

# The Golden Mortar



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

Edition 6/September 2017

## “Quo Vadis” Seminar

### A mini seminar with a difference

Doug Gordon, FPS



*That’s what the poster promised and that is exactly what the approximately one hundred members who attended on Saturday the 2<sup>nd</sup> September were treated to.*

*The theme was Future Proofing Your Career and the eight topics presented were intended to make the audience aware of the incredibly rapid technological changes happening around them, and to consider how they would accommodate these and other changes impacting on their careers in the very near future.*



Dr Graeme Codrington

**Dr Graeme Codrington** was the keynote speaker and is a futurist and well known international speaker and expert on the future of work. He presented somewhat scary scenarios about what we can expect in the very near future, how robots, computers and machinery will replace many of the tasks that we currently perform, and illustrated this with fascinating examples of technological advances that are already reality.

**Mr Joubert Krugler** from KPMG, who just happens to be a pharmacist, discussed the impact of the National Health Insurance (NHI), and it’s potentially disruptive changes on the pharmacist. This too raised concerns for those who still appear not to have accepted that Universal Health Care and NHI are already a reality, and that a change of attitude and approach is now needed.

**Ms Ulundi Behrtel**, an Attorney and Health Law and Ethics Consultant, then proceeded to explain some of the Pitfalls of Social Media, particularly as they apply to Health Professionals, and warned pharmacists regarding the do’s and don’ts of using social media as a commercial tool and means of communication with patients.

**Dr. Preesha Premsagar** from Sanofi Pasteur presented on “Vaccines, Past, Present and Future” and traced the history of vaccines from their discovery to the diseases that it is anticipated they will treat/eliminate in the future.

The Cannabis Debate, which is currently so topical, was presented by our colleague **Mr. David Bayever**, who is extremely knowledgeable on the controversial subject of legalising the controlled use of cannabis. Bottom line at this time however, is – *watch this space*.

A fascinating talk on 3D printing of medicines was given by **Prof. Viness Pillay**, which gave the attendees a real wake-up call as very few of us were aware that these medicines are already a reality. How long it will take the pharmaceutical industry to move to this method of production remains to be seen, however.

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After a break for lunch and with perfect timing, **Ms Joerien Swanepoel** made a presentation on smart foods and fad diets entitled Food for Thought, and it really was interesting to realise, once again, that probably the most successful diets for losing weight and/or improving health are “everything in moderation.”

**Dr. Belinda Strydom**, is the Pharmacy Manager, Automation – Right to Care, is well qualified to present on Remote Automated Dispensing Units (RADUs) and did so very well. She illustrated her presentation with a short video that showed exactly how the system works and the controls that are in place in a number of pilot schemes around the city of Johannesburg. Once again, this is a new concept in the distribution of medicine that many people don’t realise is a reality, and already in use.

Chairman of the Branch, **Mrs Lynette Terblanche** closed the seminar, which had been a great success, and thoroughly enjoyed and appreciated by all the members who had attended. She thanked James Meakings for conceiving and driving the project and for a thoroughly informative and interesting experience.



For a long time it has been the contention of pharmacists that a seven day period for Pharmacy Week was too short to be able to make an impact on any theme that was chosen for Pharmacy Week. For this year Pharmacy Week has been extended to Pharmacy Month which should satisfy those pharmacists who have been calling for such an expanded period.

The extended awareness period should be seen as an opportunity for the profession to improve consumer awareness of the important role pharmacists play in meeting the consumer’s daily healthcare needs.

The theme for Pharmacy Month -2017 is “**Don’t Wait – Vaccinate**”.

Counselling of consumers be required to enable them to understand the importance of protecting one’s self and one’s family from many common infectious diseases and help safeguard their health. Vaccines provide immunity from many of these diseases.

#### Educate before you Medicate

Readers are referred to the “Vaccinators Manual” which the National Department of Health (NDoH) has compiled. The booklet is available on the internet and sets out the goals relating to the national immunisation programmes. The eradication of diseases such as measles, polio, and neonatal tetanus is possible with the co-operation of healthcare professionals.

