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

ISSUE 4, 2015

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MANAGING  
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THE CRAZE WITH  
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## PUBLISHER'S NOTE

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**I**t's a New Year and we are back with a bang! It gives us great delight to be back in your hands whether as hard copies or digital copies! We thank you for the kind reviews we have been receiving from you and this only pushes us to do more.

This edition promises to be as hot, if not hotter than previous editions. For the first time, we are introducing 2 full picture pages of our activities in the past year.

As is now the custom, we have 2 interviews in this edition. The first one, which is our cover page personality interview, features an emerging amazon in the retail pharmacy landscape, **Pharm Josephine Ehimen, CEO of The Nett Pharmacy Group**, the interview is a must read. The second is an interview with **Pharm Olakiitan Olaleye, CEO of Springcare Pharmacy**, Gbagada, a dynamic and effervescent Pharmacist. She's also a member of Pharmalliance . Don't miss the stimulating discussion.

From this edition going forward, we are introducing a clinical section, culled from a wonderful resource, Community Pharmacy by Paul Rutter. It's a must have for every practicing Community Pharmacist. This edition would be focusing on Managing constipation in the community pharmacy.

Other articles from our regular columnists like Funto Olude, Folasade Lawal, DMS Retail and Gabriel Gambo Nmadu promise to keep you enraptured to the last page!

We would love to wish you a very prosperous 2015 as we look forward to the best in the coming elections.

*Yours,  
Sunshyne*



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# CONTENTS |

ISSUE 4, 2015

MANAGING SKIN ALLERGIES IN THE COMMUNITY PHARMACY	06
ARE YOU A BOSS OR A LEADER IN YOUR BUSINESS?	11
MANAGING CONSTIPATION IN THE COMMUNITY PHARMACY	14
PROMOTING WELLNESS, DELIVERING VALUE	20
THE CRAZE WITH APHRODISIACS: WHAT PHARMACISTS NEED TO KNOW	26
STAND OUT!	30
PHARMALLIANCE INTERVIEW WITH MD SPRINGCARE PHARMACY, LAGOS	32
PHARMALLIANCE IN PICTURES	34
THE PANEL 6 IN PICTURES	35
ORGANIZATIONAL CULTURE:	36

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### 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.



### Folashade **Lawal**

A Community Pharmacist and CEO of Victory Drugs Festac, Lagos. She is also the National Co-ordinator of ACPN. Drug information Centre.



### Joseph **Ebata**

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



### Adegeye **Ayomipo**

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



### Olufunto **Olude**

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



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# MANAGING SKIN ALLERGIES IN THE COMMUNITY PHARMACY

Pharm. Folasade **Lawal**



## INTRODUCTION

**Urticaria** is a common skin condition, affecting up to 20% of individuals at some time in their life. It got its name from a Latin word *urtica* which means “sting”. It is characterized by transient nature of wheals surrounded by an erythematous flare and itch. It has the ability to change localization within 24 hours.

### WHAT ARE HIVES?

Hives, also known as Urticaria, are a kind of skin rash that results in an outbreak of raised, pale red bumps, patches, or welts on the skin

which appear suddenly either as a result of allergies, or for other non-allergic reasons. Hives usually cause itching, but may also burn or sting. They can appear anywhere on the body, including the face, lips, tongue, throat, or ears. Hives vary in size (from a pencil eraser to a dinner plate), and may join together to form larger areas known as plaques.

They can last for hours, or up to several days before fading. Most cases of hives lasting less than six weeks (acute urticaria) are the result of an allergic trigger.

Chronic urticaria (hives lasting longer than six weeks) is rarely due to an allergy. The majority of chronic hives cases have an unknown (idiopathic) cause. In perhaps as many as 30–40% of patients with chronic idiopathic urticaria, it is caused by an autoimmune reaction.

Acute viral infection is another common cause of acute urticaria (viral exanthem). Although clinically distinctive, urticaria may be confused with a variety of other dermatologic diseases that can be similar in appearance and are pruritic, including atopic dermatitis (eczema), maculopapular drug eruptions, contact dermatitis, insect bites, erythema multiforme e.t.c.

### HOW DO HIVES FORM?

Hives form when, in response to histamine and other vasoactive chemicals, blood plasma leaks out of small blood vessels in the skin.

Histamine is a chemical released from cutaneous mast cells along the skin's blood vessels. Allergic reactions, chemicals in foods,



insect stings, sunlight exposure, or medicines can all cause histamine release. Sometimes, it's impossible to find out exactly why hives have formed.

## CLASSIFICATION OF HIVES

*There are two different classifications.*

*They include:*

**1. ACUTE URTICARIA:** Hives lasting less than six weeks. Acute urticaria becomes evident a few minutes after the person has been exposed to an allergen. The most common causes are foods, medicines, latex, or infections. Insect bites and internal disease may also be responsible. The most common foods that cause hives are nuts, chocolate, fish, tomatoes, eggs, fresh berries, soy, wheat, and milk. Fresh foods cause hives more often than cooked foods. Certain food additives and preservatives may also be to blame. Medicines that can cause hives include aspirin and other non-steroidal anti-inflammatory medications (NSAIDs, such as ibuprofen), or painkillers such as codeine.

**2. CHRONIC URTICARIA:** Hives lasting more than six weeks. The cause of this type of hives is usually more difficult to identify than those causing acute urticaria. The causes can be similar to those of acute urticaria but can also include autoimmunity, chronic infections, hormonal disorders, and malignancy. Acute and chronic urticaria are visually indistinguishable.

## WHAT CAUSES HIVES?

In 50% of patients with acute urticaria, a specific etiology can be identified. Brief episodes of urticaria can be associated with identifiable causes, and the method of exposure (i.e., direct contact, oral or intravenous routes) is usually known. Urticaria is often associated with a recent infection.

### • **Food allergies**

Food allergy should be considered in acute urticaria and urticaria in children. Such foods as tree nuts, peanuts, eggs, shellfish, and tomatoes should be considered (the involvement of food additives or preservatives is controversial).

### • **Drug allergies**

Theoretically, almost any drug can cause an allergic reaction. Thus, allergic reactions to a wide variety of drugs can occur. Antibiotics, such as penicillin, have been implicated most frequently. Urticarial reactions to penicillin can occur as long as 14 days after a course of treatment has stopped. In this situation, serum sickness may be present. Other drugs that have caused allergic reactions evidenced as urticaria include dextroamphetamine, aspirin, ibuprofen, co-trimoxazole, sulfonamides, anticonvulsants, cefaclor and antidiabetic drugs. The antidiabetic sulphonylurea Glimepiride (trade name Amaryl), in particular, has been documented to induce allergic reactions manifesting as urticaria. Drug-induced urticaria has been known to have an effect on severe cardiorespiratory failure.

### • **Physical contact**

Contact urticaria is an allergic reaction to a substance that comes into contact with the skin (e.g., an occupational exposure).

### • **Insect bites**

Papular urticaria is a variation of urticaria caused by insect bites; the lesions may last longer than 24 hours.

