



Pharmacy – Crossing the Rubicon

Are you ready for *Secundum Artem* of the future?

Lynette Terblanche

REPORT ON THE PSSA SG BRANCH SYMPOSIUM HELD ON 18 SEPTEMBER 2021

In 49 BC, Julius Caesar led his troops south over the Rubicon River from Cisalpine Gaul to Italy to make his way to Rome. In doing so, he deliberately broke the law limiting his jurisdiction, thereby making armed conflict inevitable. It is said that Caesar, before crossing the Rubicon River, paused, and said loudly, in Greek “let the die be cast” and then proceeded to cross the river, signifying that his action was irreversible. “**Crossing the Rubicon**” today refers to committing irrevocably to a course of action, passing the point of no return. Caesar's subsequent victory in the civil war ensured that he would never be punished for his actions.

The intention was that the symposium would inspire pharmacists, knowing that pharmacy has also crossed those boundaries initially intended for the profession. Pharmacists now have the opportunity to practice *Secundum Artem* within a new realm.

The purpose of the Symposium was to provide pharmacists with valuable information regarding the latest developments in various fields of the profession and to share the progress in the practice of pharmacy as a commemoration to the 75th Anniversary of the PSSA.

The Symposium was opened by the PSSA President, Mr Joggie Hattingh who reflected on the resilience of pharmacists and pharmacy over time.

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*Mr. Joggie Hattingh
PSSA President*

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Mr. Anil Thakersee, Executive: Marketing & Business Development, PPS Investments

Our keynote speaker, Mr Anil Thakersee, the Executive for Marketing and Business Development at PPS, reminded everyone of the fact that SA has been in lockdown for 491 days and counting.....

Extensive insight was shared into the impact of lockdown on the economy, both locally and internationally, global recoveries after previous recessions, growth forecasts and economic prospects for 2021, the impact of the pandemic on the work environment and resulting effect on employment.

A panel discussion on Automation in Pharmacy, provided very interesting information about the implementation of automation in: Community Pharmacy (Mirshelle Abrahams, Pharmacy owner: Morningside Dispensary), the Public Sector (Ms Leonie Deysel, Pharmacy Manager: Steve Biko Academic Hospital and the private hospital setting (Thanushya Pillaye, Pharmacy Manager: Mediclinic, Sandton). The overarching benefits of automation are clear: pharmacists have more time to interact with patients and this is at the core of automation. The benefit of increased availability of the pharmacist to provide pharmaceutical care and interact with patients on matters such as counselling, significantly outweighs the cost of automation.



Mrs. Mirshelle Abrahams, Pharmacy owner: Morningside Dispensary



Ms. Leonie Deysel, Pharmacy Manager: Steve Biko Academic Hospital



Ms. Thanushya Pillaye, Pharmacy Manager: Mediclinic, Sandton

A short YouTube video provided attendees with ten ways to have better conversations.

Mr. Simon Roberts, the Responsible Pharmacist at SafriCanna reminded us of the obligations of pharmacists in acting as gatekeepers when Cannabis was used for medicinal use. Pharmacists have an extensive role to play in ensuring that the ethical norms and obligations, as well as compliance with rules and regulations pertaining to the medicinal use of this substance, which was expected to increase in the future, are upheld.

Finally, Prof. Lisa du Toit, Associate Professor in Pharmaceutical Chemistry at the University of the Witwatersrand, took us on a journey exploring the developments in application of 3D printed matrices which certainly would revolutionize treatment options for many aspects of pharmaceutical and medical care in the not so distant future. One of the very exciting developments is that of burn treatment for which the phenomenal decrease in scar tissue was evident in studies evaluating the efficacy of such treatment.



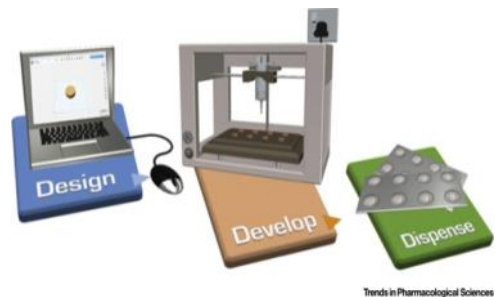
Mr. Simon Roberts, Responsible Pharmacist: SafriCanna

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Prof Lisa Du Toit, Associate Professor: Pharmaceutical Chemistry, University of Witwatersrand



The Branch would like to acknowledge the effort of Dr Mariet Eksteen in providing the technical assistance and the National Office of the PSSA for the use of the webinar platform for the event.