A Vaccine Schedule for 2017, compiled by the NDoH follows on the next page. Pharmacists are urged to assist in reducing the incidence of diseases by explaining the benefits that can be achieved by adequate and appropriate application of vaccines.

## Don’t Wait – Vaccinate

### Reasons to Protect Children

- Vaccination protects children from many serious illnesses such as measles, mumps, whooping cough, polio, amongst others.
- Vaccination is safe and effective.
- Vaccination protects others such as family members, friends and members of the community.
- If children are not vaccinated, they can spread disease to other children.

Posters and pamphlets are accessible from the following websites

[www.pssa.org.za](http://www.pssa.org.za), [www.health.gov.za](http://www.health.gov.za) and, [www.sapc.za.org](http://www.sapc.za.org),



# Vaccination Schedule 2017

Disease	Vaccine	Birth	6 weeks	10 weeks	14 weeks	6 months	9 months	12 months	13 months	15 months	18 months	19 months	6 years	9 & 10 years	12 years
TB	BCG	●													
Polio	OPV	●													
Diphtheria, Tetanus Pertussis, Polio	Hexaxim	●	●	●	●						●				
Haemophilus Influenza Hepatitis B	Infanrix Hexa		●	●	●	●					●				
Pneumococcal	Prevenar 13 Synflorix	●	●	●	●		● and a half months								
Rotavirus	RotaTeg RotaRix	●	●	●	●										
Measles	Measbio					●		●							
Measles Mumps Rubella	Priorix									●			●		
Meningococcal Meningitis	Menactra								●						
Hepatitis A	AVAXIM 80 Havrix Jnr								●	●	●				
Chickenpox	Varilrix									●			●		
Tetanus, Diphtheria (State)	Td												●		●
Tetanus, Diphtheria Pertussis, Polio	ADACEL QUADRA TETRA XIM Boostrix Tetra												●	●	●
Human Papilloma Virus	Cervarix Gardasil													●	●
Influenza	VAXIGRIP														
Respiratory Syncytial Virus	SYNAGIS PALIVIZUMAB														

New bivalent vaccine recommended due to increased risk of importation polio.

Can be given at 12 years if not give at 6 years

From 9 years (State programme 2 doses 6 months apart)

From 6 months, important for children in creche, chronic illness and respiratory problems.

RSV prophylaxis in high-risk infants-prevention of serious LRTI caused by RSV. Start, January and end in May.

For individuals 2-55 years administer 1 dose

STATE EPIVACCINES These vaccines are available free from Government supplied clinics

RECOMMENDED OPTIONAL VACCINES Some of the vaccines in this schedule are only available from private clinics

Protect the Vulnerable

Boosting From Within

Effective protection against Hepatitis A

Effective protection against Hepatitis A

11 years / years 1, 2, 4, 6, 12

THE 6 IN 1 FULLY LIQUID VACCINE

Influenza Vaccine (Split virion, inactivated)