### • **Hypersensitivity**

Urticaria may be caused by other immediate hypersensitivity allergic reactions to an ingested, inhaled, or percutaneously inoculated substance (e.g., latex, stinging insects, occupational exposures).



- **Medical causes**

Urticaria has been reported with infectious diseases. Viral infections associated with acute urticaria include acute viral syndromes, hepatitis (A, B, and C), Epstein-Barr virus, and herpes simplex virus. Streptococcal infection has been reported as the cause of 17% of acute urticaria cases in children. Urticaria has also been reported with chronic parasitic infections. Hormonal causes via endocrine tumors or ovarian pathology are rare. Oral contraceptive use or changes in the menstrual cycle have been reported as a possible cause of urticaria: patients commonly report worsening of hives with the menstrual cycle. This may be hormonally mediated, and the cyclical use of analgesics should also be considered as a possible etiology. Pregnancy [i.e., pruritic urticarial papules and plaques of pregnancy (PUPPP)] also predisposes to urticaria.

- **Physical urticaria**

These are hives caused by direct physical stimulation of the skin for example, cold, heat, sun exposure, vibration, pressure, sweating, and exercise. The hives usually occur right where the skin was stimulated and rarely appear anywhere else. Most of the hives appear within one hour after exposure.

Dermatographic urticaria (also known as dermatographism or "skin writing") is the most common form of a subset of chronic hives, acknowledged as "physical hives. Seen in 4–5% of the population, it is one of the most common types of urticaria, in which the skin becomes raised and inflamed when stroked, scratched, rubbed, and sometimes even slapped. The skin reaction usually becomes evident soon after the scratching, and disappears within 30 minutes.

## WHAT IS THE TREATMENT FOR HIVES?

### 1. Non-pharmacological Measures

#### Avoidance

If a trigger can be identified, avoidance is the most effective form of management. This would include any food, medication, physical agent, or other factor that triggers the urticaria.

Suspected food allergies can be confirmed or disproved with the use of food diaries. A food or symptom diary for a fixed duration (e.g., 2–4 weeks) may be helpful. Note all activities in which the patient was involved for 6–8 hours before the onset of urticaria. Cases have been reported in which a food or activity (such as jogging) by itself results in no symptoms but when combined (e.g., eating a shrimp cocktail and then jogging) may result in urticaria with or without progression to anaphylaxis. Aspirin and NSAIDs, opiates, and alcohol have been reported to be nonspecific triggers of urticaria and might lower the threshold for urticaria in selected patients. Therefore, some specialists advise all patients with urticaria to avoid these agents. However, little experimental evidence is available to support this recommendation. Removing offending ectoparasites can prevent papular urticaria, and insect repellent may lessen the chance of bites or stings from offending insects.

#### Activity

If the patient has physical urticaria, activity should be carefully monitored, depending on the trigger (e.g., cold or hot temperatures, exposure to sun or water, pressure or vibration). Individuals with cold urticaria must be particularly cautious and not immerse themselves suddenly in cold water.

### 2. Pharmacological Measures

The major goal is to control the severity of acute urticaria lesions until the process resolves over 4–6 weeks. Antihistamines are the primary agents in treatment of urticaria. In-patient therapy may be required if the urticaria is severe and does not respond to antihistamine therapy, or if the patient's condition progresses to laryngeal angioedema and/or anaphylactic shock.

#### H1 antagonists (First generation Antihistamines)

The older, first-generation H1 antagonists (e.g., diphenhydramine, chlorpheniramine, cyproheptadine and hydroxyzine) are effective



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in reducing the lesions and pruritus but can produce a number of adverse effects, such as drowsiness, anticholinergic effects, and cognitive effects, which may continue until the next day. Thus, these agents can be useful if administered at bedtime.

According to the EAACI/GA2LEN/EDF/WAO management guideline, first-generation sedating antihistamines should no longer be used as the first choice therapy except where second-generation antihistamines are not available or where their benefits outweigh their risks. Any patient who is taking a medication that has potential sedative effects should be cautioned about driving and operating heavy machinery.

### ***H1 antagonists (Second generation Antihistamines)***

The newer second-generation antihistamines are non-sedating in most patients, with very few adverse effects reported (cetirizine can cause drowsiness in up to 10% of patients).

Commonly used second-generation antihistamines are cetirizine, levocetirizine, desloratadine, loratadine, and fexofenadine.

### ***H2 antagonists***

These drugs are usually used to decrease gastric acid secretion. H2 antagonists are not effective when used as single agents for urticaria; however, the combination of an H1 antagonist with an H2 antagonist has been shown to be more effective than an H1 antagonist alone. Any of the H2 blockers can be used. Two of the most commonly used agents are ranitidine and cimetidine.

### ***Corticosteroids***

In some instances of acute or chronic urticaria, antihistamines may fail, even at high doses, or adverse effects may be problematic. In addition, mediators other than histamine may be involved. In such situations, corticosteroids can be highly effective. Corticosteroids may also be used in urticarial vasculitis, which usually does not respond to antihistamines.

The EAACI/GA2LEN/EDF/WAO management guideline recommends the use of

corticosteroids only in severely affected patients. In adults, 40–60 mg daily of prednisone for 5 days is a reasonable therapeutic regimen. In children, the treatment is 1 mg/kg/d for 5 days. Tapering of the corticosteroid dose is not necessary in most cases of acute urticaria.

### ***Sympathomimetic agents***

Sympathomimetic agents cause vasoconstriction and reduction in vascular dilation which contributes to urticaria formation. The efficacy of epinephrine in acute urticaria is controversial. If angioedema is present with urticaria, epinephrine should be administered via the IM route.

## **EMERGENCY CARE AND COMPLICATIONS**

Determining whether urticaria is part of an anaphylactic reaction is important. If an anaphylactic reaction occurs, the patient needs prompt treatment and careful monitoring. The mainstay is avoidance of further exposure to the antigen and antihistamines. Most cases of acute urticaria respond to pharmacotherapy.

Antihistamines are the first line of therapy for urticaria and should be administered if they are available. If any features of anaphylaxis (e.g., hypotension, respiratory distress, stridor, gastrointestinal distress, swallowing problems, joint swelling, joint pain) are present, immediate medical intervention should occur. Acute urticaria may progress to life-threatening angioedema and/or anaphylactic shock in a very short time, although it usually presents as rapid-onset shock with no urticaria or angioedema. Use of antihistamines is the mainstay of therapy. In acute cases, a short course of steroids can be very effective. Long-term treatment with steroids should be avoided, if possible, but may be necessary in severe cases. A number of other classes of medicines have been found to be effective, mostly on an experimental basis. If urticaria does not respond to antihistamine treatment (with the possible addition of a short course of steroids), then referral to a specialist is indicated.