In summary, attendees were made aware of technology changes in pharmacy practice; they were able to increase their readiness to adapt to new developments, were enabled to understand new technologies and have an awareness of mechanisms for communication in the future. In addition, knowledge gaps could be defined for the individual pharmacists attending the symposium.


We look forward to practicing Secundum Artem within this new realm.....



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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SOURCE PRODUCTS ONLINE!

Given the prevailing uncertainty, exacerbated by the country currently experiencing a third wave of Covid-19, the decision has been taken to postpone SARCD A 2021 scheduled to have taken place in August 2021, to dates to be confirmed in 2022.

The whole world is facing a “new normal” post / Covid and this led to the launch of SARCD A Online. The online platform enables exhibitors to upload their company details, product listings and images. Trade buyers may browse these product listings and contact the Exhibitor to request further information or a quotation.

We would like to encourage buyers to visit SARCD A Online on www.sarcda.co.za to view our exhibitors' products. The platform is available to all our buyers and is accessible 365 days a year.

We will continue to market SARCD A and will keep you posted on the developments of when we will be able to open our exhibition doors again.

The SARCD A team looks forward to seeing you all in 2022!



SARCD A
online





IVERMECTIN: TO USE OR NOT TO USE - AND IF NOT WHY NOT?

Sumari Davis. Amayeza Information Services

The arrival of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has had an immense global impact, resulting in more than 4 million deaths worldwide by 14 July 2021 with 65 142 of those recorded in South Africa. It is understandable, therefore, that doctors, and especially those in low- to-middle income countries are desperate to find affordable and effective treatments. Although many studies have been undertaken internationally, including those investigating the use of ivermectin, few have delivered clear-cut results. Ivermectin advocates in South Africa argue that there is no time for randomised trials when the death toll continues to rise, and vaccines are being distributed too slowly.

WHY IVERMECTIN?

Ivermectin is an antiparasitic drug available in South Africa on a named-patient basis for treatment of onchocerciasis (river blindness). In April 2020, researchers in Australia reported that ivermectin inhibits the replication of SARS-CoV-2 *in vitro*. The proposed mechanism of action includes inhibition of proteins used by SARS-CoV-2 to suppress the host antiviral response. Ivermectin also inhibits the replication of SARS-CoV-2 and may also inhibit attachment via the virus's spike protein. Some studies have reported anti-inflammatory properties that may be beneficial in patients with COVID-19.

Despite the above *in-vitro* findings, pharmacokinetic and pharmacodynamic studies suggest much higher doses (up to 100-fold) than those approved for human use would be required for *in-vivo* antiviral activity, asking the question of whether any direct antiviral effect is possible at achievable human doses.

WHAT DOES THE EVIDENCE SAY?

Although several randomised trials and retrospective cohort studies of ivermectin use in patients with COVID-19 have been published or made available as manuscripts ahead of peer review, there are no clear-cut results.

Some studies showed no benefits or worsening of disease following ivermectin use. Others reported a shorter time to resolution of COVID-19 disease manifestations, shorter time to viral clearance, greater reduction in inflammatory marker levels or lower mortality rates in patients who received ivermectin compared to placebo or comparator drugs.

However, it is important to also mention the quality and limitations of these studies. Most studies had a small sample size and patients often received concomitant treatment with doxycycline, hydroxychloroquine, corticosteroids, etc. making it difficult to assess efficacy or safety of ivermectin. The dose and duration of ivermectin treatment also varied dramatically between studies. Some of the randomised controlled trials were open-label studies that lacked adequate blinding. In addition, the severity of disease was not always well described and the study outcomes and methods to measure outcomes were not always clearly defined.

A rapid review by the South African National Department of Health concluded that the current evidence for the use of ivermectin in COVID-19 does not suggest any clear benefits with respect to mortality, clinical improvement, or viral clearance.

