

flourish

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

ISSUE 8, 2019

Also in the Edition

NATURAL FERTILITY 101

EFFECTIVE WAYS TO RUN A
COMMUNITY PHARMACY
WITH A LEAN BUDGET

HOW TO RETIRE AS
A COMMUNITY
PHARMACIST

A close-up portrait of Pharm. Chiedu Ojike Mordi FPSN ESQ, a middle-aged Black man with short, graying hair and a mustache. He is wearing a dark blue pinstriped suit jacket over a white shirt and a light-colored tie. He is looking slightly to the right of the camera with a gentle smile.

'LEARNED' MAN OF HONOUR IN THE HEARTBEAT OF THE NATION

PHARM. CHIEDU OJIKE MORDI FPSN ESQ
Founder/CEO, Coka Pharmacy, Benin City

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WE ARE BACK!

After several months of being off the newsstands we are back with a bang!! I am glad to present the 8th edition of Flourish to you. We are sorry for being away for so long. It was for reasons beyond our control. However, we believe the issues are behind us now and we are ready to roll for the long run.

This edition features all your regular sections and a little more. As usual, we have a cover interview and this edition features a Pharmacy legend in every sense of the word. Pharm Chiedu Mordi, immediate past chairman of the PSN Board of fellows and the founder/CEO of Coka Pharmacy, Benin takes us behind the scenes of his very interesting life as a Pharmaco-Barrister. This edition also features an interview with a Pharmalliance member, Pharm Jimi Jaiyesimi, Founder/CEO of Finrel Pharmacy Ibadan. He is actually the first member of the Ibadan network, having joined the Lagos group first and was attending monthly meetings from Ibadan. Find out what motivated him to go to extreme lengths in fulfilling his passion.

The clinical section of this edition focuses on Fungal infections culled from a wonderful resource – 'Community Pharmacy' by Paul Rutter. It's a must have for every practicing Community Pharmacist. We have other insightful articles contributed by our seasoned columnists like Ayodeji Oni, Ezekiel Efeobhokhan, Timeyin Ogungbe and Timothy Okoobo.

We have amazing photos from the recently concluded Retail Pharmacy business summit tagged **PANEL 10**. We also have pictures from the annual Pharmalliance Family fun day.

As you peruse this fine mix of clinical, business and lifestyle articles, we wish to inform 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 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.

WATCH OUT!!!



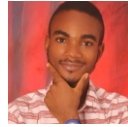
CONTENTS

35 YEARS AND STILL COUNTING	07
FUNGAL SKIN INFECTIONS	13
EFFECTIVE WAYS A COMMUNITY PHARMACY WITH A LEAN BUDGET	21
NATURAL FERTILITY 101	24
HOW TO RETIRE AS A COMMUNITY PHARMACIST	29
ANGEL OF MERCY	31
PHARMALLIANCE INTERVIEW PHARM. JIMI JAIYESIMI OF FINREL PHARMACY, IBADAN	35
PHARMALLIANCE IN PICTURES	36

FEATURING



Ayodeji Oni
He's a young community pharmacist based in Lagos



Timothy Okeoboh
He's a young pharmacist and founder of Health-hub



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



Ezekiel Efeobhokhan
intern pharmacist at UBTH
He's the founder of Kalligraphy Academy

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EDITOR'S NOTE

Thank you for picking up a copy of this magazine. As you journey along, you would find eye-opening articles and information that would be of benefit to you. All these were put in place for you to know that the community pharmacist is a key player in fostering better health care for its community. Read. Learn. Enjoy and Share.

Best Regards,
Pharmacist (Dr.) Ezekiel Efeobhokhan



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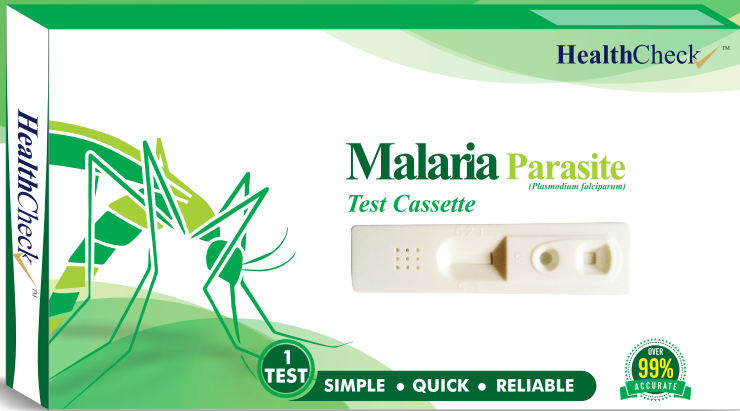


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W.H.O warns against Anti-Malaria Drug Abuse (2005)



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35 YEARS AND STILL COUNTING



In a country where running a successful business for 10 years can be described as a miracle, meet a Pharmaco-Barrister who has waded through the storms of life to build what can be described as a business legacy in Edo State, the heartbeat of the Nation. Meet Pharm. Chiedu Mordi Esq. A Pharmacist, Lawyer and the immediate past chairman of the Board of Fellows of the Pharmaceutical Society of Nigeria. Flourish Crew reports.

Can we meet you sir?

I am Chiedu Ojike Mordi, from Igboodo in Ika N.E. LGA of Delta State. I happen to be the last of the eight children of my parents. I am married with Children.

Can you give us a summary of your educational and professional career?

I got my Bachelor of Pharmacy degree from the University of Benin, in 1976. In 1981, I received a Post Graduate Diploma in Business Administration from the same University.

Thereafter, I enrolled for the Bachelor of Law degree (LL.B) of University of Benin and was called to the Nigerian Bar in 1999 after receiving the B.L. certificate from the Nigerian Law School. After graduation from the University of Benin Faculty of Pharmacy, I joined the then Bendel State Health Management Board for my internship. I did my National Service at the Mary Slessor Hospital Itu, in the former Cross River State. I was the Pharmacist in charge of the Hospital.

After the National Service in 1979, I worked briefly with the Bendel State Health Management Board as the Pharmacist in charge of the Auchi Specialist Hospital. Later that same year, I left the Board to join Nicholas Laboratories as a Medical Representative.

I rose to become Management staff in 1984, after five years.

In April 1984, I left Nicholas Laboratories to found Coka Pharmacy with my wife. This year marks 35 years of the existence of Coka Pharmacy

Are you actively practicing both professions?

Pharmacy practice is our main stay while our practice of law is passive. In the near future, I hope step up the legal practice.

What business or competitive advantage does a unique mix of the knowledge of Pharmacy and Law confer on you?

My educational background gives me a panoramic view of issues, events and situations. This enables me to take informed decisions. The advantage is not necessarily pecuniary, most often it is in the area of stability and focus.

What prompted you to venture into the law profession?

The idea to study law came up after my course in Business Administration. There, I saw the centrality of Law to other discipline and professions. Simply put, all aspects of life are hinged on law. My exposure to Business Law, stimulated me to study Law.

You currently run a very vibrant mix of a Wholesale Pharmacy and five retail stores. How did the Coka business evolve over the years?