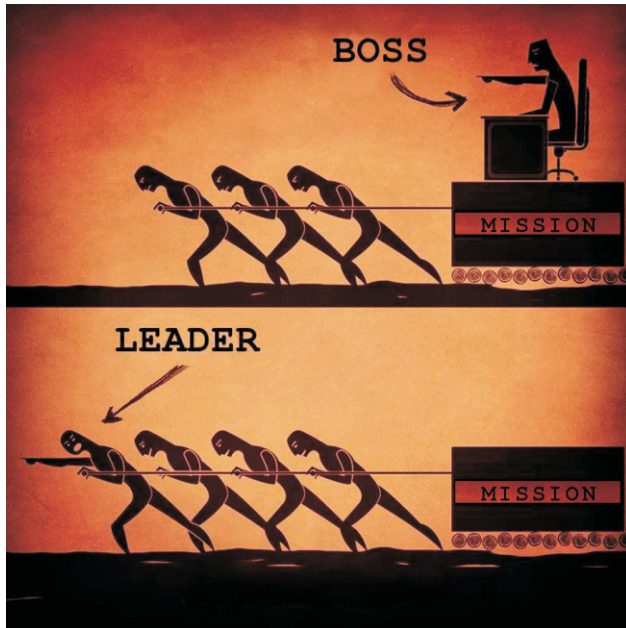




# ARE YOU A BOSS OR A LEADER IN YOUR BUSINESS?

## 8 WAYS TO BECOME THE LEADER YOUR EMPLOYEES LOVE AND RESPECT

Pharm. Gabriel Gambo Nmadu



**A**s a pharmacy business owner, you have employees working for you. It is your duty to ensure that they contribute their best to your business for growth and profit. Many people make the mistake of wanting to be the boss of their businesses. As bosses, they exercise too much power and authority recklessly. What a business needs is a leader that will guide the employees to achieve the goals of the business. In your business, you should be a leader rather than a boss as this is more profitable.

Your employees look up to you for leadership and direction. They also look up to you as an example to follow. Ensure you

give good leadership in your business. When you give good leadership, you will earn the love and respect of your staff. Here are some tips to help you provide good leadership to your team.

1. You should take time to study and understand all your staff. By so doing, you are able to know their strengths and weaknesses and you will be able to help them to contribute their best to your business. If you understand them and their situation, it will be easy to get them to understand you. In his book, **7 Habits of Highly Effective People**, Stephen R. Covey said **“Seek first to understand before being understood”**. This is very true in life and business. Employees love and respect any leader who shows understanding of their situations.

2. In your business, things will surely go wrong at one time or another. How you handle it will go a long way in portraying your leadership skills. It can be frustrating when things are not done the way you wanted, but

barking orders or throwing your weight around creates a lot of unnecessary drama and possibly some resentment on the part of your staff. Learn to be calm in handling situations irrespective of how bad it gets. If the problem is general among your staff and it seems that they are constantly misunderstanding you, then you may need to devise another means of explaining or representing yourself better next time.

3. As long as you have employees working for you, there will be office politics and staff may take sides with interest that fall in line for them. As a leader, you must distance yourself from office politics or any disagreements that occur between staff. Do not take sides! When any disagreement arises, your duty is to settle the differences amicably. You may need to get to the root of the problem so as to proffer a lasting solution, thus preventing the occurrence from repeating itself. If necessary, you may need to take disciplinary action to forestall future occurrence.

4. When a particular employee commits an offence, you should deal with him as an individual. You should keep it private with the person and it shouldn't be public knowledge among the rest of the staff. Shaming him/her in front of the rest of the team is not the most productive way to make them improve their performance or change their ways. If the problem is likely to rub off on others, you should promptly address the issue with all staff after you have privately reprimanded and/or sanctioned the offender.

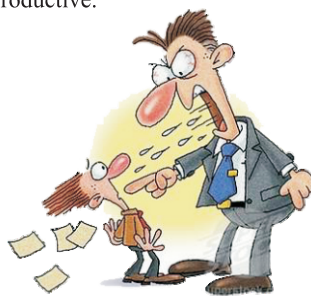
5. Your employees will trust you with their private information. They will come to you for advice and assistance. This information is private and should remain that way because they shared it with you in confidence. If, for whatever reasons, you reveal this information to anybody, you will lose that confidence reposed in you. You will also lose their respect and trust and this will seriously damage your relationship with them. By all means, ensure that you earn their trust and respect by keeping their private matters confidential.

6. As humans, we have our down times in life. It could be troubles at home or even challenges with the business. As leaders, we must endeavor to maintain a demeanor that does not betray these challenges as difficult as it might seem. You should not allow your personal mood affect the way you treat your employees. Maintain your comportment; it is a leadership skill that you must develop.

7. When you are around a group of people it is possible to have a favourite among them. In your business, you should be careful how you deal with your favourite staff so that you don't create an atmosphere of rancour. Ensure that you are fair to all your staff. Do not treat one above the other, at least not obviously. Recognize each person's contribution and treat them appropriately.

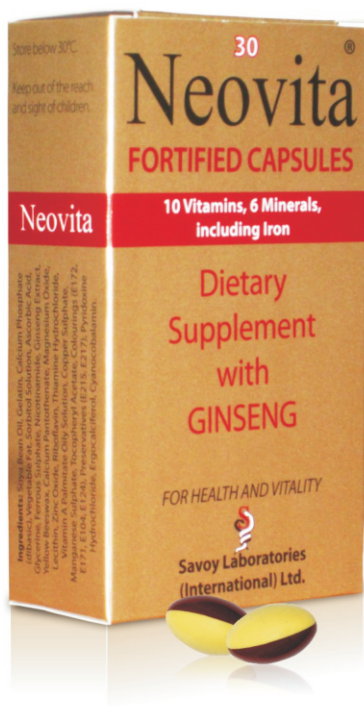
8. As an employer, you may be tempted to want to behave as the boss. This could create a big space between you and your employees. You should be friendly and sociable with your employees. Exchange pleasantries with them often and compliment them generously. If you do this often, you get them to relax their guard and they will communicate with you freely. You will be able to get a lot of insights about your business and your employees if you create a conducive environment for free communication. Note that being friendly does not stop you from being firm and disciplined.

Employ these tips in your business dealing with your employees and you will get them to be more productive.



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# MANAGING **CONSTIPATION**

## IN THE COMMUNITY PHARMACY

### BACKGROUND

Constipation, like diarrhea, means different things to different people. Constipation arises when the patient experiences a reduction in their normal bowel habit accompanied with more difficult defecation and/or hard stools. In Western populations, 90% of people defecate between three times a day and once every three days. However, many people still believe that anything other than one bowel movement a day is abnormal.

### ARRIVING AT A DIFFERENT DIAGNOSIS

The first thing a Pharmacist should do is to establish the patient's current bowel habit compared to normal. This should establish if the patient is suffering from constipation. Questioning should then concentrate on determining the cause because constipation is a symptom and not a disease and can be caused by many different conditions. Constipation does not usually have a sinister pathology and the commonest cause in the vast majority of non-elderly adults will be lack of dietary fibre. However, constipation can be caused by medication and many disease states including neurological disorders (e.g. multiple sclerosis, Parkinson's disease), metabolic and endocrine conditions (diabetes, hypothyroidism) and neoplasm. A number of constipation-specific questions should always be asked of the patient to aid in diagnosis.