The European Medicines Agency (EMA) also reviewed the evidence and concluded that results from clinical studies were varied with some studies showing no benefit and others reporting a potential benefit. They advised against the use of ivermectin for prevention or treatment of COVID-19 and stressed the need for further well-designed, randomised studies to assess the efficacy and safety of ivermectin in the prevention and treatment of COVID-19.

The Infectious Diseases Society of America reviewed studies comparing treatment with ivermectin against a placebo or standard of care. The panel found the certainty of evidence of ivermectin for hospitalised and non-hospitalised patients to be very low. The panel does not recommend the use of ivermectin for treatment of COVID-19 in hospitalised patients or outpatients, except when used in the context of a clinical trial.

The World Health Organization (WHO) includes in its guidelines on COVID-19, that the current evidence on the use of ivermectin to treat patients with COVID-19 with any disease severity is inconclusive. WHO also recommends that the drug only be used within a clinical trial context.

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WHAT ABOUT SAFETY?

Common side effects of ivermectin include pruritis, diarrhoea, nausea, abdominal pain, fatigue, somnolence, and dizziness. Although ivermectin is generally well-tolerated at doses used for treatment of parasitic infections in humans, side effects could increase when used at the much higher doses needed to obtain effective antiviral concentrations of ivermectin in the lungs. Toxicity when ivermectin is used at higher than approved doses can therefore not be excluded. The US Food and Drug Administration (FDA) has received multiple reports of patients needing medical support and hospitalisation following self-medicating with ivermectin intended for use in horses and issued a warning that ivermectin intended for use in animals should not be used to treat COVID-19 in humans.

Animal studies have shown that ivermectin is teratogenic when given in doses that were maternotoxic and raised concerns about administering ivermectin in early pregnancy (prior to 10 weeks gestation). Although there are numerous reports of inadvertent use of ivermectin in pregnancy without apparent adverse events, a systematic review and meta-analysis done in 2020 reviewed the incidence of poor maternal and foetal outcome following the use of ivermectin in pregnancy. The review was unable to determine a causal relationship between ivermectin and poor maternal and foetal outcome due to the poor quality of evidence. There is thus insufficient evidence to recommend the use of ivermectin in pregnancy. Secretion of ivermectin in breastmilk is low following a single dose, but there are no studies on the breastmilk levels following multiple doses of ivermectin.

WHAT DOES THE LAW SAY?

Although the South African Health Products Regulatory Authority (SAHPRA) announced in a media statement on 28 January 2021 that ivermectin will be made available via a compassionate use programme, access still requires prescription by an authorised prescriber on a named-patient basis only. Application can be done by registered prescribers via an online SAHPRA portal (<https://s21portal.sahpra.org.za/>) as either a named-patient first application, or a named patient reauthorisation.

Prescribing of ivermectin comes with an obligation to report on patient outcomes (both benefits and harms) on the COVI-Vig reporting system, available on the SAHPRA website (<https://docs.google.com/forms/d/e/1FAIpQLSciQdYipXG2JxnHMUoAgc01xAdWe8fv70TfH6Kucar4CRZMBw/viewform>)

It is important to remember that each application is assessed on its own merit and that off-label use of ivermectin for any indication remains the responsibility of the prescriber.

CONCLUSION

With the ever-increasing death toll due to COVID-19, doctors and patients alike are desperate to find effective treatment options. Current evidence, however, is still insufficient to recommend the use of ivermectin for prevention or treatment of COVID-19. It is important to await results from further studies before ivermectin can be considered an effective (and relatively safe) treatment option. Oxford University is conducting the PRINCIPLE trial that is recruiting thousands of patients to test COVID-19 treatments, and has reported that it will now include ivermectin as one of their treatment options. Hopefully, this comprehensive study will provide answers to the questions about ivermectin in the treatment of COVID-19.

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SCREENS ARE CHANGING THE WAY WE COMMUNICATE, AND HOW THEY HAVE CAPTURED US.

Dave Sieff

The growing trend of the screens' phenomenon has been greatly accelerated by the Covid-19 pandemic, as exemplified by many businesses being forced to allow their employees to work from home via virtual applications on their computers.

"Zoom" is now a household name, and it and similar communication platforms have flourished as they provide the means and technology to enable this new way of conducting our daily affairs to proceed, and we are actively seeking more ways to reach our employees, clients, families, and friends, all dependent on screens – desktop and laptop computers, cell phones, tablets and pads, scientific equipment monitors, smart wrist watches, whole walls and tables with multiple or enlarged images, and of course, the TV !