I must recognize the fact that I do not have a blue print that I am following. I did not crystalize a road map when we started. However, I know that the management of COKA is obsessed with the view that “whatever is being done now, must be improved upon the next time. We are perpetually challenged to

do it better.

The idea to have a wholesale outfit was foisted on us. We started as retailers but when it became difficult to source genuine products for the retail outlets, we had to go into wholesale to provide stock – genuine products for our retail shops and other retailers.

It must be a herculean task multi-tasking between your retail stores and wholesale business how do you effectively keep tabs on them all?

Operating the two outfits has turned out to be a blessing. There is a synergy between the two. One is a customer to the other. Technology and supervision have made record keeping less cumbersome.

What secret formula has Coka Pharmacy employed over the years to remain relevant in Pharmacy practice in Nigeria especially in Edo state?

If we are relevant in the way you have put it then, it is the Grace of God, because “it is not of him that willeth, nor of him that runneth, but of God that showeth mercy”. Every other attribute takes root from the fact that God gives us the enablement.

Over the years, we have developed a clientele that believes in us, exhibiting trust that is almost absolute. We also have business partners that trust us. These two attributes have established and propelled us over the years to where we are today.

You have achieved so much in your career, what would you say are the values that have brought you so far?

My core values are honesty, integrity respectability and progress.

What are your thoughts about the current Pharmacy curriculum regarding how it prepares young pharmacists for entrepreneurship and real life work challenges?

I am not comfortable with the Pharmacy curriculum regarding the way it prepares young pharmacists for entrepreneurship. What the curriculum currently provides is grossly inadequate. The students should be given more practical sessions by people who have trod the path. Reading British or American text books on Pharmacy Management for knowledge in this area must be guided.

Pharmacy curriculum regarding how it prepares young Pharmacists for real life challenges is fantastic. My problem is that the curriculum appears too busy, too loaded. It has the capability of overwhelming the young Pharmacist and eventually make him lose self-worth and self-esteem.

Lord Denning, (M.R.), the most famous Judge of all times has been reported to have said “God forbid that, it should be imagined that an Attorney or a Counsel or even a Judge is bound to know all the Law”

What Lord Denning (M.R.) is saying here is that it is not incumbent on the lawyer to know all the law at any given time. What is more important is for the lawyer to know where to find the Law. In the same token, a Pharmacist is not expected to know all the pharmaceutical sciences at graduation. The important thing is to know where to find any relevant information for the execution of his professional services.

By my assessment, the Pharmacy curriculum attempts to make the young

Pharmacist, know all the Pharmaceutical science. Assuming this is possible at graduation, soon after, the “forced-in” knowledge begins to evaporate.

Are you through with your quest for knowledge or do you have plans for further studies. If so, which one would it be?

I do not think anyone should be through with the quest for knowledge as long as one has the capability to seek knowledge. Atrophy sets in, the moment one ends the quest for knowledge. So, I cannot see myself being through with the quest for knowledge. My contemplation of quest for knowledge does not include formal post graduate studies. I derive fulfilment when I read books that educate me on Philosophy, Social-Psychology and Behavioural Science.

What are your thoughts about the Nigerian drug distribution systems vis a vis the proposed NDDG. Do you believe that is the ultimate solution that would solve the agelong problem of chaotic drug distribution in Nigeria?

The Nigerian Drug Distribution system is the greatest and the most callous disservice any government can foist on her citizens. It completely vitiates the social contract as envisaged by Thomas Hobbes, (the 15th century English Political Philosopher). People, who describe it as “chaotic” are either euphemistic or they show lack of knowledge of the consequences of the system. A system can be chaotic but devoid of criminality and fatality. The Nigerian drug distribution system is studded with criminality and embedded



in fatality. Any government that condones it for one minute does not have the interest of her citizens at heart. The proposed NDDG may be the ultimate solution, if, and only if, all stakeholders pursue the programme with sincerity of purpose. This is where I have my reservations.

Do you have any role models or mentors in business or Law? How have they impacted your life and practice?

Sure, I do have role models and mentors. They impacted my life and practice in the areas of integrity, work ethics and self-esteem. Early in life, my secondary school motto helped to shape my values. It is a Latin maxim that says ***virtus sola nobilitat*** which means ***“ONLY VIRTUE ENNOBLES”***.

Are you actively mentoring anyone either in Pharmacy or in Law?

Generally, mentorship is passive and informal. It is ongoing. Mentees have a

way of getting attached to a mentor. Occasionally, they come around to ask questions, or just come in, “to say hello”. You may never know who a mentee or a potential mentee is. However, at the fulness of time, some come around to say that I am their mentor. On such occasions I feel very humbled. I have heard such comments from people, I would never had thought, I influenced.

With the constant threat to the profession from charlatans and technology, do you see a future for Pharmacy practice in Nigeria?

The threat posed by charlatans is self-inflicted. The moment the government decides to protect her citizens, the relevant laws will be evoked and implemented. Then, the threat will abet.

The threat of technology to the practice of Pharmacy is real. There is little anyone can do about it. We only have to prepare for it. When you consider how technology has affected the banking sector and the number of jobs lost, then you will appreciate what will happen to the Pharmaceutical industry with the advancement of technology.

How do you relax?

By sleeping. When I need relaxation, I sleep.

What is the next big thing for the Coka brand?

Next big thing? Coka has never done any big thing. However, by the Grace of God, we are moving forward.



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FUNGAL SKIN INFECTIONS



BACKGROUND

Two main groups of fungi infect man: Candida yeasts and the dermatophytes. However, in this section, only dermatophyte infections are considered. Fungal infections are commonly and inaccurately referred to as ringworm. Dermatophyte skin infections are classed by anatomical location, for example, Athlete's foot (tinea pedis); groin infection (tinea cruris or 'jock itch'); 'ringworm' of the skin (tinea corporis) and scalp 'ringworm' (tinea capitis).

Prevalence and epidemiology

Globally, dermatophyte fungi are more prevalent in tropical and subtropical areas because fungal organisms prefer high temperatures and high humidity. Having said this, dermatophyte infections are commonly met in more temperate Western countries.

Tinea pedis (athlete's foot) is the most common fungal infection, although prevalence rates vary depending on the population studied and whether clinical symptoms or culture confirmation make the diagnosis. Athlete's foot is said to affect about 15% of the UK population and is common in people of all ages. Other tinea infections such as tinea corporis and tinea cruris might present in the community pharmacy but are different. Tinea unguium (nail infection) is covered separately on a different section. Tinea capitis is the most prevalent infection in children Worldwide but in Western nations is rare.

Etiology

Dermatophyte infections are contagious and transmitted directly from one host to another. They invade the stratum corneum of the skin, hair, and nails but do not generally infiltrate

living tissues. The fungus then begins to grow and increase in the non-living cornified layer of keratinized tissue of the epidermis. Transmission of athlete's foot is thought to be commonly acquired from public rooms (e.g., changing rooms) whereas infection of the groin can be acquired from contaminated towels and bed sheets, or by autoinoculation from an existing foot infection.