**TABLE 1**  
**Causes of constipation and their relative incidence in community pharmacy**

INCIDENCE	CAUSE
Most Likely	Eating habits/ lifestyle
Likely	Medication
Unlikely	Irritable bowel syndrome, pregnancy, depression, functional disorders (children)
Very unlikely	Colorectal cancer, hypothyroidism



**TABLE 2**  
**Specific questions to ask the patient: Constipation**

QUESTION	RELEVANCE
Change of diet or routine	Constipation usually has a social or behavioural cause. There will usually be some event that precipitated the onset of symptoms
Pain on defecation	Associated pain when going to the toilet is usually due to a local anorectal problem. Constipation is often secondary to the suppression of defecation because it induces pain. These cases are best referred for physical examination
Presence of blood	Bright red specks in the toilet or smears on toilet tissue suggest haemorrhoid or a tear in the anal canal (fissure). However, if blood is mixed in the stool (melaena) then referral to the GP is necessary. A stool that appears black and tarry is suggestive of an upper GI bleed.
Duration (chronic or recent?)	Constipation lasting 6 weeks or more is said to be chronic. If a patient suffers from long standing constipation and has been previously seen by the GP, then treatment could be given. However, cases of more than 14 days with no identifiable cause or previous investigation by the GP should be referred.
Lifestyle changes	Changes in job or marital status can precipitate depressive illness that can manifest with physiological symptoms such as constipation.

**TRIGGER POINTS INDICATIVE OF REFERRAL:**

SYMPTOMS /SIGNS	POSSIBLE DANGER / REASON FOR REFERRAL
Pain on defecation causing patient to suppress defecatory reflex	Check for anal fissure
Patients aged over 40 years old with sudden change in bowel habits with no obvious cause	Danger symptoms for rectal carcinoma
Greater than 14 days duration with no identifiable cause	Suspect underlying cause that requires fuller investigation by GP
Tiredness	Check for anaemia or thyroid dysfunction

**TABLE 3**  
**Examples of medicines known to cause constipation (frequency defined as very common [>10%] or common [1-10%])**

α-blocker	Prazosin
Antacid	Aluminium and calcium salts
Anticholinergic	Trihexyphenidyl, hyoscine, oxybutynin, procyclidine, tolterodine
Antidepressant	Tricyclics, SSRIs, reboxetine, venlafaxine, duloxetine, mirtazapine
Anti-emetic	Palonosetron, dolasetron, aprepitant
Anti-epileptic	Carbamazepine, oxcarbazepine
Antipsychotic	Phenothiazines, haloperidol, pimozide and atypical antipsychotics such as amisulpride, aripiprazole, olanzapine, quetiapine, risperidone, zotepine, clozapine
Antiviral	Forcarnet
Beta-blocker	Oxprenolol, bisoprolol; other β <sub>1</sub> blockers tend to cause constipation more rarely
Bisphosphonate	Alendronic acid
CNS stimulant	Atomoxetine
Calcium channel blocker	Diltiazem, verapamil
Cytotoxic	Bortezomib, buserelin, cladribine, docetaxel, exemestane, gemcitabine, irinotecan, mitoxantrone, pentostatin, temozolomide, topotecan, vinblastine, vincristine, vindesine, vinorelbine
Dopaminergic	Amantadine, bromocriptine, cabergoline, entacapone, tolcapone, levodopa, pergolide, pramipexole, quinagolide
Growth hormone antagonist	Pegvisomant
Immunosuppressant	Basiliximab, mycophenolate, tacrolimus
Lipid-lowering agent	Cholestyramine, colestipol, rosuvastatin, atorvastatin (other statins uncommon), gemfibrozil
Iron	Ferrous sulphate
Metabolic disorder	Miglustat
Muscle relaxant	Baclofen
NSAID	Meloxicam; other NSAIDs e.g. aceclofenac, and COX-2 inhibitors reported as uncommon
Smoking cessation	Bupropion
Opioid analgesic	All opioid analgesics and derivatives
Ulcer healing	All proton pump inhibitors, sucralfate

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**TABLE 4**  
**Practical prescribing: Summary of medicines for constipation**

NAME OF MEDICINE	USE IN CHILDREN	LIKELY SIDE EFFECTS	DRUG INTER-ACTIONS OF NOTE	PATIENTS IN WHICH CARE EXERCISED	PREGNANCY & BREAST-FEEDING
<b>Bulk forming</b>					
Ispaghula husk	>6 years	Flatulence and abdominal bloating	None	None	Ok
Methylcellulose	>7 years				
Sterculia	>6 years				
<b>Stimulant</b>					
Senna	>2 years	Abdominal pain	None	None	OK, but use other laxatives in preference to stimulants and breast-feeding
Glycerol	Infant upwards				
Sodium picosulphate	>10 years				
Bisacodyl	>4 years				
<b>Osmotic</b>					
Lactulose	Infant upward*	Flatulence, abdominal pain and colic	None	None	Ok
Magnesium hydroxide	Not recommended				
<b>Stool softeners</b> Docusate	>6 months	None reported	None	None	Ok





**TABLE 5**  
**Hints and Tips Box: Constipation**

Administration of suppositories	<ol style="list-style-type: none"> <li>1. Wash your hands</li> <li>2. Lie on one side with your knees pulled up towards your chest</li> <li>3. Gently push the suppository, pointed end first, into your back passage with your finger.</li> <li>4. Push the suppository in as far as possible</li> <li>5. Lower your legs, roll over onto your stomach and remain still for a few minutes</li> <li>6. If you feel your body trying to expel the suppository, try to resist this. Lie still and press your buttocks together</li> <li>7. Wash your hand</li> </ol>
Sachets containing Ispaghula husk	Once the granules have been mixed with water, the drink should be taken as soon as the effervescence subsides because the drink 'sets' and becomes undrinkable
Prolonged use of lactulose	In children, this can contribute to the development of dental caries. Patient should be instructed to pay careful attention to dental hygiene.
Lactulose	The sweet taste is unpalatable to many patients, especially if high doses need to be taken
Bisacodyl	Bisacodyl tablets are enteric coated and therefore patients should be told to avoid taking antacids and milk at the same time because the coating can be broken down leading to dyspepsia and gastric irritation
Laxative	Some people, especially young women, use laxatives as a slimming aid. Any very slim person who is regularly purchasing laxatives should be politely asked about why they are taking laxatives. An opening question could be phrased 'We've noticed that you have been buying quite a lot of these and we are concerned that you should be better by now, is there anything we can do for you to help?'
Onset of action	Stimulants are the quickest acting laxative, usually within 6 to 12 hours. Lactulose and bulk forming laxatives may take 48 to 72 hours before an effect is seen. Stool softeners are the slowest in onset, taking up to three days or more to work.
Which laxative to use in pregnancy	Fibre supplementation and bulk-forming agents are considered to be safe and should therefore be first-line treatments wherever possible. Stimulant laxatives and Macrogols also appear to be safe in pregnancy. Stimulant laxatives are more effective than bulk-forming laxatives but are more likely to cause diarrhea and abdominal pain
Avoid drinks with caffeine	These can act as a diuretic and serve to make constipation worse
Combining laxatives	There is little evidence on the beneficial effect of combining different classes of laxatives. However, in refractory cases this approach might be justifiable

*Culled from Community Pharmacy: Symptoms, Diagnosis and Treatment by Paul Rutter, 2013.*

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## Can we meet you Ma?