In first world and even lower-positioned societies, the mobile phone is the almost universal means of keeping in touch via WhatsApp, Facebook, LinkedIn, Twitter, Messenger, etc., for business, banking, official and other information, conversation, social contacts, and more.

Some people spend up to 12 or more hours per day viewing their various screens, which have become an essential part of life for many, connected as seldom previously, and the Internet has allowed us to become a "global community," but still feeling 'at home,' seamlessly connecting with our choice of contacts.

Online shopping has grown exponentially, with the ability to view the merchandise on our screens, making the purchases of our choice via banking applications, often with rapid delivery services.

Meetings, webinar sessions, working from home, scheduled home learning for school, college, and university students, has largely replaced the usual face-to-face norm that we knew, now virtually confined to family and friends in the home environment – and not to forget the younger generation's obsession with music and games on their mobile screens, with the aid of earphones !

However, the gradual lowering of officially imposed levels of restrictions is slowly opening up more options in visiting entertainment outlets and attending gatherings like sporting events, but even there the large screens play an important part in monitoring and deciding perceived transgressions of the rules.

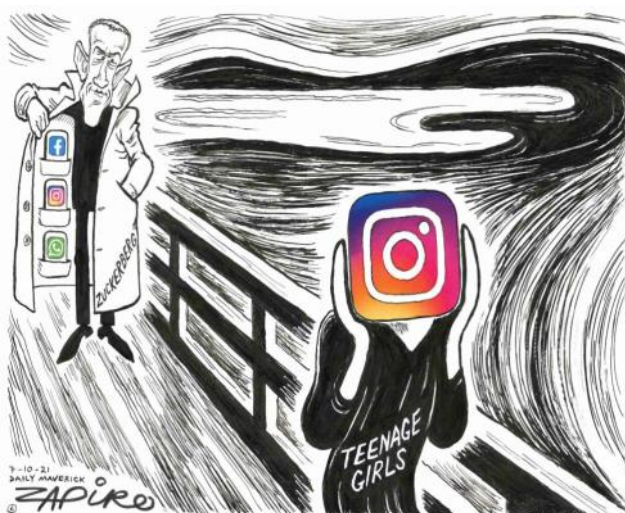
In this context, the home TV screens of millions allow the enjoyment of live transmissions of whole matches and replays, international or local, the recent Tokyo Olympics being a supreme example.

Religious gatherings remain restricted to a large extent, so the house-bound are sometimes given the opportunity to view services that they can't attend personally.

Even funerals and tombstone unveilings are often live streamed to home screens to enable families and friends to "attend" the ceremonies safely !

In the medical field, doctors' practices are equipped with at least basic monitoring screens, as are emergency ambulance services, while hospitals and clinics cannot function without the use of display screens in the monitoring of vital signs and conditions by specialists and nursing staff, as adjuncts to physical examination.

So, has the time that we now spend viewing our screens made life easier for us, or are we now willingly 'enslaved' to the many new benefits that have resulted, or, have we adapted our lifestyles to capture the changing circumstances ?





Academic Report

*Report prepared by Professor Yahya Choonara,
Mr. Muhammed Vally and Ms. Zelna Booth, for the
Department of Pharmacy and Pharmacology,
The University of the Witwatersrand*

INTRODUCTION

The Department of Pharmacy and Pharmacology at WITS University has successfully completed the third teaching block for 2021. As per the current practices, lectures continued to be online with practical, clinical and simulation sessions continuing as contact sessions, in small groups. Assessments are currently taking place and are conducted online, under invigilated circumstances.

KEY ISSUES

For noting:

- **The immunisation and injection technique course for pharmacists** has been approved by the faculty of Health Sciences in the new 50 hour format as determined by the South African Pharmacy Council (SAPC). The course has been submitted to the SAPC for accreditation.
- **All in-person-related teaching commenced** when the country moved back to adjusted level 3 lockdown, and this included laboratory practical sessions, STEPPS sessions and simulated teaching.
- **The STEPPS Screening Programme will resume** on Main Campus and Education Campus this month and next month, and the services provided to staff and students have resume from 19th August 2021.
- **Mr. Moosa Kharodia and the Trinity Pharmacy team** were awarded “**Most Dedicated Provider of Medical & Pharmaceutical Care to the Homeless in South Africa**” by the Global Health & Pharma’s Annual Healthcare & Pharmaceutical Awards for 2021.