Arriving at a differential diagnosis

Dependent on the area affected the infection will manifest itself in a variety of clinical presentations. Recognition of symptoms for each site affected will facilitate recognition and accurate diagnosis. All forms of tinea infection should be relatively easy to recognize, perhaps except isolated lesions on the body.

Patients with athlete's foot will often accurately self-diagnose the condition.

However, the pharmacist should confirm this self-diagnosis through a combination of questions and inspection of the feet. This is important as it also provides an opportunity to check for fungal nail involvement.

Clinical features of tinea infections

Athlete's foot

Athlete's foot is characterized by itching, flaking, and fissuring of the skin and will appear white and 'soggy' due to maceration of the skin (Fig. 7.13). The feet often smell. The usual site of infection is in the toe webs, especially the fourth web space (web space next to the little toe). Once acquired the infection can spread to other sites including the sole and instep of the foot. Over time this can infect the nails (see page 216 for fungal nail infection). Cases of tinea infection where the plantar surface has become involved may be persistent and difficult to treat.

Table 7.10
Specific questions to ask the patient: Fungal infections

QUESTION	RELEVANCE
Age and sex of patient	Athlete's foot is most prevalent in adolescents and young adults, especially men Nail involvement usually occurs in older adults Infection in the groin is much more common in men than women
Presence of itch	Fungal infections usually cause itch, irritation or burning sensations. This usually eliminates conditions such as psoriasis but not dermatitis/eczema
Associated symptoms	Fungal lesions tend to be dry and scaly (except athlete's foot) and have a sharp margin between infected and non-infected skin
Previous and family history	Fungal infections are usually acute in onset with no previous episodes, although athlete's foot may become recurrent For lesions that do not show a classic textbook description, a positive family history of dermatitis or psoriasis might influence your differential diagnosis

Tinea corporis

Tinea corporis is defined as an infection of the major skin surfaces that do not involve the face, hands, feet, groin or scalp. The usual clinical presentation is of itchy pink or red scaly slightly raised patches with a clear inflamed border.

Over time the lesions often show 'central clearing' as the central area is relatively resistant to colonization. This appearance led to the term ringworm. Lesions can occur singly, be numerous or overlap to produce a single large lesion and appear polycyclic (several overlapping circular lesions).

Tinea cruris

The rash is usually isolated to the groin and inner thighs but can spread to the buttocks. It is often bilateral and usually is intensely itchy, reddish brown and has a well-defined edge.

Conditions to eliminate

Tinea faciei

Fungal infections on the face are rare and are consequently often mistaken for other facial skin conditions. The lesions are similar in appearance to tinea corporis in that they will generally have a sharp, well-defined border, show scaling and be itchy. Conditions such as acne, rosacea, and lupus need to be considered in its differential diagnosis.

Tinea manuum

Tinea manuum is often misdiagnosed as eczema or psoriasis due to its atypical tinea appearance. The patient usually suffers from chronic diffuse scaling of one palm. Often athlete's foot will be present, as the infection has spread to the hands from the feet due to the patient scratching their feet. The condition is not common, and if no foot involvement is implicated, then the diagnosis strongly points to dermatitis.

Psoriasis

Isolated fungal body lesions can be painful to distinguish from plaque psoriasis. However, if the patient has psoriasis, there will typically be a family history of psoriasis, and the lesions tend not to itch, exhibit more scaling

and do not show central clearing. Dermatitis-allergic and contact forms

Both fungal infections and dermatitis exhibit red itchy lesions and therefore can be painful to distinguish from one another. Patients with dermatitis will often have a family and personal history of dermatitis or be able to describe an event that triggered the onset of the rash.

Misdiagnosis of fungal infection for dermatitis and subsequent treatment with a steroid based cream will diminish the itch, redness and scaling but the infecting organism will reproduce. On withdrawal of the steroid cream, the visible signs of the infection will return and be worse than before, often in a papular form (tinea incognito).

Discoïd eczema

This presents as round, raised, coin-shaped lesions that mainly affect the arms and legs. It can itch and show superficial scale. It occurs primarily in middle-aged people.

TRIGGER POINTS indicative of referral:

Tinea infections

- Involvement of large areas of the trunk (possible oral treatment needed)
- OTC treatment failure
- Suspected facial or scalp involvement

The evidence base for over-the-counter medication

Superficial dermatophyte infections can be treated effectively with topical OTC preparations.

Six classes of medicines have proven efficacy in their treatment.

Allylamines

Terbinafine has been exempted from POM control in the UK since 2000. It inhibits the biosynthesis of ergosterol – an essential component of fungal cell membranes. Reviews have shown terbinafine to have high cure rates, slightly better than the imidazoles (Crawford & Hollis 2007).

Benzoic acid

Benzoic acid acts by lowering intracellular pH of dermatophytes and is combined with salicylic acid (Whitfield's ointment). Although Whitfield's ointment has been on the market for nearly a century, it still has a role to play as an effective antifungal, but newer products, with higher cure rates, quicker resolution, and more cosmetically acceptable formulations have replaced its widespread use in Western society.

Imidazoles

Imidazoles, like allylamines, act by inhibiting ergosterol production but at a later stage in the ergosterol biosynthesis pathway. They have replaced mainly benzoic acid, undecenoates, and tolnaftate because they have greater efficacy and an excellent safety record (Crawford & Hollis 2007). There appears to be no clinically significant differences in cure rates between the different imidazoles and treatment choice will probably be driven by patient acceptability and cost.

Griseofulvin

Griseofulvin (as a 1% spray) works by inhibiting cellular mitosis. It has proven useful when taken orally but has only limited trial data as a topical formulation. One trial reported an 80% mycological cure rate after four weeks with once daily application (Aly et al. 1994).

Tolnaftate

Tolnaftate is thought to work by distorting fungal hyphae. It appears to have the least amount of trial data supporting its efficacy. Low patient numbers involved in the studies further compounds the difficulty in assessing its efficacy.

Undecenoates

The exact mechanism of action for undecenoates is not understood. They have been used to treat athlete's foot for over 30 years and features in the most recent United States Pharmacopoeia. In a recent Cochrane review, undecanoic acid was said to be

efficacious in treating fungal infections for skin and nail infections of the foot (Crawford & Hollis 2007).

Summary

On current evidence, an imidazole or terbinafine would be the first-line treatment for superficial fungal infection. Both have similar mycological and symptom cure rates, although terbinafine might be preferred because it clears symptoms in a shorter space of time, although it is more expensive.

Practical prescribing and product selection

Prescribing information relating to specific products used to treat fungal infections and discussed in the section 'Evidence base for over-the-counter medication' is summarised in the next table below.

Imidazoles

All topical imidazoles have excellent safety records and can be used by all patient groups, including pregnant and breastfeeding women. They do not have any drug interactions and the significant side effect associated with their use is irritation on the application. To prevent reinfection, imidazoles should be used after the lesions have cleared, although, the length of time varies from product to product.

