

The Golden Mortar



Newsletter of the Southern Gauteng Branch of the Pharmaceutical Society of South Africa and Associated Sectors

Edition 3/July 2022



LEARN MORE ABOUT MONKEYPOX AS WE RECORD FIRST CONFIRMED CASE IN SA

South Africa has recorded its first case of monkeypox on 23 June 2022. The Minister of Health Dr. Joe Phaahla explained that he received a report from the National Health Laboratory Services' CEO that they have confirmed through laboratory tests the first case of monkeypox in South Africa. South Africa's monkeypox patient zero is a 30-year-old man from Johannesburg.

The South African Health Products Regulatory Authority (SAHPRA) has prepared an information sheet to better understand monkeypox, the symptoms to treatment.

WHAT YOU NEED TO KNOW

The monkeypox virus causes symptoms similar to smallpox, but less severe. Smallpox was eradicated in 1980 through the administration of a vaccine. The smallpox vaccine has proved to be effective in combatting monkeypox as well.

The monkeypox virus is endemic to Central and West Africa in two distinct clades: The West Africa and the Congo Basin clades. Like the coronavirus, the monkeypox virus is transmitted from animals to humans. Human-to-human transmission is limited though. It can be transmitted via contact with bodily fluids, skin lesions or internal mucosal surfaces such as the mouth or throat, respiratory droplets, and contaminated objects.

The best and most reliable method of detection is the polymerase chain reaction (PCR) test, and the best specimens are sourced from rash, fluids or crusts. Antigen and antibody detection are not accurate.

Since 15 June 2022, 2 103 laboratory - confirmed cases of monkeypox, one probable case, and one death have been reported to the World Health Organisation (WHO) from 42 countries. Endemic countries include Benin, Cameroon, Central African Republic, DRC, Gabon, Ghana, Ivory Coast, Liberia, Nigeria, Sierra Leone and South Sudan. To date all cases have been identified as being infected by the West African Clade.

Cases have been identified in South Africa, Australia, Belgium, Canada, France, Germany, Italy, The Netherlands, Portugal, Spain, Sweden, UK, and the USA.

Information suggests that this is common among homosexual men and who seek treatment and care at healthcare institutions. Furthermore, those at risk are individuals who have had physical contact with someone with monkeypox.

Symptoms include:

- Skin rash
- Headache
- Swollen lymph nodes
- Muscle and body pains
- Back pain
- Weakness



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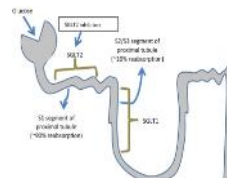
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Any patient with suspected symptoms should be investigated, and if confirmed, isolated until such time that their lesions have crusted, scabs have fallen off, and a fresh layer of skin has formed.

TREATMENT OF MONKEYPOX

According to the National Institute for Communicable Diseases (NICD), this type of infection does not require specific treatment as the disease does resolve on its own. Currently in South Africa, there is no specific vaccine registered for monkeypox; however, we do have Varicella Zoster registered for smallpox.

The Centers for Disease Control and Prevention (CDC) further explain that there are no specific treatments for the Monkeypox infection, but outbreaks can be controlled. The Food and Drug Administration (FDA) has approved tecovirimat (TPOXX) and brincidofovir (TEMBEXA) for the treatment of smallpox; however, these have not been registered in South Africa.

TRANSMISSIBLE, BUT NOT DEADLY

It is important to note that most human cases of Monkeypox resolve within 2-3 weeks of being infected, without side-effects. Also, an infected person is infectious at the start of the rash/lesions through the stage when scabs form. However, when these scabs fall off, the person is no longer contagious.

FOR MORE INFORMATION, VISIT THESE SITES:

- <https://www.nicd.ac.za/monkeypox-frequently-asked-questions/>
- <https://www.nicd.ac.za/diseases-a-z-index/monkeypox/>
- <https://www.who.int/news-room/fact-sheets/detail/monkeypox>

A TRIBUTE TO RIAZ AHMED MUKADAM



Riaz sadly passed on at the young age of 59 years, after selflessly serving the pharmacy profession for 34 years.

Riaz graduated from Rhodes University in 1987. After this, he began his journey in Community Pharmacy, first in his own pharmacy and then as the Responsible Pharmacist at Pick and Pay pharmacies, serving the community compassionately and tirelessly. He was known by all as a soft-natured, extremely selfless, and caring pharmacist who went above and beyond the normal duties for his patients. He had accumulated a wealth of pharmaceutical knowledge and professional expertise, and always abided by the rules of the SA Pharmacy Council.