My name is **Josephine Ehimen**. I attended Iyoba Girls College, Benin. I proceeded to study Pharmacy at the University of Benin, where I got a Bachelor's degree in 1998. I have done a couple of other courses in Pharmacy and Business Management; chief among them is the Certificate in Entrepreneurial Management with the Pan Atlantic University, Lagos. I have attended various pharmacy, scientific and business sessions / exhibitions both locally and abroad.

## Give us a bit of information on your work history?

After graduation, I did my mandatory one year internship with Alpha Pharmacy in Ikeja, Lagos from 1998-1999. I later went for the one year National Youth Service Scheme (NYSC) at Neimeth Pharmaceuticals as a sales representative. After my Youth service, I went back to Alpha Pharmacy to learn the ropes of retail pharmacy business, before setting up my business in September 2004.

## What attracted you to retail pharmacy business?

I have always had a passion for retail, and in this passion, I saw a niche I could carve for my pharmacy.

**P**harm. Josephine Ehimen, MD of Nett Pharmacy is an epitome of a charming, confident and hard-working young woman who is not afraid of sailing in uncharted waters. She has taken the practice of community pharmacy beyond the statutory four-walled cubicle to the very heart of communities by promoting



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I wanted to give my clients a different experience in my pharmacy, in terms of store ambience, variety of stocks displayed and general in-store experience. My business is practically wellness-oriented. The typical practice is based on curative therapy, but at Nett, we go the extra mile to advocate for wellness and preventive healthcare delivery.

## What challenges do you face in this business?

The road to success in any business is faced with challenges and obstacles to be surmounted. Business owners face similar challenges everywhere. One challenge is human capital; this is mostly attributed to the decadence in the educational system generally. At Nett, we are lucky and we attract a lot of people who want to work for us, so we have managed to find a way round it. We put a lot of emphasis and investment in training and re-training our staff, especially the pharmacists and this has helped to boost our practice. This has greatly set us apart and imparted on our customers trust in us.

Another issue is inventory management and shrinkage prevention. Technology is helping to reduce some of these problems; we have to keep investing in technology to help us operate more efficiently.

Pharmacy is a highly regulated profession, and this is good because a typical pharmacist meets with 10 times the number of patients that a doctor sees in a day. So the regulations are necessary, but sometimes, it almost stifles the practice. The issue of finance cannot be overlooked, but things are getting better. New finance groups, investors and banks are offering different products at better rates; so it can only get better! However, current FOREX volatility is affecting product pricing and

having effects on effective demand. There are also infrastructural problems, poor public electricity supplies, insecurity etc. Providing for all these puts a lot of strain on our finances and ultimately affects our profitability.

## You seem to practice at the very upscale level of retail pharmacy. Has it always been like this?

**Nett Pharmacy** started from a very small store on 45, Opebi road with 2 staff and myself in 2004. Like the Bible says, *“Despise not the days of little beginnings”*. From the onset, we knew the kind of practice we wanted. At Nett, we try to benchmark our practice with our counterparts in developed countries. Because of this and having our niche of total wellness in mind, we engage in a lot of health awareness programmes where we do free screenings for our customers in collaboration with other pharmaceutical companies. A few examples of such screenings are: the Cardiovascular screening in conjunction with Pfizer, free eye checks in conjunction with Eye Foundation, free cervical screening, free dental check in conjunction with GSK, and the list goes on. We are also a vaccine advocate center and we work with hospitals around us.

We also engage in customer enlightenment and education through different media channels. We send free regular health tips to our customers on topical health issues; I dare say that we are the first pharmacy to start this six years ago! Other medium of customer engagement are on our social Facebook page and Blackberry chats. Our clients have grown to put their trust in us over the years based on our ethics and professionalism.



**For most people, managing one retail pharmacy is a tall challenge. How do you cope with several successful branches?**

We have been blessed with some good people who have worked with us for a couple of years and share in our vision and passion. We have also engaged the use of technology to make us more efficient in our practice in different areas. Such areas include our operating procedures, inventory control, and robust database of our clients, CCTVs, clocking in devices, systems and templates to keep us in line with our vision and core values.

**Do you have any role-models in the industry?**

Yes, I have a lot of people who inspire me both in and outside the Pharmacy profession, but noteworthy will be Sir Ike Onyechi, MD of Alpha Pharmacy. He has done very well and built a formidable niche in the Pharmacy industry and I am proud to associate with him any day!

**Are you actively mentoring anyone in the industry?**

As much as I can, I try to make out time to mentor upcoming Pharmacists. Because of my busy schedule, I may not be able to do that physically, but I am always available to answer phone calls or return text messages. It has been very rewarding to see some of my mentees start and grow their own businesses!

**There is a lot of noise about the entrance of foreign retail pharmacy brands in Nigeria. What is your position on this matter?**

It is a double-edged sword, but personally, I think we may just be better for it. Competition is good for business because

it makes you sit up. I feel it will raise the bar and standard of Pharmacy practice in Nigeria and, just maybe, give hope to the upcoming pharmacists who are thinking of giving up on the profession. It also means that, as Nigerian Pharmacists, we have been able to make Nigeria attractive for Foreign retail Pharmacies to come in, because, if they didn't see a few thriving Pharmacy practices, they would have given it a second thought.

The flip side is that a couple of retail Pharmacy outlets may not survive it if they don't prepare adequately and improve their practice. To survive this, they will need a good structure; you cannot compete without a good business structure. Good business education is also very vital; a lot of times some practices are run like hobbies. Finally, value creation and blue oceans will keep us in business.

**What next for Nett Pharmacy?**

Nett pharmacy is growing and we are expanding our frontiers.

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

I would say, they should first, make sure that retail is what they really want to do because everyone is not cut out for retail; that is why there are a lot of "me too" retail pharmacy stores. You may get fulfilment working with an established outlet and making your mark there. I say this because, oftentimes, I see a lot of frustration in retail Pharmacy.

I want to also advise that they should try and get some retail experience before starting out and build trust and relationships. I had to do that before I started and it paid off and helped me to articulate my ideas and find a niche for my



practice. A good location is very key to any retail business, so they should invest in a good location. In getting a location, ask questions and find out what the law says before any financial commitment. Also, I would ask them to carve a niche that differentiates their practice from others. Finally, they should plan to practice ethically, don't cut corners with quality; it always pays on the long run.