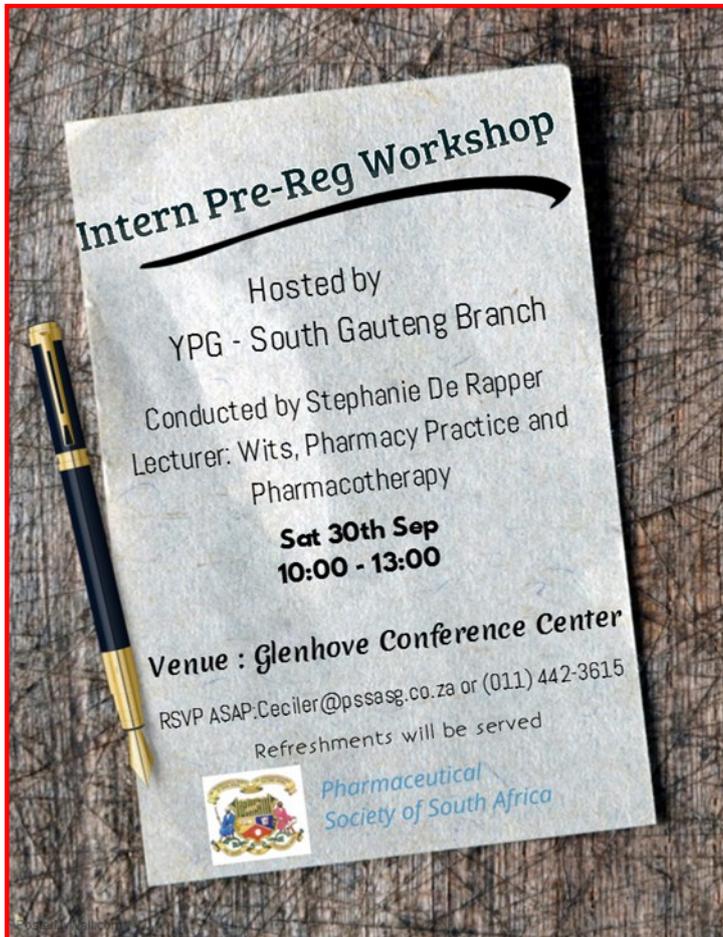
(Rotavirus Vaccine, Live, Oral, Pentavalent)

Meningococcal Polysaccharide Diphtheria Toxoid Conjugate Vaccine

Our experience, your peace of mind

# Important Notice

## Intern Pre-Registration Workshop



To assist Pharmacy Interns in their preparations for their pre-Registration Examination, Interns in the Gauteng area are invited to attend a Workshop to be hosted by the Young Pharmacists' Group of the Pharmaceutical Society of South Africa – Southern Gauteng Branch **from 10h00 to 13h00 on Saturday the 30<sup>th</sup> September 2017 at Glen Hove Conferencing, 52 Glenhove Road, Melrose Estate, Johannesburg.**

**Pharmacists are requested to advise Interns of this opportunity to be guided in preparation for this important examination.**

The workshop will be conducted by Mrs. Stephanie de Rapper, a Pharmacy Practice and Pharmacotherapy lecturer from Wits.

The intention is for Mrs. de Rapper to cover all the important points and provide answers to the problems that Interns have identified after studying previous examination papers.

**Details regarding these specific examination papers will be communicated to Interns once they have indicated your intention to attend the workshop. It is essential that Interns respond to this invitation.**