He treated everyone with respect and patience, often lending a listening ear to patients and fellow staff members in need. He spent most of his days tirelessly serving the profession; not only did he assist patients but also assisted and guided fellow pharmacists, with his magnanimous personality.

On his demise, messages came flooding in from pharmacists whom he had helped, guided, and motivated with regard to their career choices. He was indeed an outstanding leader, and has left an enormous emptiness in the pharmacy community.

Tasneem Mukadam - niece

May his beautiful soul rest in peace.





CONFERENCE

NAVIGATING THE NEW NORMAL



SAAPI
South African Association of Pharmacists in Industry

WEDNESDAY, 3 AUGUST –
FRIDAY, 5 AUGUST 2022

INVITATION

VENUE

The Capital on the Park,
Sandown Johannesburg

TIMES

Wednesday & Thursday

08h30 – 17h00

Friday

08h30 – 14h00



CONFERENCE ENQUIRIES

Lauren Raubenheimer | EO Africa | Tel: + (0) 11 325 0020 | email: lauren@eoafrika.co.za



WHAT IS THE ROLE OF THE SGLT2 INHIBITORS IN TYPE 2 DIABETES?

Jacky van Schoor - Amazeza Info Services

Sodium glucose co-transporter-2 (SGLT2) inhibitors are the newest class of medicines to treat type 2 diabetes. These agents inhibit SGLT2, which is a co-transporter responsible for the reabsorption of most of the filtered glucose in the renal tubules.

By inhibiting SGLT2, the kidney reabsorbs less glucose, excretes excess glucose in the urine, and lowers the concentration of glucose in the blood. By analogy with 'diuretic' therapy to remove salts and excess fluid via the urine, 'glucuretic' therapy with a SGLT2 inhibitor removes excess glucose via the urine.

SGLT2 inhibitors reduce HbA_{1c} by 0.4 to 1.1 %, depending on baseline levels of hyperglycaemia. They have been studied as monotherapy and in combination with metformin, sulfonylureas, pioglitazone, dipeptidyl peptidase-4 (DPP4)-inhibitors, and insulin. Empagliflozin and dapagliflozin are the SGLT2 inhibitors currently available in South Africa.

In contrast to other antidiabetic medicines, SGLT2 inhibitors are insulin-independent. In other words, pancreatic β -cells are not overstimulated to secrete excessive insulin and there is therefore a low risk of hypoglycaemia. SGLT2 inhibitors are associated with weight loss resulting from the loss of glucose (calories) via the urine. The mild osmotic diuretic effect of the SGLT2 inhibitors has been associated with reductions in blood pressure. SGLT2 inhibitors, however, are not considered as initial therapy for most patients with type 2 diabetes. Initial therapy should usually begin with diet, weight reduction, exercise, and metformin (in the absence of contraindications).

Because type 2 diabetes is a progressive disease in many patients, maintenance of glycaemic targets with monotherapy is often possible for only a few years, after which combination therapy is necessary.

Current type 2 diabetes treatment guidelines recommend that the choice of medication added to initial therapy should be based on the clinical characteristics of the patient. Important clinical characteristics include the presence of established atherosclerotic cardiovascular disease (ASCVD) or indicators of high ASCVD risk, heart failure, chronic kidney disease, other comorbidities, and risk for specific adverse drug effects, as well as safety, tolerability, and cost.

ATHEROSCLEROTIC CARDIOVASCULAR DISEASE IS A LEADING CAUSE OF DEATH IN PEOPLE WITH TYPE 2 DIABETES

The SGLT2 inhibitors, although initially developed as glucose-lowering agents, have recently demonstrated additional benefits in several large cardiovascular outcomes trials in patients with type 2 diabetes:

- When compared with placebo, the SGLT2 inhibitors have demonstrated benefit for cardiorenal outcomes, especially for heart failure hospitalisation, risk of kidney disease progression, and cardiovascular and overall mortality.
- The majority of patients in these cardiovascular outcomes trials had established cardiovascular disease or diabetic kidney disease and therefore, these are the primary indications for adding a SGLT2 inhibitor to antidiabetes therapy.
- Patients at high cardiovascular disease risk but without a prior event may benefit from therapy with a SGLT2 inhibitor, but the data (balancing benefits and harms) are less supportive.