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

Absolutely! Pharmacy practice in Nigeria has come of age. A lot of Pharmacists are now investing in themselves to learn the business side of the profession. We are now hearing of things like **co-opetition** as against **competition** in retail pharmacy; groups like **Pharmalliance** have done what a lot of people would call a “**white elephant project**”! I remember a couple of years ago when the project catalyst of **Pharmalliance**, Adeshina Opanubi, talked to me about it. I am very happy to see the progress that has been made and I wish that more Pharmacists will rise up and be

part of this momentum building because collaboration is the only way forward.

### How do you relax?

Retail pharmacy is very demanding and to be able to make an impact on the people you serve, you need to “up your ante” from time to time. To relax, I spend time with my family either in or out of the country when I can. I also like to read books; most of the drive and passion I have comes from what I read in books. I believe firmly that you are as good as the books you have read.

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

If I wasn't a Pharmacist, I would definitely be in the beauty industry as a Professional Esthetician.

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# THE CRAZE WITH APHRODISIACS: WHAT PHARMACISTS NEED TO KNOW

Pharm Adegeye **Ayomipo**



**W**e live in the 21st century where the world tilts in the direction of unbridled freedom of expression, accelerated knowledge expansion and speed (my father calls it the “Jet Age”). Any child born in this age will surely have a different environment to contend with compared with what his fathers before him experienced; hence the telltale disparity between “old school” and “new school”. Every generation seems to clamour for its own identity: a degree of freedom and flexibility from the norms (rules) that govern the society in which they were born. At times, such move tips the balance over in the other direction completely opposite from the accepted norm. Such has been the case for perhaps the most popular trending topic on the

lips of the youths today – “SEX”! Sex which was once a hallowed subject/word never befitting for mention in public spaces has become synonymous with pleasure and fun. Worse still, virginity has lost its dignity and pride in today's context; this was the exact opposite in days of yore.

Sexuality is a natural part of human life. But today, we are living in an increasingly over-sexualized world. Sexuality seems to have become an obsession and is over-emphasized in the entertainment industry and in the media with a lot of misrepresentations about sex. This is because pleasure has become the main focus of sexuality and procreation has been cast aside. But we all know that painting sex as pleasure is only telling one side of the story and this is the reason why many people are left wondering what sexuality is all about. Interestingly, the media is not helping matters with their half-truth portrayal of sex. Adolescents and youths as pleasure and fun seekers would naturally migrate to any activity/hobby that would heighten pleasure, hence unfortunately caught in the web of sexuality. Even if we try to shut down access to all media channels, our eyes would still be bedeviled by the sight of sexually provocative and sheer absurd dressing no thanks to the craze continuum of fashion. Unfortunately, there seems to be no hiding place for anybody; we are constantly drenched in the acid bath of sex from every conceivable angle. We have made the world unsafe to train the younger and yet to be born generation (I am beginning to ponder if it's worth having children of mine in this crazy plateau called Earth!).



The obvious purpose for sexuality – procreation – has been increasingly downplayed in the recent decades. We are in a world in which the only purpose of sexuality seems to be the satisfaction of one's selfish pleasure. As a result of this, people have reinvented the wheels by going to inconceivable lengths in order to satisfy their wildest sexual fantasies. In June 1987, Physicians from New York Hospital-Cornell Medical Center in USA reported the case of a 34-year-old man who injected a cocaine solution directly into his penis before intercourse to heighten sexual pleasure. He suffered a persistent painful erection (priapism) for three days, resulting in a painful inability to urinate. On the third day, his erection suddenly subsided. Over the next 12 hours, blood leaked into the tissues of his feet, hands, genitals, back and chest. Blood coagulation caused tissues to die over large areas of the patient's body. By the 12th day in the hospital, he had developed gangrene in these areas; his gangrenous penis fell off by itself during a bath. Doctors there were forced to amputate the man's legs above the knee and all but one of his fingers to stop the spread of gangrene.

It is no news today that men and women have drawn the battle line for sexual prowess in bed. Throughout history, humans have searched for magic substances to enhance sexual arousal and desire. Women of this age have become more daring, vocal and equally demanding for heightened sexual experience in bed which most times pushes the men to their limits and gives room for unhealthy comparisons and competition between a man and the numerous present or past boyfriends of his woman. Men, in order to keep their ego intact and show that they are 'real' men, have resorted to questionable means to prove to their women that they remain their top athlete in bed amidst other gladiators. This together with lustful passions fuelled by the internet which contains pornography is also driving the adolescents and youths to demonstrate that they can over-perform when it comes to sex. This sex overdrive has created a dangerous cocktail of desires; one that can only be achieved with the help of aphrodisiacs.

All kinds of compounds have been purported to be aphrodisiacs including: rhinoceros horn, sheep or bull testicles, Spanish fly, ginseng etc. The etymological of the word 'aphrodisiac' originates from Aphrodite, the Greek goddess of sexual love and beauty. An aphrodisiac is any substance that arouses sexual desire, increases sensual pleasure and/or sexual performance. Experts say the typical aphrodisiac enhances aspects of the sensory experience such as sight, touch, smell, taste and hearing – which in turn increases sexual drive, improves performance and results in greater sexual satisfaction. Two main categories of aphrodisiacs include - psychophysiological compounds (visual, tactile, olfactory and auditory) and ingestible compounds (food, drink and medicines).

Aphrodisiacs can be sourced from a wide range of places. While some of them are present in our pharmacies (Libido-Max®, Befit®, ManPower®, Vein Erect®, Adams Desire®, Max-Hard®, Max-Desire®, Max Stamina®, Max Load®, Spanish fly® etc), a greater percentage of aphrodisiacs are found in the world outside our pharmacies. Some are unfortunately marketed as drugs outside the jurisdiction of Pharmacists; some exist as liqueurs (Alcohol and bitters e.g. Alomo bitters, Osomo bitters, Kerewa, Kasapreko, Ibile); some exist as herbal concoctions (Opa eyin, Burantashi, Ale, Afato, Gboin-gboin etc); some have managed to create a \$13 billion-a-year industry in the USA – Pornography.



You will find aphrodisiacs in almost every nook and cranny in Lagos and other big cities from the street corners to the bus stops, and at almost all the petrol filling stations, cinemas, hotels, post offices within the metropolis.

What is more disturbing to me (as a Pharmacist) is the indiscriminate sale and consumption of sex enhancement drugs in these places. With many reported brands on display (some are cleverly disguised clones of the original brand while others display pornographic pictures on the packet) from Viagra to Cialis to less acknowledged brands with outlandish names such as Crazy, Thorough Crazyness, Warrior, Brother Long Legs, Mega Desire, Sexuali, Crocodile Power and A-One Plus. One particular sex enhancing drug – Persistent Effect Vigrana – displays pornographic pictures on the packet and makes a spurious claim that says: “Takes effect from 15 minutes and last for 168 hours; Enlarging penis, prolonging, ultra-hard organ, effective for prostates. Suitable for those who are hypertensive, or with heart disease or after drinking; brings you impressive effective enlarging of penis as you want.” These supposed foreign brands are not registered in Nigeria with NAFDAC.