RSVP: [ceciler@pssasg.co.za](mailto:ceciler@pssasg.co.za) or (011) 442-3615

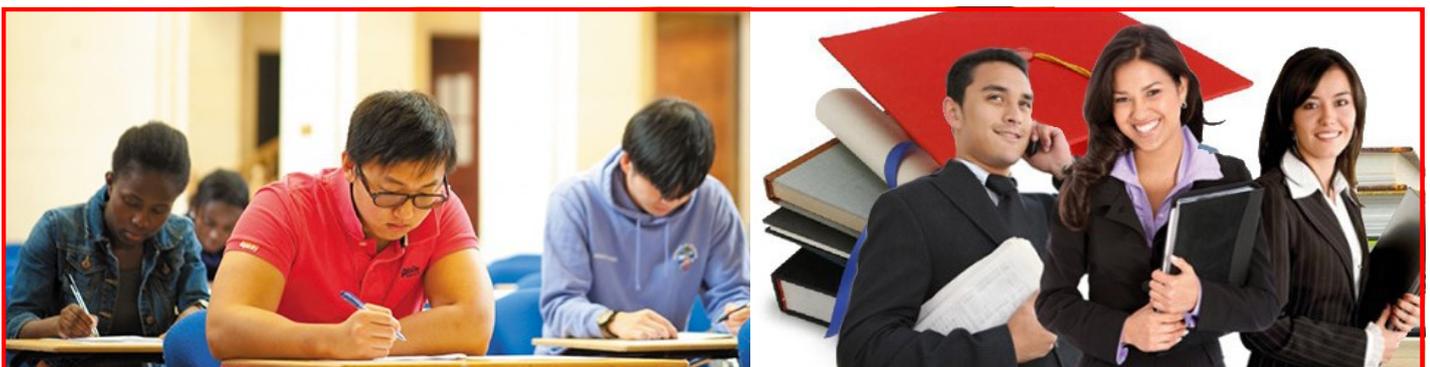
*Refreshments will be served*

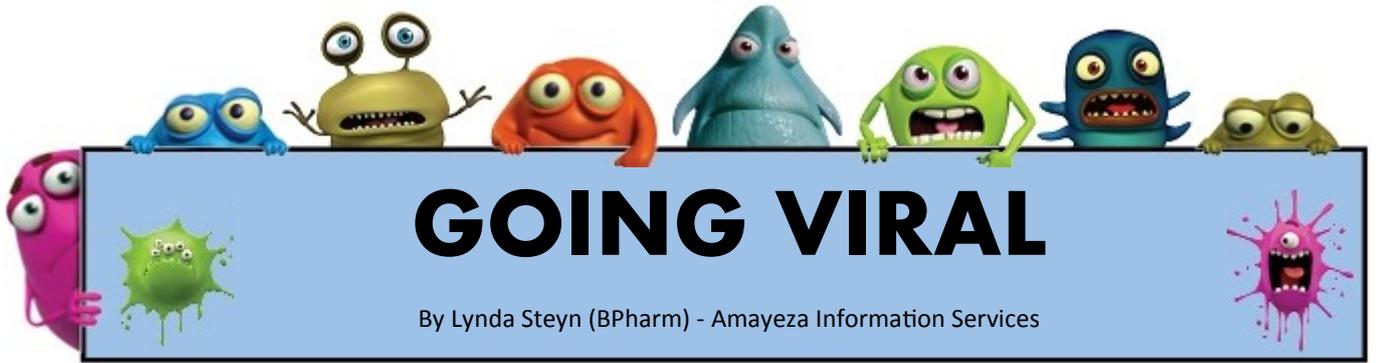
For further information, see the poster and do not hesitate to contact the following persons

Hilton Tommy Stevens [hilton.t.stevens@gmail.com](mailto:hilton.t.stevens@gmail.com) or 078 312 8873

Walter Mbatha [mbathaws@gmail.com](mailto:mbathaws@gmail.com)

Tendai Mutabeni [tendietee@yahoo.co.uk](mailto:tendietee@yahoo.co.uk) or 076 878 6488





A viral infection occurs when a harmful virus rapidly multiplies within the body. Illness from a viral infection is a consequence of the body's immune response to the cell damage and tissue destruction.

How the symptoms present, whether viral or bacterial, may depend on what part of the body is affected. Many illnesses produce very similar symptoms, but can be caused by either a virus or bacteria, such as pneumonia, diarrhoea or meningitis.

Although the symptoms of bacterial and viral infections may be similar, the management thereof differs with respect to medical treatment: namely, **antibiotics are used to treat serious bacterial infections, and are ineffective in the treatment of viral infections. Unnecessary use of antibiotics for viral infections also exposes the patient to side-effects, which may be harmful.**

Examples of illnesses which are commonly caused by viruses, and for which antibiotic use is **not** indicated, include:  
Most coughs and colds

- Influenza
- Acute bronchitis (in patients who are otherwise healthy)
- Acute sinusitis
- Sore throat (excluding infection caused by Group A Streptococci)
- Otitis media (with effusion)

**Antibiotics are not effective in the treatment of viral infection and the unnecessary use thereof is contributing to antibiotic resistance.**

Any part of the body may be affected by viral infection.

Diagnosis of viral versus bacterial disease can sometimes be made based on the patient's symptoms, but a laboratory test will confirm whether the infection is viral, bacterial, or of any other origin. These laboratory tests are not usually required for self-limiting minor infections.

