimum wage.

Now, if we take this small scale example and blow it up to look at a retail chain, of course everything gets blown up. More stores, no passionate owners, lots more money invested, more policies and procedures to follow, perhaps an established reputation to protect, and the list goes on. So, although we can expect that more people know what has to be done, we also have much less control. We are managing remotely which is not easy. We simply cannot rely on every person in the organization to always do the right thing. That is, unless we have great leaders who have instilled a performance culture in the organization. Of course, that's no small task.

*A performance culture is painstakingly difficult to build, it must be nurtured which requires constant attention to detail and it's very, very easily destroyed.*

### **Here's a story about one retailer who experienced this.**

This retailer had a chain of 50 stores. While sales had been fairly consistent for many years, things were going downhill. There was no particular culture and the brand wasn't particularly strong. The company was faltering and bankruptcy loomed large in the near future. When the first store had been opened the owner had a success on his hands. Everything was right; great product, great looking store and a great manager. Building on that success a second store

was opened, and then a third and so on. All the while, the owner was oblivious to what was actually going on in the stores. Sales didn't suffer immediately, of course. Often that is the case.

If only we could point to a single decision; one particular thing that was done wrong to cause the downturn. But that rarely happens. Usually, it is difficult to connect those dots and, therefore, difficult to take corrective action. Sometimes one bad decision leads to another and another. By the time the downfall happens, no one has any idea whatsoever as to what really happened. Anyway, this particular owner had a lot at stake. His family had been supported by the small chain of stores for a few years and bankruptcy would take a heavy toll and destroy their lifestyle and any hope of a bright future. So, before it was too late, he set about figuring out what went wrong so he could stop it and start moving in the right direction.

To find out what was wrong and how to correct and go forward, he had to do a lot of travelling, talking and soul searching. This man had great leadership skills in him...but hadn't, as yet, put them to work. Busy running around attending to details all these years, he forgot that people need great leaders. He went to executive leadership training retreats, read every management book he could get his hands on, spoke to every single associate and manager in each and every one of his 50 stores. He asked quality questions and took note of every answer. Before long, he had the company back from the edge of the cliff...and extinction. With a crystal clear view of what had gone wrong and what needed to be done to go forward successfully, he embarked on a plan: Build and maintain a performance culture. This and this alone was the only clear path to success.

Not so fast, though and not at all simple. As mentioned above, building and maintaining a performance culture is not something that is easy to do or to maintain. Perhaps that is why so many companies – not just retail organizations – don't do it. So here's what took place:

- He communicated all of his findings, and lessons learned, to his existing executive team, and to every level of management, and to all associates at store
- level – even part timers working a few hours a week.
- He introduced new ways of doing things and new ways of 'being' – basically, he introduced new standards of behavior and new standards of performance in every area.

***“Sometimes one bad decision leads to another and another. By the time the downfall happens, no one has any idea whatsoever as to what really happened”***

- Accountability for performance became the new, and very important, operational guidepost.
- He discussed every single detail of the new way of doing things with everyone in the organization.
- He communicated his vision over and over again.
- With the help of his team members – and that meant everyone in the organization – he developed the vision/mission/purpose
  - statements and code of conduct for the company.
  - He was relentless in following up to ensure that every level of the

organization was on board and following the new way. And he spent a lot of time and energy on all of the above. In fact, he lived it. The company went on to new heights; it became very successful. Some may ask "Does an owner or CEO really have the time to do all of that, and should they do it?" Many, in fact, will dismiss this as a waste of the owner or CEO's time. So, how would you answer the question? If you answered yes, then you have the right mindset and can very likely do it and, if you do, you will undoubtedly reap rewards. If you answered no, then you don't stand much of a chance of getting a performance culture working in your organization. It simply can't be done half-heartedly.

To try, without putting everything you have into it, is a waste of time and will probably create more confusion than anything else. The correct answer is yes, definitely take the time and make it happen. Here are just a few of the benefits of doing so.

- Your executive team will have a renewed sense of direction and a thorough appreciation for the workings in every department in the organization
- Your head office support people will be on a mission to help your stores be as successful as they can possibly be
- Your store managers and staff will feel pride of ownership. Yes, even without profit sharing or anything similar, they will work as if they owned the company.
- Because of the first three benefits, your customers will feel the positive vibe. They'll know they are special and they will reward you with loyalty. They'll keep coming back, they'll refer you to their friends and family and they will become ambassadors of your company.
- Everyone involved with your business, including your suppliers, will want to do their very best for your company.
- Everyone wins.

There is plenty of compelling evidence of success when a retail organization operates within a performance culture. In fact, anyone reading this can likely think of at least two or three retail operations that they are loyal to. And, given enough thought, you'll probably come up with the reasons why you're loyal and, very likely, you'll see a lot of similarities to the company mentioned above.

You know, we talk about the **funnel effect** often in our workshops. There's a good reason for that. Every single word spoken by your store managers, district and region managers and your executive team members will have an impact on someone, somewhere in the organization and/or the customers of the organization. Every decision, good or bad, will affect the results you get. Every policy, procedure or new rule, well thought out or not, will affect the results you get. That's the whole idea of the funnel effect – everything that goes in, whether good or bad, positive or negative, right or wrong, malicious or well-intended, smart or stupid, impulsive or well thought out – will undoubtedly affect the results you get.



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