Clotrimazole

Clotrimazole (e.g., Canesten range) Clotrimazole-containing products can be used for all dermatophyte and candida infections. Canesten and Canesten AF cream should be applied two or three times a day, whereas Canesten Hydrocortisone can only be used twice a day.

Bifonazole

Bifonazole (Canesten Bifonazole Once Daily 1% w/w Cream) Bifonazole is licensed for athlete's foot. For all patients, the cream should be applied once daily.

Ketoconazole

Ketoconazole (Daktarin Gold) Ketoconazole has a license for athlete's foot, groin infection and candidalintertrigo. For athlete's foot, the cream should be applied twice a day for one week. For groin infections and candidalintertrigo, the cream should be applied once or twice daily.

If no improvement in symptoms is experienced after four weeks of treatment, then the patient should be referred to the GP. For all conditions treatment should be continued for 2 to 3 days after all signs of infection have disappeared to prevent relapse.

Table 7.11
Practical prescribing: Summary of medicines for tinea infections

Name of medicine	Use in children	Likely side effect	Drugs interaction of note	Patient in which Care exercise	Pregnancy and breast-feeding
<i>Imidazoles</i>					
Bifonazole	All ages	Mild burning or itching	None	None	OK
Clotrimazole Miconazole ketoconazole					
<i>Tolnaftate</i> Mytil	No lower age stated	None Reported	None	None	Ok
	No lower age stated	None Reported	None	None	Ok
	No lower age stated	None Reported	None	None	Ok
<i>Terbinafine</i> Lamisil range et Scholl Advance Athlete's Foot Cream <i>olnaftate</i> Mytil	>16 years (>18 years for Lamisil once)	Redness, Itching	None	None	Ok
Griseofulvin (Grisol)	No lower age stated	Stinging	None	None	Ok

Miconazole (e.g., Daktarin range, Daktacort Hydrocortisone) Products containing miconazole only are suitable for patients of all ages and should be used twice a day. Treatment should continue for ten days after all lesions have disappeared to prevent relapse. Daktacort hydrocortisone is suitable for children aged over 10 and is licensed for sweat rash and athlete's foot.

Tolnaftate (e.g., Mycil, Tinaderm, Scholl Athlete's Foot Powder, liquid & cream) Products containing tolnaftate have no interactions or side effects and can be used by all patients. They can be used for athlete's foot and infections of the groin and should be used twice a day with treatment continuing for at least one week after the infection has cleared up.

Undecenoates (e.g., Mycota) Products containing undecenoates have no interactions and can be used by all patients. They are licensed for athlete's foot and should be used twice a day and treatment continued for at least one week after the infection has cleared up. Local irritation has been reported.

Benzoic acid (e.g., Whitfield's ointment) Benzoic acid (in combination with salicylic acid) is now rarely used. However, it is a safe medicine and can be used by all patients.

Terbinafine (Lamisil range & Scholl Advance Athlete's Foot Cream) Terbinafine can be used to treat athlete's foot, groin infection and tinea corporis. The cream should be applied once or twice a day whereas the spray and gel should be used only once daily. It has no interactions, has few reported side effects and can be used by all patients. All products are licensed for people aged over 16, except Lamisil Once, which is for use in people aged over 18 years of age.

Griseofulvin (Grisol AF spray) Licensed for athlete's foot, Grisol should be applied to the area once daily. Each spray delivers 400 µg of griseofulvin with a maximum of three sprays in 24 hours for more extensive or severe infection. The spray should be used for ten days after the lesions evident to prevent reinfection. It has no interactions, has few reported side effects and can be used by all patients.

Table 7.12
Summary of antifungal products and formulations

Active ingredients	Brand	Formulations
Bifonazole	Canesten Bifonazole Once Daily	Cream
Clotrimazole 1%	Canesten AF Canesten	Cream, Spray Cream, Spray
Clotrimazole 1% et Hydrocortisone 1%	Canesten Hydrocortisone	Cream
Miconazole 2%	Daktarin Activ Daktarin	Cream, Spray, Powder Cream and Powder
Miconazole 2% et	Daktacort Hydrocortisone	Cream
Ketoconazole	Daktarin Gold Bifonazole	Cream

Active ingredients	Brand	Formulations
Terbinafine	Lamisil AT	Cream, Spray, Gel
Clotrimazole 1%	Lamisil Once	Solution
	Scholl Advance Athlete's Foot Cream	Cream
Tolnaftate	Mycil	Ointment, Spray, Powder
	Scholl Athlete's foot	Cream, Spray, Powder
	Tinaderm	Cream
Undecenoic acid	Mycota	Cream, Spray, Powder

FUNGAL INFECTION: HINTS AND TIPS

Reinfection and transmission:

It is not known if improving foot hygiene or changing footwear can help to cure athlete's foot, but measures to reduce transmission include:

1. Dry the skin thoroughly after showering or having a bath. Keep a personal towel and do not share it to prevent the infection spreading from person to person.
2. Wear cotton socks and change at least once a day.
3. Avoid the use of occlusive non-breathable shoes.
4. Dust shoes and socks with antifungal powder.
5. Avoid scratching infected skin.
6. Use flip flops (or equivalent) when using communal changing rooms.

Steroid containing products:

The license states that the maximum period of treatment is seven days. This limits their usefulness, as many fungal infections will take longer to clear than seven days, especially as products need to be used after the lesions have cleared to prevent reinfection. Therefore they are probably best used to control the initial symptoms of

redness and itch before switching to an imidazole-only product after the initial seven days of treatment. Therefore they are probably best used to control the initial symptoms of redness and itch before switching to an imidazole-only product after the initial seven days of treatment.

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EFFECTIVE WAYS TO RUN

A COMMUNITY PHARMACY WITH A LEAN BUDGET

Ayodeji Oni



The early phase of the recession in 2015/16 was a harsh reality for many businesses in Nigeria, and the retail sector of the pharmaceutical industry was no exception. These times were plagued with inflated prices, significantly reduced footfall, high burden of overhead costs, and decreased sales; to mention a few. To thrive in these times required lots of resilience and staying power. Some continue to suffer significant loss as a result of lack of knowledge on how to thrive with lean resources.

To achieve optimum service delivery to your customers, you must have tailor-made inventory to meet their needs, especially with little resources. Overstocking irrelevant inventory can tie down funds that could otherwise be used to purchase other fast lines to increase sales or fund other overhead bills.

Therefore, an index called the inventory-sales ratio is necessary to measure the size of inventory compared to sales.

This inventory-sales ratio must be a maximum of 4 at all times.

For example, a premise that has total inventory worth 10million must have an average monthly sale of 2.5 million to ensure sustainability. If your pharmacy is miles above an index of 4, you must begin to eliminate slow lines and concentrate on procuring majorly fast lines which would bring about increased sales and lower inventory-sales ratio.

Continuous stocking of slow lines with a lean budget is self-limiting and counterproductive. Ensure a wide range of most requested items, as well as different cost-effective, authentic branded and generics substitutes are available at all times. A reputation of fulfilling customers request will ensure repeat customers.