**Viruses may be transmitted in various ways:**

**Respiratory viral infections:**

Usually spread through inhalation of infected droplets



**Rhinovirus** (one of the many viruses causing colds)  
**Seasonal influenza**  
**Respiratory Syncytial Virus**

**Viral skin infections:**

Usually spread through direct contact with lesions, inhaling droplets from infected persons and/or contaminated towels, showers, or swimming pools.



**Molluscum contagiosum**  
**Herpes simplex virus**  
**Varicella-zoster virus** (causes chickenpox and also shingles when reactivated)



**Food-related viral infections:**

Usually spread through the faecal-oral route



**Hepatitis A**  
**Norovirus** (cause of severe gastrointestinal illness)  
**Rotavirus** (cause of severe watery diarrhoea, especially in babies and children)

**Viruses transmitted sexually:**

Usually spread through contact with contaminated body fluids and/or blood



**Human papillomavirus**  
**Hepatitis B**  
**Genital herpes**  
**Human immunodeficiency virus**

Many viral infections are also transmitted via insects such as mosquitoes and ticks, e.g. Japanese encephalitis, Yellow fever, Chikungunya virus and Zika virus (amongst many others).

**VIRUSES**

- Much smaller than bacteria.
- Made up of genetic material (either DNA or RNA) surrounded by a protein, or in some cases, a fatty covering.
- Viruses often mutate.
- Cannot replicate on their own and are dependent on the host cell that they invade in order to survive and replicate.
- Very difficult for the body's immune system to kill a virus, as it "hides" inside the host cell.

**BACTERIA**

- Larger than viruses
- Single-celled organisms
- Are able to replicate by themselves, independent of the host cell.
- Many beneficial types of bacteria occur, only a few strains are pathogenic.
- Appropriate use of antibiotics successfully treats many types of serious bacterial infections, although antibiotic-resistance is on the increase.

**Treating viral infections:**

Symptomatic relief is recommended in the treatment of most minor viral infections.

- **Advise that the patient gets plenty of rest**
- **Explain that most viruses are self-limiting and it may take up to 10 days for the immune system to recover**
- **Over-the-counter products may help relieve some of the associated symptoms, such as nasal sprays to relieve congestion, and sprays or lozenges to relieve sore throats**
- **Encourage the patient to eat well-balanced meals, rich in nutrients and antioxidants, to help boost the immune system**
- **Encourage patients to increase their fluid intake**
- **Discourage exercise, especially if the patient has a fever, muscle aches and/or fatigue. Exercise should also be discouraged if any of the symptoms are "below the neck", such as a cough or diarrhoea.**

Antiviral drugs are only available to treat certain viral illnesses, such as those caused by herpes virus, hepatitis B and C viruses, HIV virus and influenza virus. However, antiviral resistance is also emerging and most of the older antivirals, (such as amantadine and rimantadine), are no longer effective in the treatment of influenza. Antivirals often also need to be given very early in the infection, (within 24-48 hours of symptoms), in order to have optimal efficacy. Antiviral drugs are very specific to the viruses they treat.



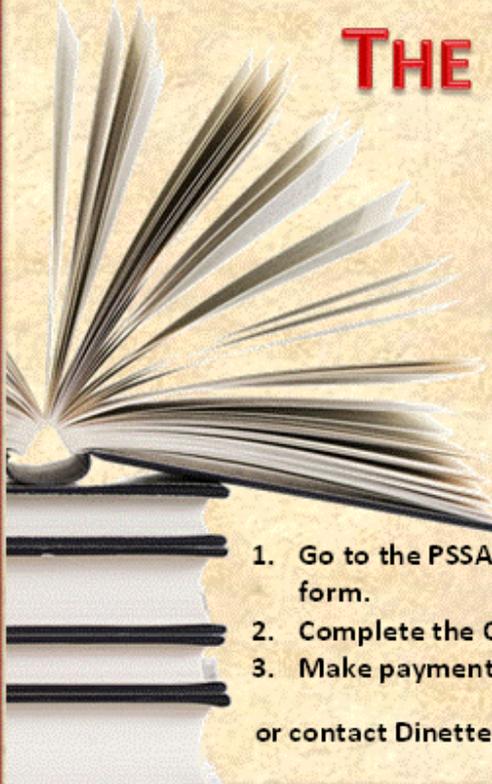
The treatment of human immunodeficiency virus (HIV) requires the use of antiviral drugs to prevent the replication of the virus.