Mr. Kharodia is our work-based learning expert who ensures that our students are exposed to the diversities of the pharmacy working environment from industrial (pharmaceutical companies), policy (SAHPRA), community pharmacy to hospital pharmacy. He ensures our students achieve their exit level outcomes to become well-rounded pharmacy professionals.



Mr. Moosa Kharodia

- Wits Pharmacy students are currently involved as vaccinators and vaccine mixers on a rotation basis, at two vaccination sites in Gauteng, under the supervision of Mr. Moosa Kharodia (work-integrated learning coordinator), namely at Business Association of SA (BASA) in Sandton, and Multichoice.
- In addition, there is a collaboration between Wits Pharmacy and Impala Platinum Rustenburg for vaccine rollouts. Impala Platinum has 3 clinics and a permanent mobile outreach service where 8 pharmacy students will be rotated through those sites and exposed to healthcare in the mining sector.
- Wits Pharmacy in collaboration with the Premier’s office of Gauteng, Gauteng Department of Health, as well as the Department of Social Development, currently have Wits pharmacy students rotating through the Houghton Mosque drive-through vaccination site.
- Wits Pharmacy is also working in collaboration with the Directorate of Special Programmes, Caitlin Douman Foundation, and Eldorado Park Mobile Outreach.
- Wits Pharmacy and Wits Health Consortium partnership is planned to extend to KZN (Umhlanga, Durban), Western Cape (Stellenbosch), Free State (Bloemfontein), and Northern Cape (Kimberly).

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- Wits Pharmacy and Mr. Moosa Kharodia would like to specially mention and thank Elna Davies from Impala Platinum, and Zain Bulbulia (Director – Special programmes, Provincial Government, Gauteng), for their assistance and contribution to the Wits Pharmacy Vaxon8 COVID-19 vaccine rollout programme.
- Dr. Neelaveni Padayachee, senior lecturer in the Wits Pharmacy Department, has actively been involved in many media interviews in relation to myths surrounding COVID-19 and vaccine hesitancy. Live interviews and articles have been presented on Radio Islam and Daily News Durban, Daily Maverick, and eNCA news.
- Please view an article that Dr. Padayachee from Wits Pharmacy wrote for “*The Conversation*” titled “*Reluctant to be vaccinated for COVID-19? Here are 6 myths you can put to rest.*” Accessible via: https://theconversation.com/reluctant-to-be-vaccinated-for-covid-19-here-are-six-myths-you-can-put-to-rest-165027?utm_source=wattsapp&utm_medium=bylinewhatsappbutton
- The PharmApprentice program, run by the Pharmacy Practice Division in the undergraduate 3rd year curriculum, is proud to announce that one of the Top 3 student groups in our 2019 programme, have been awarded seed funding from the Wits Enterprise Prospectus competition to continue the development of their idea pitched in the PharmApprentice programme.



Mbuso Thwala

Mpho Maaake

Wits graduates awarded R100k in start-up capital for pharmacy innovation.

Ref: briefly.co.za

A pair of Wits graduates have created a device that could revolutionise the way pharmacies dispense pills. The device counts and sorts pills and capsules.

- Since 2020, Wits, as a tertiary education institution, has witnessed great challenges in teaching and learning posed by COVID-19, and so has yielded great innovation in addressing these challenges. The virtual **Wits School of Therapeutic Sciences Learning I3 Symposium Innovative Teaching Competition** aimed to showcase creative ideas, innovations and inspirational (I3) solutions to overcome these challenges. The winning awards for the innovative teaching idea track were dedicated to the late Professor Viness Pillay, who inspired and invigorated innovation in teaching and research in the School of Therapeutics Sciences. Associate Professor Thashree Marimuthu and Dr. Neelaveni Padayachee, academic staff from the Department of Pharmacy, were among the planning committee for the symposium. Stephanie Leigh de Rapper, Rubina Shaikh, Zelna Booth, Dr. Neelaveni Padayachee and Associate Professor Thashree Marimuthu facilitated breakout rooms during the event, along with other members of departments within the School. These were dedicated toward providing a platform for inter-professional discussions on how strategies have been implemented during the COVID pandemic, particularly in terms of clinical skills training and migration to online teaching, to ensure high quality healthcare professional outputs. Staff and students were given platforms to pitch their implemented innovative strategies in a competition. All winning awards were sponsored by the Wits Advanced Drug Delivery Platform (WADDP) research unit and Aspen Pharmacare. The Department of Pharmacy took most of the awards within each category, demonstrating Wits Pharmacy's potential to adapt, innovate and implement ideas in the education sector, which will undoubtedly have an impact on the contribution toward the pharmacy profession. The winners across the categories have been indicated below.