Measures should also be taken to avoid pilferage to its barest minimum. Where CCTV cameras and security guards might not be available, a collapsible burglary proof can be built and used during rush hour times especially.

Those with special needs such as private consultations or wound cleaning might have time frames within which they can be attended to. Pilferage amongst staff is also a common occurrence and can be prevented by ensuring staff are made responsible for certain sections of the pharmacy and are responsible for any loss discovered.

Loss can also occur due to expiration or damage from the supplier or at the workplace. Orientation on flagging short-dated items must form part of a team's on-boarding activities for new staff to ensure no one drops the ball. Create shelves designated for displaying items expiring within three months at discounted prices. Staff must improve knowledge on how to introduce these short-dated items. Loss due to any of the above could be damning and difficult to recover from. Therefore preventive measure as enumerated above must be adhered to strictly.

To ensure optimum inventory management, pharmacies must take advantage of seasonal conditions by stocking up most needed items during such seasons. Presently, the harmattan haze approaches, bringing with it lots of cold-like symptoms, allergies, asthma triggers, conjunctivitis, and skin conditions. Inventory that belongs to these categories tends to become fast lines during this season. Draw up a list of SKUs and procure as needed. For example; categories of medicines that would be in high demand during this season include;

1. Antihistamines
2. Cold & Flu Remedies
3. Anti-asthma devices
4. Malaria Prophylaxis medicines for visitors abroad avoiding cold winter
5. Antibacterial eye drops for bacterial conjunctivitis

6. Devices such as Humidifiers to keep the air clean indoors
7. Cough, Cold & Catarrh combinations
8. Diarrhea medicines in case of food poisoning
9. Gas & Indigestion medicines for overeating
10. First Aid contents for emergency relief.
11. Hypoallergenic creams to soothe skin irritation and dryness
12. Lozenges for impending sore throat cases
13. Supplements and Immune boosters to fight infections
14. Monthly blood pressure and blood sugar medicines
15. Insect repellent and anti-itch creams.

Pharmacy services have become an indispensable aspect of the retail business. Customers are made a priority when offering these services; and it serves as an avenue to increase market size and encourage repeat customers. The cost of consumables needed to carry out these pharmacy services is negligible when compared to the value added per customer. Managing a retail business on a lean budget would require these services into your practice.

Key performance indices per staff must be tied not only to sales but also to the number of Pharmacy services performed per day, per staff.

It will also help improve the sales of devices that might be slow moving. Increase your pharmacy's visibility in times of limited resources by carrying out a brand activation that will be wide-reaching and effective. In this exercise, your pharmacy can offer free or subsidized services that include;

1. Blood Pressure Services (Free)
2. Blood Glucose Service (Subsidized)
3. Blood Cholesterol Checks (Subsidized)
4. Body Mass Index (Free)
5. Asthma Device Use (Free)

6. Medication Use Review (Free)
7. Pill Box Services (Free)
8. Physiotherapy (Subsidized)
9. Healthy Heart Checks (Subsidized)
10. Family Planning Awareness (Free)

Collaboration is another cost-effective way to manage your retail business with a limited budget. Take advantage of networks providing access to resources, skills, legal, accounting and recruitment services; this will mean fewer funds are wasted on employing staff individually. This company of professionals with 'like-minds' opens up a plethora of opportunities, unlike standing on your own. Special orders available in your store could be easily fulfilled on such platforms; educative material shared could be useful for your team. Retail pharmacies can also collaborate on grounds such as sharing short-dated items, where close to expired items can be distributed on the network, thereby reducing shrinkage and improving sales.

High staff turnover is a significant constraint Pharmacy owner's encounter. When trying to manage resources, one would need a stable workforce, as a regular change of staff attracts new investments in training, causes reduced sales and increased costs. However, improving staff incentives and excellent human management will be beneficial. Incentives that keep staff committed and stay longer may include free lunch provided at least once a week, bonuses when sales targets are met, cooperative services for staff to have a savings plan, external training.

One might ask, aren't these all expensive to maintain? I'll say they are all investments that reduce expenses in the long run. Human capacity development is critical in getting the best out from a lean budget. Staff must be inducted in learning programs to improve their practice; strategy sessions must be carried out twice weekly amongst team members to

monitor developments in service delivery offered to customers and how this can be improved. These sessions also help keep up to speed with standard medicines, supplements, and devices needed to improve customers' satisfaction to improve sales.

Role plays and presentations must be made by staff to improve learning and also exchange ideas. Some other team bonding activities that would help improve performances include 30-minute lunch breaks, acknowledgment of team member's birthday celebrations, warm welcoming of new staff, a celebration of team member's academic success, wedding celebration, childbirths e.t.c.

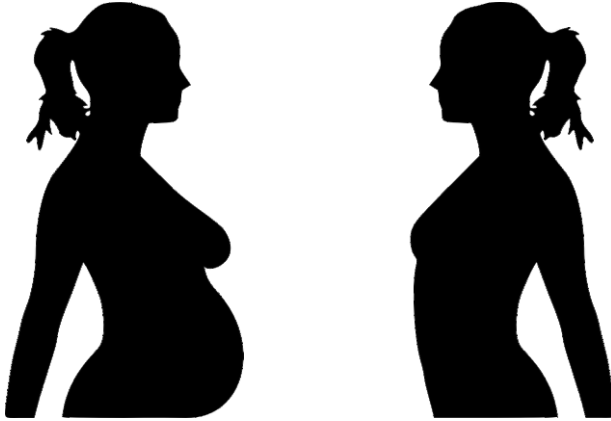
To manage effectively with a lean budget, standard operating procedures must be written and drilled down to the last man, ensuring compliance at all times. Due process and approvals must be given before actions are taken at all times. Penalties for flaunting SOP must be meted out to offenders and whistle-blowers must be rewarded.

Lastly, setting realistic financial targets sets your team on a path of success. However, set these targets with good practice in mind, ensuring that the wellbeing of the patient is of utmost concern. Gradually, your team will scale up and breakeven; consistency will eventually turn your brand into one with abundant resources with excellent service delivery.

NATURAL FERTILITY

101

Timeyin Ogungbe



Have you observed that in your Pharmacy more and more people are seeking help on fertility matters?

The World Health Organization (WHO) has indicated that 8-12% of couples worldwide experience infertility, and in recent years the number seeking treatment has increased. An abundance of environmental agents, combined with poor diet and nutrition is mainly responsible for this drastic rise in infertility. The emphasis of conventional medicine has been on drugs and surgery. Yes, this approach is based on scientific research and is vital in dealing with infertility. However, in many cases, it is on its own not adequate in dealing with infertility. I have seen women who removed fibroids through surgery, only for them to find out after a couple of years later that the fibroids have grown back! I'm sure you can relate. Couples need to be aware that a lot lies in their hands if they want to improve chances of conception; however, the onus lies on you as a pharmacist to be properly

informed so you can improve your patient's health.