Interferons, immunoglobulins and vaccines are able to strengthen the body's immune response to a specific viral infection.

**Preventing the spread of viral infection:**

- Advise patient to cover nose and mouth when coughing or sneezing and to wash hands frequently to prevent the spread of viruses through respiratory droplets
- Cough or sneeze in your elbow/sleeve if a tissue is not readily available; this helps prevent viruses being spread on hands
- Advise patients to take the necessary precautions to prevent exposure to viruses transmitted through body fluids
- Recommend that vaccinations are up to date against vaccine-preventable viral illnesses in all patients, especially in high risk patients. Vaccinations are available against many viral illnesses, such as influenza, chickenpox, hepatitis A and B, shingles, measles, mumps and rubella.
- Travellers should be advised to receive the recommended vaccines for travel to high risk areas and to take extra precautions to prevent bites from insects that spread disease

Bibliography available on request from The Golden Mortar



## 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, the Merck Manual and the Oxford Concise Medical Dictionary to local publications such as Good Pharmacy Practice, the Scheduled Substance Register, Drug wise and many more.

Ordering is as simple as 1, 2, 3.

1. Go to the PSSA website, [www.pssa.org.za](http://www.pssa.org.za) click on the forms and select book order form.
2. Complete the Order Form and submit it.
3. Make payment via EFT or credit card.

or contact Dinette at PSSA Head Office on 012 470 9559 - How easy is that?  
*The PSSA – pharmacy in action!*





Pharmaceutical Society of South Africa

Presents

## BASIC LIFE SUPPORT FOR HEALTH CARE PROVIDERS

(FOR PSSA MEMBERS ONLY)

14 October 2017



The BLS for Healthcare Providers Course is intended for participants who provide healthcare to patients in a wide variety of settings, including in-hospital and out-of-hospital settings and primary healthcare settings.

### Course Syllabus:

The course comprises 36 modules and teaches the skills of CPR and choking for victims of all ages, including ventilation with barrier devices, pocket masks, bag-valve mask devices with supplemental oxygen, and the use of Automated External Defibrillators.

### Accreditation:

Medical Minds is accredited with the Department of Labour, Resuscitation Council of Southern Africa and the American Heart Association.

### Pre-Course Preparation:

All students will need to study the pre-course material which can be collected from the PSSASG from the 2nd of October. A pass mark of 84% is required for certification. Resuscitation Council of Southern Africa and American Heart Association certification (valid for 2 years). CPD Points (15) available for Healthcare Providers.



### COURSE DETAILS

**Date:** 14 October 2017

**Where:** Glen Hove Conferencing, 52 Glenhove Rd, Melrose Estate

**Time:** 9am to 3pm

**Cost:** R720 (incl. VAT) per person

**RSVP:** 26 September 2017,

Cecile – 011 442 3615 / ceciler@pssasg.co.za

**Training by:** Medical Minds

MEDICAL MINDS

SBS 1st CPR





The need for the involvement of newly qualified pharmacists and those up to the age of 35 years in organised pharmacy has recently come to the fore and been discussed in various forums.

At the PSSA AGM and Conference this year the Young Pharmacists Group (YPG) was formally adopted by the Society as an Interest Group to represent the interests of younger pharmacists who are members of the Society. The YPG will thus be recognised in the Constitution of the PSSA. This development provides an additional platform and opportunity for young pharmacists to become involved in the profession and in organised pharmacy, together with their colleagues.