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The lecturer group category was awarded first place for the PharmApprentice program facilitated by the Pharmacy Practice Division, aimed at developing entrepreneurial spirits and equipping pharmacy students with business development skills to become active participants in contributing to the improvement and growth of the pharmacy profession as a whole.

SCHOOL LEARNING



I³ VIRTUAL SYMPOSIUM

Ideas
Innovation
Inspiration



Zelna Booth; Rubina Shaikh; Gillian Mahumane; Stephanie Leigh de Rapper

WE WON THE LECTURER GROUP CATEGORY OF THE INNOVATION COMPETITION AT #STHS_I3



This award is dedicated to the late **Professor Viness Pillay** who inspired innovation in teaching and research in the School of Therapeutics Sciences



SCHOOL LEARNING



I³ VIRTUAL SYMPOSIUM

Ideas
Innovation
Inspiration



Lwandiswa Hlela

I WON THE INDIVIDUAL STUDENT CATEGORY OF THE INNOVATION COMPETITION AT #STHS_I3



This award is dedicated to the late **Professor Viness Pillay** who inspired innovation in teaching and research in the School of Therapeutics Sciences

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SCHOOL LEARNING I³ VIRTUAL SYMPOSIUM

Ideas
Innovation
Inspiration

Variksha Singh
Ayesha Suleman
Ayesha Wadee

WE WON THE STUDENT GROUP CATEGORY OF THE INNOVATION COMPETITION AT #STHS_I3

This award is dedicated to the late **Professor Viness Pillay** who inspired innovation in teaching and research in the School of Therapeutics Sciences

Division of Pharmaceutical Chemistry
CHEMISTRY
research
experiment
assimilate
translate
explore

aspen

WADDP
WITS Advanced Drug Delivery Platform

THERAPEUTIC Sciences

The runner-up awardees have been indicated below:

Mrs. Rubina Shaikh (Wits Pharmacy; Pharmacy Practice Division) in collaboration with Amanda Calitz were awarded second place in the lecturer group category, for their use of gaming in the education environment by making use of Minecraft to create virtual pharmacies, allowing students to undertake a “mock” inspection activity:

SCHOOL LEARNING I³ VIRTUAL SYMPOSIUM

Ideas
Innovation
Inspiration

Rubina Shaikh¹ & Amanda Calitz²

¹Department of Pharmacy and Pharmacology
²eFundanathi, School of Therapeutic Sciences

WE ARE 1ST RUNNER-UPS IN THE LECTURER GROUP CATEGORY OF THE INNOVATION COMPETITION AT #STHS_I3

This award is dedicated to the late **Professor Viness Pillay** who inspired innovation in teaching and research in the School of Therapeutics Sciences

aspen

WADDP
WITS Advanced Drug Delivery Platform

THERAPEUTIC Sciences

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Dr. Ane Orchard; Ms. Razeeya Khan and Mr. Muhammed Vally, from the Wits Pharmacy Clinical Pharmacy Division, were awarded third place in the lecturer group category, for their use of a Monash developed software, known as "My Dispense" to assist in simulation teaching:

SCHOOL LEARNING I³ VIRTUAL SYMPOSIUM
Ideas
Innovation
Inspiration



Razeeya Khan; Dr. Ane Orchard;
Muhammed Vally
Department of Pharmacy, Clinical Pharmacy Division

WE ARE 2nd RUNNER-UPS IN THE LECTURER GROUP
CATEGORY OF THE INNOVATION COMPETITION AT
#STHS_I3

 This award is dedicated to the late **Professor Viness Pillay** who inspired
Innovation in teaching and research in the School of Therapeutics Sciences 