There are several natural means that helps couple improve their fertility. My experience with couples dealing with infertility is that there's so little awareness about this. Within one year of teaching Natural Fertility to an online community, I have seen several women conceive with this principle. Hence, I had to put together a Masterclass on Natural Fertility for those trying to conceive. This Masterclass comprises of 12 lessons. In this article, I will be sharing with you three lessons from my Masterclass So, grab a cup of coffee and enjoy reading!

Issues to Consider When Trying to Conceive

1. VAGINAL DRYNESS & LUBES

- Do you experience pain, irritation, burning or dryness during sex?
- Do you experience bleeding or spotting during or after sex?
- Is your vaginal discharge watery, discolored and slightly smelly?

If your client answered YES to at least one of these questions, she is likely experiencing vaginal dryness.

This is a pretty common problem with women. Around 17% of women aged 18-50 experience problems with vaginal dryness during sex.

One very significant problem of vaginal dryness is that it can also lead to infertility! Vaginal dryness occurs when mucus is absent or insufficient in the vagina. This mucus is produced by a gland called the Bartholin's gland.

When a woman is sufficiently aroused, Bartholin's glands secrete small amounts of fluid, which we call cervical mucus. This is the fluid that moistens and lubricates the vagina, making sexual intercourse more comfortable and pleasurable. But apart from moistening and lubricating, the cervical mucus has a role to play in fertility!

- It protects the sperm that is released into the vagina. (You see, the vaginal environment is very hostile to sperms because it's highly acidic). The mucus released neutralizes the acidic vagina at that moment, preventing the sperms from becoming dysfunctional.
- Its lubricating effect enables the sperms to swim easily upwards through the uterus (womb) and into the Fallopian tubes so that it can fertilize the egg and help you in getting pregnant.
- In the middle of your cycle, your cervical mucus provides a suitable reservoir for sperm. Sperm, unlike the egg, can survive for some days within crypts of your cervix. Then during ovulation, the mucus becomes less, and the sperms can now easily swim from the cervix through the uterus to fertilize the egg.
- The cervical mucus also acts as a barrier to abnormal sperm. An abnormally shaped sperm is much less likely to travel to the egg as quickly and efficiently as usually shaped sperm and actually can get slowed down in the cervical mucus.

So you see, getting wet during sex is

VERY important for you to achieve conception. Now, the most common solution to vaginal dryness is to reach for a lubricant. Think twice before you recommend that lube!

Why?

Commercial lubricants negatively affect sperm motility, making it harder for the sperm to reach the egg. They can even kill the sperms! If you must use a lube, try a sperm-friendly lubricant. Or if you prefer a more natural lube, olive oil, coconut oil, and even egg whites are safe and effective. A client I was counseling on fertility issues just mentioned in passing one day: "I have been using Vaseline as a lubricant. Is this okay?" It was then it dawned on me that this could be the problem.

I counseled her on what to use.

Three months later she took in for the first time in 5 years! So please be careful in your recommendation of lubricants. Now you can understand why sometimes all the tests for both man and wife have been done, and everything appears normal. And then the conclusion would be unexplained infertility (unexplained infertility could have an explanation!)

But what causes this dryness and how do I tackle it naturally without using lubes?

- Not getting sufficiently aroused. Couples can be encouraged to allow foreplay to last for at least 15-20 minutes. This gives ample time for the Bartholin's gland to discharge enough mucus to get wet.
- Some drugs can cause vaginal dryness. Clomid is one of them. (Can you imagine!). Drugs used to reduce the nasal mucus discharge can also reduce the vaginal mucus discharge.

2. FOODS AND WATER STORED IN PLASTICS

Are you surprised?

Plastic containers contain chemicals called xenoestrogens, the main ones being phthalates and BPA (Bisphenol A) When we eat or drink the food or water stored in plastic containers, we can take insome of these xenoestrogens.

These are xenohormones that mimic estrogen in the body, causing too much estrogen and not enough of the other essential hormones (in men typically not enough testosterone to oppose the estrogen and in women not enough progesterone to oppose the estrogen).

This is a condition termed Estrogen Dominance. This, in turn, causes hormonal imbalance and fertility issues like low sperm count. While many toxins and pollutants are xenohormones, water packed in plastics seems to be one that nearly everyone is exposing themselves to on a daily basis. (Please note; some plastics are labeled BPA-free. Recent research shows that even the chemicals used to replace BPA in these plastics still can mimic estrogen. Therefore the best bet is to intentionally avoid plastics if one is trying to conceive.) Are you wondering how it is possible to avoid drinking water stored in plastics? Let me make a suggestion. Purify your borehole or fresh water, using a stainless steel water filter. Then store it in stainless steel water bottles.

Issues to consider when trying to conceive

3. SCRUBS, SOAPS & CREAMS CONTAINING PARABENS

Have you seen cosmetics that are tagged PARABENS FREE? I used to wonder what the big deal was in that. Now I know. And oh, it's essential! Parabens are a type of preservative used to prevent the growth of bacteria, thus preventing spoilage of cosmetics.

However, they can take on the characteristics of estrogen. Hence, they are called xenoestrogens, which are absorbed through the skin, intestines and the bloodstream, and then excreted through regular elimination. Studies from the Centers for Disease Control CDC found four different types of parabens in human urine samples! It's

estimated that women are exposed to at least 50mg of parabens daily from cosmetics alone! Men may be exposed to fewer parabens daily but may be less likely to look for products that are paraben-free, a possible concern for male fertility. While every person, male or female, produces estrogen, too much of it has an impact on fertility. Estrogen regulates hormones in both men and women. When hormones are out of balance, the chances of creating healthy eggs or healthy sperm is reduced.

Suggestion: Look for products with paraben as part of the ingredient's name—i.e., propylparaben, ethylparaben, etc.—then eliminate as many as you can in the six months leading up to conception and during the conception process. (Maybe we should be using local shea butter and coconut oil as creams and black soap for bathing! No wonder 'village people' rarely have fertility issues! It seems modernity is affecting our Reproductive health)

So it's a wrap! I hope it proved informative. Would you like to learn more about the other nine issues to consider when trying to conceive? I have some news to share:

- If you want to take part in my online Natural Fertility Masterclass, contact me.
- If you prefer a face-to-face Masterclass, I'm also available to teach a group.

Contact me.

My email address is
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HOW TO RETIRE AS A COMMUNITY PHARMACIST

Timothy Okooboh (Pharm.D)



Just because you feel young and invincible doesn't mean you will remain that way. Start thinking about retirement as you read this!

Most entrepreneurs are workaholic; they work and work and work until there is no more time to work. A lot of them even forget to get good sleep; to them, vacation simply means a waste of time. Except they break down or have a reason to be sober, they don't pause to ponder that eventually, everyone is expendable.

Nature will always find a way to fill a vacuum. For every reason to make money, the thought of retirement never cross their mind and then,

they are shocked as soon as they clock 50 or 60. Then they are diagnosed for hypertension or any other common geriatric illness. They begin to slow down on things, control diet, control working hours; they try to reverse a process that could have out rightly been prevented.