At some point in life, every person, male or female, may experience low sex drive, and require an extra boost to keep the passion alive. Erectile dysfunction, one of the most encountered forms of sexual dysfunction in men is an excuse usually put forward for indulgence in aphrodisiacs. Unfortunately, it is both those who can attain the required libido as well as those who cannot, who utilize these aphrodisiacs now; hence they are serially abused in this environment. Today, we see teenagers and men up to their 20's, 30's and older who have their libido sky-high and erection rock-hard indulge in aphrodisiacs without any knowledge of the side effects and long term effects of these substances. This is wrong and an abuse of aphrodisiac use and it comes with its consequences.

First, it could create some sort of psychological dependence as people who indiscriminately indulge in it may never enjoy sex the way they would without these sex boosters. And what becomes sex without the pleasure? Therefore, they may be hooked on aphrodisiacs in order to create the artificial pleasure and the ethereal experience. Second, due to incessant aphrodisiac-fuelled sex, the body may get used to it. So when you stop using the drug, the brain fails to create the adequate sex drive. Over-indulgence could cause undesirable sustained erection (priapism) which could lead to impotence as a result of circulatory damage in the blood vessels of the penis. This is the long road down to erectile dysfunction (impotence) which unsurprisingly - as you can now infer – is becoming rampant among the young population.

It's high time our associations (PSN and the various arms) take a different approach in our health campaigns beyond the traditional Cancer, Hypertension, Diabetes, Ebola etc awareness and screening exercises to address harmful aphrodisiac practices especially among young adults. We would be surprised at the response we would get from the public if such is done by us, thus contributing positively to the health of our people. Let's be very discerning when prescribing aphrodisiacs to patient populations especially the young men whose plight should be scrutinized thoroughly and preferably referred to hospitals for proper care if needed. As men of honour, we must join hands to ensure sane and rational aphrodisiac use.


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Pharm. Funto **Olude**



*Picture yourself as a professional dancer with a dream to win the next “Great Stepper” dance competition involving various teams around the world. With a sheer determination to get past the various hurdles to win the competition, you put up an audition for dancers who would fit into your team profile. They had to be 5ft 10inches tall, not more than 65kg, physically fit, self-driven and energetic with a passion for dancing and winning.*

The search began and eventually you emerged with six dancers who were just apt for the team. The training sessions were rigorous but everyone remained tenacious with just one goal in sight: to 'wow' the judges and win the competition! The team had to exercise, and practice for long hours, sometimes late into the night.

Every dancer was taken through dance steps which had to be perfected and which followed the dynamics of the dance making sure no one was out of place. A strict diet was also maintained and the costumes were tailored to give a clear expression of the theme of the dance.

A tough call, if I must say! Going through these gruelling dance sessions, some of the dancers realized they couldn't keep up and they just had to be replaced. A weak link just couldn't be allowed! Remember you have a goal to keep the judges captivated at every step of the competition till victory is attained.

Now, liken this scenario to you retail pharmacy business. As the lead dancer, you



are the owner of the retail pharmacy and the members of your dance team are your staff, while the judges are the customers you must satisfy, to win their loyalty and remain competitive in the retail pharmacy business. Putting together the right team is so vital. Just like the dance audition, you must hire for the right skills. You need pharmacists as well as support staff like pharmacy assistants and security guards who have integrity, are customer-centric, proactive, passionate and self-motivated. As we all know the business isn't just the premises but the people who work in it.

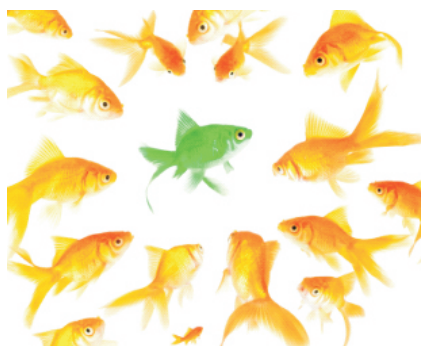
So it's important you get it right. I know some of you would say such people are hard to come by these days but they still do exist. So, if you happen to have them, treat them right. Make them and every member of staff understand your vision. They need to see themselves as having a stake in a business that is ready to go all the way to the top.

Just like the lead choreographer, you as the business owner must coach, mentor, train and painfully but surely replace employees who fall out of line or simply don't measure up. The dance steps and dance style can be linked to the processes and procedures in your retail outlet. Your dance formation is like your pharmacy layout, it should be appealing. From the first dance move, there should be an observable level of energy that would arouse the interest of the judges. So also, right from the door, the customer's experience should be influenced positively by courteous, enthusiastic staff whose focus is on the customer and willing to make him/her feel special. The service must also be timely as this has become a crucial need these days.

In a dance team, each person knows his part and synchronizes with others for that spectacular display that arouses a thunderous applause from the judges and audience. In your retail outlet, every staff must function in their role and work as a team to deliver exceptional service that will arouse that same applause, invariably leading to positive word of mouth publicity and eventually more sales (more votes in the dance competition!).

Like costumes worn by the dancers to express their dance style, your code of dressing should depict professionalism and your brand as well. As the dance reaches a climax, it ends with a move that puts the judges on their feet in great admiration and of course with a verdict of choosing you all the way. Fantastic! Your customers must receive that quality service that makes them so delighted such that they keep doing business with you and remain loyal for life.

***You've got a great vision, but who's on your team? What are your steps and style? Do you have a 'Wow' factor! You need to put it all together to stand out!***



## PHARMALLIANCE INTERVIEW

### WITH MD SPRINGCARE PHARMACY, LAGOS



**S**eeking a hub of knowledge to solve the riddles of the Nigerian business environment, Pharmalliance rewarded her with more than she could bargain for after she received a cheque for her insurance claim following the burglary of her retail pharmacy thereby recovering her losses from the incident. The MD of Springcare Pharmacy couldn't hold words back and lays it bare. Flourish crew reports.

#### **Can we meet you Madam?**

I am Mrs. Olakiitan Olaleye, a Pharmacist and the Managing Director of Springcare Pharmacy Ltd. located in Gbagada, Lagos State. I am a mother of three and a devoted child of God.

#### **What is your educational history?**

I started my educational journey at St John

Mary Demonstration Primary School and moved on to Unity Secondary School, both in Owo, Ondo State. I proceeded to Obafemi Awolowo University, Ile-Ife in 1995 to study Pharmacy. In 2012, I took a certificate course in Entrepreneurial Management at EDC (Lagos Business School).

#### **How has your work history been?**

After my NYSC, I took a Locum Pharmacist job with Ramsgate Pharmacy at Abule-Egba, Lagos but left after just 2 months. I also had a brief engagement at Moray Pharmacy, Ikeja. Finally in December 2004, I was employed by Health Plus Pharmacy Ltd, where I had opportunity to practice as a Community Pharmacist and also learnt the ropes of running a successful business.