SGLT2 INHIBITOR THERAPY: PATIENT SELECTION

Based on the cardiovascular risk assessment for the person with type 2 diabetes:

- If the patient has chronic heart failure or established ASCVD, a SGLT2 inhibitor with proven cardiovascular benefit is recommended in addition to therapy with metformin.
- If the patient is at high risk of developing ASCVD, a SGLT2 inhibitor with proven cardiovascular benefit should be considered in addition to metformin therapy.

.../continued on page 6



Adding an SGLT2 inhibitor at any stage after first-line treatment has been started:

- If the patient develops chronic heart failure or established ASCVD, a SGLT2 inhibitor with proven cardiovascular benefit is recommended in addition to current treatment (or replace an existing drug with a SGLT2 inhibitor)
- If the patient is at high risk of developing cardiovascular disease, a SGLT2 inhibitor with proven cardiovascular benefit should be considered as an additional agent (or replace an existing drug with a SGLT2 inhibitor).

For patients in whom heart failure or chronic kidney disease (albuminuria and estimated glomerular filtration rate (eGFR) <60 but ≥ 30 mL/min/1.73m²) predominate, a low dose of a SGLT2 inhibitor is recommended. In the setting of declining eGFR, the main reason to prescribe a SGLT2 inhibitor is to reduce the progression of diabetic kidney disease. For the treatment of hyperglycaemia, SGLT2 inhibitors are not recommended for initiation if eGFR <30 to 45 mL/min/1.73m², with some differences in each medication depending on labeling.

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Professional Indemnity Insurance

You should be aware that pharmacists in all spheres of Practice require Personal Indemnity Insurance. Not to have it is simply not an option – it is a requirement of the South African Pharmacy Council.

PSSA offers its members access to the essential cover at very competitive rates through the Professional Provident Society.



For further details please contact Nikita at the PSSA National Office on (012) 470-9557 or at Nikita@pharmail.co.za

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EXHIBITORS FLOCKING BACK TO SARCD A CHRISTMAS 2022

We are delighted to be able to share with you the exciting news that the response from exhibitors wanting to reserve stands at SARCD A Christmas 2022 has been such that we have opened a second hall; the exhibition will now take place in Halls 4 and 5. This means that many of the companies that were absent from SARCD A Africa 2022 in March, will be back in August for the first SARCD A Christmas exhibition since 2019.

With the world returning to normal, and everyone relishing the opportunity to interact with suppliers and customers again, buyers are delighted to be able to view products in person, reconnect with existing suppliers and make new connections

If any of your colleagues and associates would like to visit the exhibition, please encourage them to register by visiting www.sarcda.co.za before coming to the exhibition as we will not be accepting walk in registrations at the exhibition.

We remain ever mindful of our responsibility to protect our buyers, exhibitors, and staff, and all Covid - related safety protocols will be strictly enforced at SARCD A Christmas 2022.

SARCD A Christmas 2022, will take place at Gallagher Convention Centre from **17 – 19 August 2022** and we can't wait to see you there!





South African Association of Community Pharmacists
(Southern Gauteng)

Visit our website: www.saacpsg.co.za

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Community Pharmacists SG (SAACPSG)

View The Golden Mortar editions on our website.
Contact us at:

info@saacpsg.co.za

SAACP SG is a financial contributor to The Golden Mortar

*The PSSA is excited to announce that we will finally host
an in-person conference with a virtual component after two
years of delays.*

*The Conference will take place 1 – 3 September 2022 at the
Indaba hotel and Conference Centre in Fourways, Gauteng.*

The theme of conference is:

Pharmacy: challenged, ready, resilient

**WEBSITE FOR MEDICINES - CURRENT
AVAILABILITY OR OTHERWISE, NEW AND
DISCONTINUED PRODUCTS, ETC.**

The website was first launched in 2011 as "Medical News & Events", which had over 600,000 pageviews. In 2019 we decided that a new "face" was required and we updated the website to [PharmaNews](http://PharmaNews.co.za), click on the link to view.

Our mission is to supply information that is fast, reliable, and accurate, regarding Scheduled products that directly impact on the medical and pharmaceutical professions, using push notifications.