In essence; slow down. Pause. Think. Save for retirement. Enjoy old age. Everyone wants to have options in life, and usually, money seems to provide a large option base. The last thing any pharmacist want is to begin considering retirement and then discover that your finances are not buoyant enough to cater for it. Here are a few tips that can help you retire in the best conditions possible.

Choose the right timing;

There are stories of entrepreneurs who retire at age 30. That may be too early for a lot of community pharmacists reading this. But don't feel under pressure to retire at 60 or 65. Just ensure it is carefully planned for and there is enough time to ensure it doesn't affect your health negatively in any way.

Get the best retirement plans

Several plans can help you save for retirement. Banks offer these services too. Walk up to your favorite bank and consider their terms before registering.

Plan your retirement early

Many pharmacists often fail to remember retirement. The best time to plan for retirement is now! That means, as soon as possible. So, even if you are 25, 30 or 35. You have to buckle your belts and get a retirement plan ASAP.

Have a worst case scenario

This is pessimistic thinking, I know. But it is essential to consider all the possibilities when planning for retirement.

What if your pharmacy does not get as much sales as it gets currently, what if a government policy affects your sales? What if health concerns stop you from working? These are questions you should respond to. Having considered these scenarios, you could then draft a solution for every one of them. This kind of thinking will help you stay focused on building a robust retirement plan.

And when any of these scenarios are met, you will have a plan to deal with them.

Until your *worst case* scenario becomes *good*, you should not stop saving for retirement.

Lastly, you should keep aside an emergency fund. This fund is not for your business. It is for you. It is an emergency fund for you, more like a life-insurance package. Walk up to a bank, look for a plan that can help you assess your money anytime you are in need of it, pay up a token for the funds. Emergency funds could cover any severe health issues that would cost a reasonable amount to fix. It could also be used to cover for accidents, stolen products and all of those emergencies that relates to your personal life that are unplanned for.

Remember this emergency fund is for you. Your business can have it's, but most assuredly, you should have yours; it should cover you and all those who directly depend on you.

By

Timothy Okooboh (Pharm.D)

Pharm. (Dr.) Timothy Okooboh is the founder and editor-in-chief of Health Hub (www.healthhub.blog). He writes relevant, evidence-based, and easy to read health articles that promote healthy living. Timothy Okooboh designs infographics, especially health infographics. He is also an Antibiotic Guardian.

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ANGELS OF MERCY

Ezekiel Efeobhokhan



Men are born. Angels are not. Men are affected by the restrictions placed on them by their physical body. Angels are not. But a new class of angels, born of men and in the form of men has graced the earth. They graced the earth in the form of pharmacists, young pharmacists. They are men, angelic men, having the stellar qualities of angels, yet restricted by their several mortal verities.

The pharmacy profession is a prudent one. You either decide to be diligent, or you diligently lose your license. Either way, there is diligence. But the young pharmacists are diligent, their truckload of interventions cut across all aspect of the pharmaceutical sector. They pay attention to details, however, not only to details. They pay attention to their pay too.

As soon as they graduate, the responsibilities to make impact beckons; the game of relevance sets in,

and in one way or the other, they lace one of their eyes on long-term goals while the other monitors the progress of their mates, classmates.

They score themselves with the progress of their classmates.

They forget that classmates are only mates because of the class. The classroom was the only leverage they had to be called mates.

We all live in different strata of life; no one is actually mate.

Hence Regina Brett, author of *God Never Blinks* quipped, "Don't compare yourself with others. You have no idea what their journey is all about".

For the not-so-wealthy young pharmacists, family responsibilities begin to rest on their shoulders. They begin to look for how to make ends meet; save, send money home, and feeding- will top their priorities. Here is where cruel bosses come in; they are harsh and cunning too.

They employ these desperate colleagues with ridiculous working conditions, giving them hope of a better tomorrow. They forget that tomorrow can only be better if today is good.

In all, there are lots of ways the young pharmacists can be used and abused.

In community practice, it is worse. The young pharmacists are presented with lots of harsh working conditions. "It is time for you to learn," they are told. "Don't work for the money," some cunningly dare to add. Because of these, many young pharmacists work with several dissatisfying conditions, unable to quit. Quitting means; creating opportunity for another young pharmacist to be employed, into that same sad loop. It is a mysterious sad loop.

They run errands. They take stock. They manage. They handle the shifts and other unfriendly working hours. They are the angels of the profession yet are paid stipends. They do not complain, not because they are happy but because they are angels. Angels do not complain.

Some bosses treat young pharmacists harshly and badly too. Some go physical on them. They threaten to cut their pay. And actually cut their pay. They don't mentor; at least if the pay is not so good, you could mentor young pharmacists in the business of having their own pharmacy. But they won't do that either. They have managers who handle the business, and after several months of working, the only information the young pharmacist learns are the prices of drugs. Too bad!

But Angels can fall. Lucifer is an example. He was good, and then he became evil and remained so. The sadness about a fallen angel is that it can never rise from its fallen state. And here is the problem. Young pharmacists are mistreated; hence they quickly grab every opportunity to get a better working condition. And when temptation is before them, they give in and accept the fall. Falling, they say, is better than dying. They accept the desire to register premises indiscriminately. Register and Go they call it. Hence the proliferation of patent medicine stores who parade as pharmacies. It is sad, utterly sad.

We need more mercies for our angels. We need to be tender and kind in dealing with these angels. Like it or not, if we continue like this, we will be building a system that may not benefit the future. As we employ younger colleagues as interns or locum officers, we should bear in mind that they are angels, tender angels, treat them with mercy because they can fall; and when they fall, they become fallen angels. Never to rise again!

Pharm. Dr. Ezekiel Efeobhokhan

Ezekiel is an Intern Pharmacist at University of Benin Teaching Hospital

He is the founder of Kalligraphy Writing Academy where he mentors young writers.

Reach him on ezekielefeobhokhan@yahoo.com

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PHARMALLIANCE INTERVIEW

PHARM. JIMI JAIYESIMI

OF FINREL PHARMACY, IBADAN

Please tell us about yourself and your journey into retail?

My name is Jaiyesimi Obajimi. I graduated from Olabisi Onabanjo University. I am from Ogun state. I am married with children. I was initially into pharmaceutical importation and marketing but eventually found myself in retail.



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

I lost my mum who was a nurse in my final year in pharmacy school. She had a patent medicine store which I started running in my final year and also during internship. It was an unpleasant experience. I couldn't manage the inventory well. Money was just going in and not coming out. I knew it was because of lack of knowledge on management. After youth service I worked in pharmaceutical marketing for some time where I learnt art of selling before I ventured into importing and two years ago I started out in retail.

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

Quest for knowledge and trying not to reinvent the wheel

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?

I had gone through several management trainings. I have an MBA. I had been listening

to audio C.Ds of the panel long before I finally decided to go into retail.

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

The most challenging has been human resource.

What was your motivation for joining Pharmalliance as you were one of the first in Ibadan having to travel to Lagos for meetings too?

I didn't want to lose all the money my wife and I had worked for over the years. I see only a small percentage of pharmacist succeeding in retail and I want to be among them. I want to be able to afford the best things in life for family.