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

It is what I have always wanted to do. I learnt how to do business as a very young girl from my mum. Right from my undergraduate days, I had a deep-seated desire to listen to peoples' health problems, counsel them to the best of my ability and had derived much pleasure when they find help in my counsel. This naturally gave Community Practice an edge in my heart even while still in school. Then, I also used to visualize a standard, computerized and well-structured pharmacy with high quality professional services (I had never seen one before then). When I came across Health Plus, it was like 'this is it!' Working with them gave me the opportunity to practice in a near-ideal environment.

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

Challenges?! Mostly those related to most SMEs: human resource, power, structure issues. And of course, the activities of charlatans cannot be undermined even though we have tried to tackle this by the clear professional standards we have embraced at Springcare Pharmacy.

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

Though there are myriads of problems facing the practice in Nigeria, the biggest, in my opinion, is **Human Capital**. The quality of personnel has been dwindling over the years and this has impacted the practice negatively.

### *Why did you join Pharmalliance?*

I joined Pharmalliance because I love acquiring knowledge to become better even on things I already know. Life, including business, is dynamic. The terrain changes by the day and getting knowledge about these changes keeps one ahead. That's what Pharmalliance is all about: **KNOWLEDGE**. I believed it will help my business grow further. And then, I believe in the vision of its Convener, Pharm Adeshina Opanubi.

### *How has the experience been?*

Fantastic! No regrets! I have gained more insight from colleagues in the forum and I want to believe someone also has learnt a tip from my own experience.

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

Someone has rightly said, *"If you think knowledge is expensive, try ignorance"*. When I was moving on from Health Plus, Mr George (my former boss' spouse) gave me a piece of advice. His exact words were: 'you have been a good pharmacist while here, do your best to become a good business person, because these are different skills and you need both to be successful.' Investment in Pharmalliance empowers its members to become good business people, which unfortunately, a lot of

our colleagues are not. It is a worthy investment.

### *What do you like most about Pharmalliance?*

The action-learning style. Then, there is synergy and accountability. Colleagues actually co-operate to succeed.

### *How did you feel when you were presented with the cheque for your insurance claim following the burglary of your Pharmacy?*

Wow! It's real! I remember Adeshina Opanubi telling me before joining that my monthly subscription covers **Training, Accounting, Legal, Insurance...** and I thought, let me learn and move on. But when the issue happened and I mentioned it to Adeshina Opanubi, I was pleasantly surprised that the claim was paid. It's real!

### *At the time of the incident, did you think you could successfully make a claim?*

Not exactly.

### *What advice do you have for Pharmacists interested in joining Pharmalliance?*

It is the network for forward looking and progressive Community Pharmacists. They will be better off for it. There is wealth of experience they will learn from and be able to apply to their businesses in practical ways.

### *What next for Springcare Pharmacy?*

Right now, we are trying to fine-tune and consolidate our processes.

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

Have a vision for your practice and business, be professional in your dealings and invest in becoming good business professionals.

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

A professional Life/Business Coach (I do that by the side for now).

# PHARMALLIANCE

## IN PICTURES



**PHARMALLIANCE MEMBERS AT UK PHARMACY SHOW IN BIRMINGHAM**



**CASH PRESENTATION TO WINNER OF STRATEGIC PLANNING COMPETITION**



**LERE BAALE FACILITATING STRATEGIC PLANNING WORKSHOP AT BUSINESS SCHOOL NETHERLANDS**



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# CULTURE:

## WHAT A DIFFERENCE IT MAKES!

DMS Retail West Africa



**H**aving worked for several prominent retail organizations, I have seen the impact of both positive and negative cultures on the workforce, the customers and, of course, the success of the business. Having no doubt whatsoever, the head of the organization dictates, through words and actions, what the culture will be. I want to tell you about the incredible culture created by a CEO, and a gentleman, I'll call Sam.

For three years, I had the opportunity to work for the company that this man headed up before he decided to sell his successful enterprise to a large, old school retailer. We were all very happy for him. This sale was going to mean a lot more time for him and his wife to travel and generally enjoy life after a lot of years of hard work and dedication to their business. We were saddened to be losing such a great leader but we knew he deserved the rest and we wished him well.

Those three years were perhaps the most rewarding and educational years of my entire career, one that spans over twenty years. The company was managed in such a way that you had no choice but to feel like an important part of it. No employee was ever treated like a number, unworthy of receiving up to date communication on what was happening within the company. The executive were always aware of the impact their actions would have on store personnel and customers. In this company everyone understood where, and by whom, sales were made and every effort was made to include input from the field whenever important decisions were being made that would affect employees or customers.

The man I speak of did not always have a successful company on his hands. At one time, as I understand, the company had been on the brink of failure. He, and his loyal employees

managed to save it. It was quite a feat, requiring dedication, a new direction and a new way of being. Sam did many, many things to move his company in the right direction. To detail all of them would require a book, which I hope he will write some day, and a lot more information than I have available to me. I did not know this man as well as some of my colleagues did but I know, for certain, that he is a man with integrity. If he says it, you can take it to the bank.

By the time I came on board the company was doing very well. A brand new culture had been built. That's right...built. Culture is something you build with every word you say and every action you take. A positive culture does not come about by accident. It takes a lot of soul searching and checking with people and just when you think you have it all figured out you have to check again. It takes the ability and the willingness to know and admit that you don't know everything and you don't have all the answers. It takes a desire to get input and feedback from the people affected by a given situation. It takes the guts to take action to fix something that's not working. It takes coaching and loyalty and lending a hand to those who need it. It takes understanding that people don't make mistakes because they want to. It takes a firm, but kind, word to someone who messes up. It takes the ability to foster a feeling of belonging among those who are in your business family. Sam certainly did all of these things and he worked tirelessly to ensure his executive and management teams did also.

Store Managers were invited, and expected, to have an impact on the whole organization and not just their own store. If she made a request, there were only two acceptable outcomes. 1) The request was granted and a date for completion was to be given or 2) The request was not granted and the reasons were explained.

It did not stop there if the Store Manager was not satisfied with the outcome. She was never expected to settle for an answer that did not satisfy her. The process that ensued was one of open and on-going dialogue until either the Store Manager became convinced and was satisfied with the reason that her request could not be granted or she managed to convince her Manager that the request should be granted. It wasn't over just because someone said it was over. And the company flourished. Following the news of the sale of the company, most field management stayed in place for some time. Unfortunately, as with all good things, the culture we had come to know and love ended. It was like a period of mourning. Executive and management moved on to new challenges and the business went straight down, at least for the short term.

The new owners will never understand what happened. There will be reasons and excuses but they all amount to nothing. The truth, that they probably do not even realize, is that the great culture was run out of town; obviously deemed unnecessary and not worth saving. It's that simple and it's such a shame.

Those of us who lived in Sam's environment clearly understand what happened when he and his carefully chosen team were no longer at the helm. The key to sustaining a successful business is to BUILD & RESPECT the culture – after all, the business is secretly thriving on it; OBSERVE carefully, for a time, and then ACT appropriately.

*Joseph Ebata is the President of DMS West Africa, a leading global retail consultancy.*

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