A Healthcare Professional (Pharmacist, Pharmacist Intern, Community Service Pharmacist, Pharmacist's Assistant, Doctor, Intern, and Nurse) will be able to check on New Products as they are launched, the availability, should there be a supply problem, and the withdrawal of a drug for whatever reason. This is of particular interest to pharmacists in the Community Pharmacy Sector, and Locum pharmacists. We have seen an increase in readership since Covid restrictions on Company Representative visits.

In order to comply with the National Code of Marketing, the website is secure and the Healthcare Professional needs to register with their respective "P" Numbers. This prevents the consumer from seeing sensitive information. (The number you use is, e.g. "11585", without the "P". I cannot see your password, in terms of the POPI Act and you can generate a new one if so desired).

The log-in link is https://pharmanews.co.za/wp-login.php?redirect_to=https://pharmanews.co.za/ and for those colleagues that want to register the link is: <https://pharmanews.co.za/register/>.





HEARTBURN IN THE PHARMACY

KJ Damari & L Ndaba

School of Pharmacy, Wits University Health Sciences Faculty, South Africa

Corresponding author, email: 2159423@students.wits.ac.za



Kabelo J Damari

What is heartburn?

Heartburn occurs when gastric acid flows back up into the oesophagus. Normally, the lower oesophageal sphincter (the sphincter that connects the oesophagus to the stomach) relaxes to open, allowing food and liquid from the oesophagus to enter the stomach. However, if the sphincter relaxes abnormally or weakens, acid from the stomach can reflux back up into the oesophagus. This acid reflux may cause heartburn.

Heartburn is a sharp pain and/or discomfort that is felt just behind or near the sternum (breastbone). It may be caused by an excess amount of gastric acid in the stomach or transient relaxation of the lower oesophageal sphincter.

What are the symptoms of heartburn?

Heartburn can present in several different ways. However, it mostly conforms to a sharp sensation of pain felt just behind the sternum, occasionally accompanied with a foul taste in the mouth, belching and/or hiccups. This presentation, however, is also shared with other diagnoses such as gallstones, gastric ulcers and oesophageal cancer, to name a few.

Heartburn is a common symptom, with as many as 20 – 30 % of individuals and 50 % of pregnant women experiencing heartburn on a weekly basis, with 10 % of them experiencing persistent symptoms.

Persistent heartburn is a symptom of Gastroesophageal reflux disease (GORD). Untreated GORD may result in complications, such as:

- Damage to the oesophageal lining which can lead to oesophagitis (inflammation of the oesophagus), and cause difficulty swallowing, ulcerations and is a risk factor for oesophageal cancer

Persistent regurgitation of stomach acid can also lead to a degradation of tooth enamel, leading to tooth decay.

Causes of heartburn

There are multiple factors that can cause a regurgitation or over-secretion of gastric acid, from certain foods or medications to certain medical conditions.

Dietary risk factors that may trigger heartburn include (and are not limited to): capsaicin-containing foods,



Lethu Ndaba

citrus-containing foods, fried or fatty foods, alcohol, coffee, tomatoes, and carbonated beverages.

Certain medical conditions and behavioural factors can pose a risk to experiencing heartburn. These include:

- A hiatal hernia, which occurs when the upper part of the stomach penetrates through the diaphragm, usually by way of a weakness or tear.
- Pregnancy, especially during the third trimester.
- Being overweight or having obesity.

Taking certain medications, such as aspirin, ibuprofen, other nonsteroidal anti-inflammatories, and iron supplements, can increase the risk of heartburn.

Prevention of heartburn

Heartburn can be prevented by avoiding habits that trigger an increase in gastric acid production or regurgitation and/or limiting consumption of food products which do the same.

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These measures include:

- Avoid lying down or sleeping after eating, especially after heavy meals
- Avoid large portion sizes
- Limit intake of foods containing capsaicin, high fat content, high acid content, and garlic and onions
- Limit alcohol intake, especially on an empty stomach
- Increase fibre intake to prevent delayed gastric emptying
- Maintain a healthy body weight
- As much as possible, avoid acid reflux triggering medications such as Ibuprofen or iron supplements.

How is heartburn treated?

Sporadic heartburn is common and may be treated with intermittent use of over-the-counter medicines such as antacids. Frequent, persistent, or severe heartburn could be a symptom of a chronic condition like GORD and requires referral of the patient to a doctor.