How has Pharmalliance affected your retail outlet(s) as a business and its running?

It has helped in a lot of ways from personnel management, inventory management, logistics, etc. It has helped me in running an efficient business.

What really do you reckon is the 'catch' with Pharmalliance, what about it should draw other Pharmacists?

If you need support and guidance to help you grow exponentially you need the pharmalliance network.

What would you say to a room full of retail Pharmacists running their own premise(s) if you had the opportunity?

Get knowledge, be persistent and be goal oriented

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

A farmer

Thanks.

PHARMALLIANCE IN PICTURES

PANEL 10 (AWARDS)



Pharm Uche Apakama of Paxis Pharmacy receiving the Pharmalliance Retail Innovation Award from Sir Ike Onyechi



Pharm Deji Osinoiki of Deyo Pharmacy receiving the Pharmalliance Retail Legend Award from Pharm Jimi Agbaje flanked by his wife Pharm Yomi Osinoiki



Pharm Olawale Oladigbolu, PSN Rivers State Chairman receiving the Pharmalliance Retail Leadership Award from Pharm Jimi Agbaje flanked by members of PSN Rivers State Pharm Agbonma Esom-Ibe and Pharm Ijeoma Okey Ewurum

PHARMALLIANCE IN PICTURES PANEL 10 (AWARDS)



Pharm Olayemi Ilori of Pharmacy Plus receiving the Panel Platinum Partners Award



Pharm Lere Baale of Business School Netherlands receiving the Platinum Partners Award



Mr Felix Anyanwu of New Heights Pharmaceuticals receiving the Panel Platinum Partners Award



Pharm Gbenga Olotu of Reckitt Benckiser receiving the Panel Platinum Partners Award



Pharm Chris Abhulimen of Biofem Pharmaceuticals receiving the Panel Platinum Partners award



Pharm Yomi Onasanya of Sylken Pharmaceuticals receiving the Panel Platinum Partners award

PHARMALLIANCE IN PICTURES
PANEL 10 (KEYNOTE SPEAKER)



Panel 10 keynote address speaker- Hakeem Belo-Osagie



King of Talk, Teju Babyface Oyelakin with the Panel Keynote address speaker Mr Hakeem Belo-Osagie during the Q&A session



Panel Keynote address speaker with Conference Convener, Pharm Adeshina Opanubi

PHARMALLIANCE IN PICTURES
PANEL 10 (KEYNOTE SPEAKER)



Panel Keynote address speaker Hakeem Belo-Osagie with the youngest hyper-realistic artist Waris Kareem



Presentation hyper-realistic live drawing of the keynote address speaker, Mr Hakeem Belo-Osagie



PHARMALLIANCE IN PICTURES

PANEL 10 (SPEAKERS)



Pharm Bukky George of HealthPlus leading the conference business session



Pharm Desola Fadiora of GSK



Pharm Wole Fagbola of GSK



Dr Ewedairo of GSK



Pharm Hakeem Ikolaba leading a clinical masterclass



Dr Banjo leading the dental masterclass



Dr Osuigwe, consultant neurologist leading the neuropathic pain clinical masterclass



Dr Erere Otofanoewei, consultant dermatologist leading the dermatology clinical masterclass



Prof. Antonia Ogbera, Consultant Endocrinologist and Provost of LASUTH leading the diabetes masterclass



Dr Amaka Nebe, Consultant family physician leading the pain masterclass

PHARMALLIANCE IN PICTURES PANEL 10 (PRIZES)



Cash prize winner



Cash prize winner



Cash prize winner



Cash prize winner



Cash prize winner



Cash prize winner

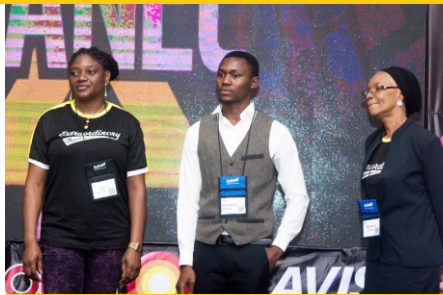
PHARMALLIANCE IN PICTURES
PRIZES



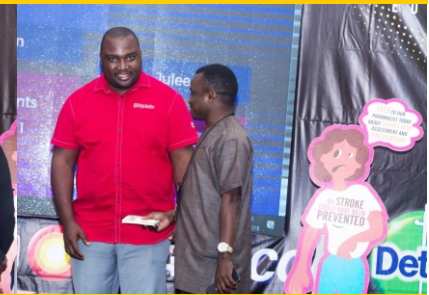
Cash prize winner



Cash prize winner



Winners of the Pharmalliance STRAP Challenge:
 Dhub Pharmacy, Victory drugs and Silverline Pharmacy



Cash prize winner



Presentation of Ipad by
 New heights Pharmaceuticals



Presentation of giant refrigerator
 by pharmacy plus

PHARMALLIANCE IN PICTURES
PANEL 10 (PICTURE SPEAKS)



Pharm Josephine Ehimen of Nett Pharmacy



Pharmalliance Advisor, Pharm Chris Ehimen of Nett Pharmacy



Pharmalliance Advisor, Pharm Jimi Agbaje



Keynote Address Speaker, Hakeem belo-Osagie,



Cross section of audience



Cross section of audience



Conference convener and Pharmalliance project catalyst, Pharm Adeshina Opanubi



King of Talk, 'Teju babyface' Oyelakin



Security guaranteed!



Extraordinary Pharmacists!

PHARMALLIANCE IN PICTURES
PANEL 10 (EXHIBITORS)



Sanofi exhibition stand



P&G exhibition stand



GSK exhibition stand



Alpha Pharmacy exhibition stand



Business School Netherlands exhibition stand



Molfix exhibition stand



Reckitt Benckiser Exhibition Stand

PHARMALLIANCE IN PICTURES

FAMILY FUN DAY



Children showing their innate skills at the Chess table during the Pharmalliance Fun day



Family game time at the end of the year party



Exotic Cocktails by Naturelle Cocktails



Pharmaco-dancing skills on display



Children having fun at the pharmalliance funday



Naturelle Cocktail bar



Family dancing time



Barbecue on a flick!

PHARMALLIANCE IN PICTURES

FAMILY FUN DAY



Time for the papas in the house



Meal time, fun time



The Pharmalliance A-Team



Kiddies fun time



Kiddies fun time



Name your choice, we got it!



Face painting time



PHARMALLIANCE IN PICTURES

FAMILY FUN DAY



Boys to men on the chess table



Family bonding time



Our celebration chocolate and red velvet cake



Daddy's on the dance floor

Moxie

Vitamin-C Syrup



Strong bones and joints

Strength and Vitality

Glowing hair and skin

Immunity and defence

Healthy gums and teeth

Supradyn®



Take Supradyn,
to help you do more
everyday



Scientifically developed
with 23 nutrients that help¹
to reduce stress and fatigue²

Also for treatment or prevention of vitamin and mineral deficiencies
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