SCHOOL LEARNING I³ VIRTUAL SYMPOSIUM
Ideas
Innovation
Inspiration



Dr. Ane Orchard
Department of Pharmacy; Clinical Pharmacy

I WAS AWARDED AS 2nd RUNNER-UP IN THE
INDIVIDUAL LECTURER CATEGORY OF THE
INNOVATION COMPETITION AT #STHS_I3

 This award is dedicated to the late **Professor Viness Pillay** who inspired
Innovation in teaching and research in the School of Therapeutics Sciences 

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The student group runner-up award also went to Wits Pharmacy students:

SCHOOL LEARNING I³ VIRTUAL SYMPOSIUM
Ideas
Innovation
Inspiration

Rabia Sooliman Mohamed; Sabeeha Desai;
Ammaarah Geewabhay
Wits Pharmacy Students
**WE WERE AWARDED 1st RUNNER-UPS IN THE
STUDENT GROUP CATEGORY OF THE INNOVATION
COMPETITION AT #STHS_13**

This award is dedicated to the late **Professor Viness Pillay** who inspired innovation in teaching and research in the School of Therapeutics Sciences

aspen THERAPEUTIC Sciences WADDP

SCHOOL LEARNING I³ VIRTUAL SYMPOSIUM
Ideas
Innovation
Inspiration

Phumelele Mncube; Makhosazana Zindela
Wits Pharmacy Students
**WE WERE AWARDED 2nd RUNNER-UPS IN THE STUDENT
GROUP CATEGORY OF THE INNOVATION COMPETITION
AT #STHS_13**

This award is dedicated to the late **Professor Viness Pillay** who inspired innovation in teaching and research in the School of Therapeutics Sciences

aspen THERAPEUTIC Sciences WADDP



REQUEST FROM GERMANY

Dear Sir or Madam,

I am Alexander and I live in Halle, Germany. In Halle there are the famous Francke Foundations. Formerly it was an orphanage and there was also a pharmacy to provide medicine to poor people and the orphans. I found out that this pharmacy later also shipped medicines internationally, including to South Africa. These medicines were especially popular among the Boers. The pharmacy of the orphanage in Halle even produced home pharmacies (huisapteke) and shipped them to South Africa. Mr C. F. Juritz from Cape Town played a big role in the distribution of those medicines because he was the sales representative of the pharmacy in Halle. I am particularly interested in these Halle-medicines and the home and travel pharmacies (huis- en reisapteke). Do you have such medicines or medicine cabinets/chests in your warehouse that were made in Halle?

Is there anyone who can give me more information and with [whom] I can get in touch? Please feel free to forward my request. I am looking forward to hear from you in English or Afrikaans (or even in German).

Kind regards from Germany,
Alexander

[Address available at The Golden Mortar \(GM\) office; please reply to The GM office.\]](#)



The PSSA Book Department

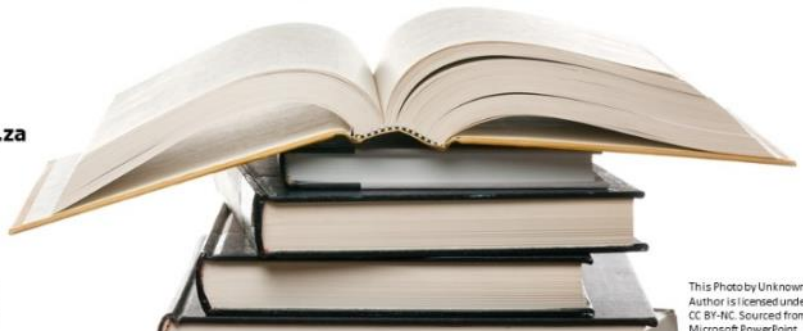
Do you know that the Book Department has a range of essential publications for pharmacists at preferential prices for members of the PSSA?

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.
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3. Make payment via EFT.

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South African Association of Community Pharmacists (Southern Gauteng Branch)

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info@saacpsg.co.za

SAACP SG is a financial contributor to The Golden Mortar.

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, 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/>.



National Pharmacy Museum Artefacts



R360



R325



R165



R285



R95

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



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, it's 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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