Antacids

Antacids remain simple and effective agents to treat heartburn. The mechanism of action of antacids is via a neutralisation reaction. The alkali antacid counteracts the excessive acid in the stomach, making stomach contents less acidic and reducing heartburn. Magnesium-containing antacids tend to be laxative, while aluminium-containing antacids tend to be constipating when used alone. In practice, many preparations contain a mixture of aluminium and magnesium compounds and therefore have less effects on bowel habits. Several antacid preparations contain calcium carbonate, and some contain simethicone, which reduces gas.

Histamine-2 receptor antagonists (H2RAs)

The histamine-2 receptor antagonists, which include cimetidine and ranitidine, reduce gastric acid secretion by blocking the action of histamine in the parietal cells of the stomach. Treatment with an H2RA is effective in reducing symptoms of heartburn.

Proton pump inhibitors (PPIs)

Proton pump inhibitors are potent suppressors of gastric acid secretion. Some over-the-counter PPIs, such as lansoprazole 15 mg/day for 14 days may be used for short-term relief of heartburn and hyperacidity.

When should a patient be referred to a doctor for heartburn:

- Symptoms are frequent, persistent, severe, or return after stopping treatment
- Painful swallowing
- Vomiting due to heartburn
- Severe, unexpected weight loss

REFERENCES ON REQUEST FROM THE OFFICE

National Pharmacy Museum Artefacts



R360



R165



R40



R325



R285



R95

To start your very own collection, Please contact Virginia at 011 442 3615 / virginia@pssasg.co.za





SAAHIP SG: MANDELA MONTH CHARITY INITIATIVE

This Mandela Month open your hearts and donate generously to the Soweto Home for the Aged. SAAHIP SG will be dropping off all items and spending time with the elderly on the 30th of July 2022 from 11:30 am.

Join us in making a small difference in the lives of one of our most vulnerable population groups: the foundation of our society, our Elderly.

#MandelaDay #saahipsg #makingadifference #elderlycare #elderlyawareness



SAAHIP SG 

Mandela Month Initiative

"Do what you can, with what you have, wherever you are"

Soweto Home for the Aged
1st July – 25th July 2022

The South African Association of Hospital and Institutional Pharmacists Southern Gauteng Branch will host its first charity drive this Mandela Month. We will be collecting items for the elderly at the Soweto Home for the Aged.

Items needed

- Previously Loved Clothes
- Tracksuits and Pajamas
- Shaving Machines
- Nail Clippers
- Toiletries
- Board Games/Puzzles/Books

Drop off points: Call/whatsapp

- Lenasia - Shaista 079 529 0862
- Parktown/Hillbrow - Jameelah 071 539 0526
- Bryanston/Killarney - Thanushya 082 932 3129



The PSSA Book Department

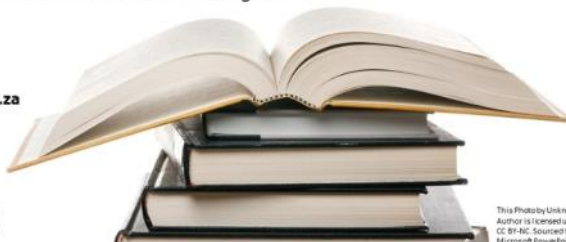
Do you know that the Book Department has a range of essential publications for pharmacists at preferential prices for members of the PSSA?

From overseas publications such as Martindale, Merck Manual and Dorland's Illustrated Medical Dictionary to local publications such as the Daily Drug Use, South African Medicines Formulary (SAMF) and the Scheduled Substance Register.

Ordering is as simple as 1, 2, 3.

1. Go to the PSSA website, www.pssa.org.za click on Membership and then Member Services.
2. Complete the order form and submit it.
3. Make payment via EFT.

Or contact Dinette at PSSA National Office on (012) 470-9559 or at dinette@pharmail.co.za



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YOUNG PHARMACISTS GROUP (YPG) REPORT

The YPG Professional Innovation Project is aimed to inspire young pharmacists to come up with a project that will improve the health of communities and to demonstrate the value added by pharmacy to health. The winning project received a R15000 grant towards its implementation. Below is the 2022 winning project:



2022 PROFESSIONAL INNOVATION PROJECT WINNER

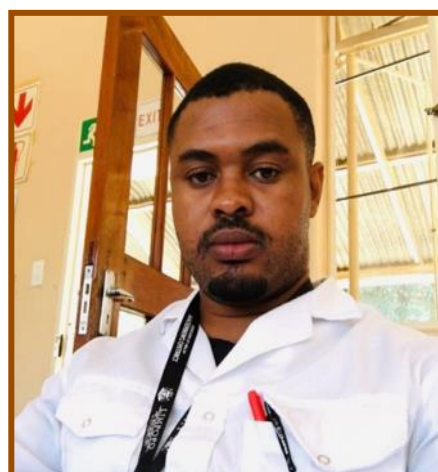
Luke Zondagh

Discovery of novel dual-acting neuroprotective scaffolds: SIRT1 activators and GSK3 β inhibitors

Discovery of dual acting neuroprotective scaffolds using various computational and biological evaluation techniques. The project will be used to introduce the B. Pharm final year students to various computational software and skills that are in line with South Africa's digital and future skills strategy. The project also introduces the research field bioinformatics to the students which is supported by the National Institute for Theoretical Physics and Computer sciences.

2022/2023 STEERING COMMITTEE

Nelson grew up in Mokopane, Limpopo Province. He matriculated from Mmantutule Secondary and obtained both a degree and Honours in BSc, Human Physiology from the University of KZN (UKZN), and is a former Convocation member, Senate member, and Council member. He obtained a BPharm from Tshwane University of Technology (TUT), and served his internship and community service at Voortrekker Hospital (Mokopane). He was appointed as a pharmacist at the Dept. of Health, Limpopo, where he was subsequently appointed as the Responsible Pharmacist and pharmacy manager at Ellisras Hospital (Lephalale). He is a former student and part time lecturer at TUT (1st year). He holds a qualification for the Assessors and Moderators course (Training Management Solutions).



Nelson Mabusela
Chairman

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Ntombizodwa Lewaca
Public Relation Officer

Ntombizodwa has a Bachelor of Pharmacy degree that she obtained with distinction from the University of the Witwatersrand in 2021. She is currently completing her internship at a private hospital in Pretoria. She is a certified voice-over artist who has recorded for the University of Pretoria, and has an in-born creative eye through which she is able to manoeuvre the design of infographics using various applications. She also has a passion for serving communities, and has been a part of the Childhood Cancer Foundation (CHOC) since 2016 as an awareness volunteer.

Roslita is currently a Community Service Pharmacist. She grew up in Klerksdorp and was always a curious child – this manifested in a love for learning in school. She decided to study pharmacy after job shadowing a pharmacist while in Grade 11. She saw pharmacy as an evolving field filled with endless knowledge. She decided to study for her B Pharm at North West University (PUKKE) in 2017, and graduated in 2020. She is currently part of the PSSA YPG Mentorship Programme, and in 2022 she joined the Professional Innovation Project.



Roslita da Silva
Project Coordinator

Senior Mature Pharmacist required for Pharmaceutical Logistics/ Distribution Warehouse in Northern Suburbs, Johannesburg. Must have strong computer and financials' skills. Good HR skills to manage a small team. Ensure compliance with SAHPRA, DoH and SAPC regulations. Pastel, MS Excel, GCP Training will be an advantage.

Please email all Curriculum Vitae (Max. 2 pages / no attachments) and incl. SAPC Registration No. to

adminassistant@lekoko.com





The Chairman of the Editorial Board is David Sieff, and the members are Tabassum Chicktay, Stephanie De Rapper, Gary Kohn, Tammy Maitland-Stuart and Cecile Ramonyane, Branch Secretary. All articles and information contained in The Golden Mortar, of whatsoever nature, do not necessarily reflect the views or imply endorsement of the Editorial Board, the Branch Committee, the PSSA, its Branches or Sectors. The Editorial Board and the aforesaid cannot therefore be held liable. Every effort is made to ensure accurate reproduction and The Golden Mortar is not responsible for any errors, omissions or inaccuracies which may occur in the production process.

The Editor reserves the right to amend punctuation or text for correctness, and to summarise where necessary.

We welcome all contributions and as space permits, these will be published.

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Hospital Pharmacy:	Rashmi Gosai & Tabassum Chicktay
Industrial Pharmacy:	Thavashini Pather, Gina Partridge & Tammy Maitland-Stuart (Alt)
Academic Pharmacy:	Prof Yahya Choonara & Muhammed Vally

Contact them through the Branch Office: Tel: 011 442 3615

The Editorial Board acknowledges, with thanks, the contributions made by the SA Association of Community Pharmacists (SAACP) Southern Gauteng Branch, to the production of this newsletter.