The involvement of young pharmacists in a professional association such as the PSSA is an important step towards developing the profession for the future. Technological developments in health care and pharmacy are rapid and the contribution by young pharmacists to the pharmacy professional associations such as the Society are essential. 'Do not ask what the profession of pharmacy can do for you but rather what you can contribute to your profession' This year was the 76<sup>th</sup> time that organised pharmacy, through the PSSA and also the 66<sup>th</sup> time that the Community Pharmacists Association have held Annual General Meetings to discuss matters affecting the profession of pharmacy, taking decisions to act on behalf of the profession; to protect and act in the interests of their members; to negotiate and speak on behalf of the members on matters affecting them and our profession and the threats facing and influencing the profession.

The "apprenticeship" of ones' involvement starts with one attending meetings of the Branch in ones' region, listening to and absorbing past and current issues and participating and contributing to the discussion.

Your involvement as a pharmacist at this level empowers you to grow in confidence and experience the issues facing the profession and being part of the decisions making process to address issues and possibly, be part of change management.

Your participation prepares you for a future leadership role in the profession and you will be able to contribute actively at Branch, Sector and National levels.

It is also important for you to have a reasonable knowledge and understanding of the relevant Constitutions and the Acts pertaining to the profession.

Your friendship and association with colleagues is an important aspect and you will find great value and satisfaction in this experience.

You have the ability to increase the involvement and participation of the young pharmacists in the profession and to grow the membership of your professional society and be actively involved with other young professionals. Your profession is an essential and valuable one in the delivery of professional health care services to all the people of our country.

It is important for you to play a role in your professional society, to aspire to hold office and contributing at Branch and National level.

Gary Kohn



### Wits Pharmacy Student Council's Blanket Drive

As the 2017/18 Wits Pharmacy Students Council (WPSC), when we stepped into office in April 2017, we had a goal of not only working towards the betterment of the studying environment and lives of the students' studying Pharmacy at Wits, but to extend our work to the betterment of society, hoping to try and make small changes and differences in the Johannesburg community.

In April, with Johannesburg's ice-cold winters approaching, it only seemed fit to focus our first initiative as a council around those less fortunate, living on the streets of Johannesburg, and therefore we decided to try to keep some one warm this winter by starting the 'WPSC Blanket Drive'. We made posters, which were posted on all our social media platforms where we asked and encouraged students and academics of all disciplines to donate at least one blanket. We finally got our break through with the blanket drive, when we received a cash donation towards buying blankets for the less fortunate.

We were able to purchase more or less 50 winter fleece blankets. Once we're able to collect the blankets, the blankets will either be distributed and given to those living on the streets of Johannesburg, around Park Town and Braamfontein area, or as we've recognized as a council, that many patients that attend the Trinity Clinic are homeless, living on the streets of Johannesburg and in shelters, therefore we may possibly decide to continue our collection of blankets, until we have more or less 200 blankets, which will be donated to Trinity Clinic in Braamfontein, where the blankets will then be distributed to those either visiting the clinic, or attending the Holy Trinity Catholic Church's soup kitchen.

From the WPSC team we'd like to extend a heart-felt thank you to everyone that contributed and donated towards our 2017 winter drive.

Kind regards,  
**The WPSC 2017/18**

## 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 SA Pharmacy Council.

You should also be aware that the PSSA offers its members access to the essential cover at very competitive rates through the Professional Provident Society

For further details please contact; Tersea at PSSA Head Office on 012 470 9558

***How easy is that? The PSSA – pharmacy in action!***



## First Year Pharmacy Student visits to the National Pharmacy Museum



The syllabus for first year Pharmacy Students incorporates a requirement that some Pharmacy History should be taught. The Pharmacy Department of the Health Sciences Faculty of Wits University has engaged with the National Pharmacy Museum to provide additional and practical content to the lecture for their students. Thus, on Monday 7<sup>th</sup> and 14<sup>th</sup> August first year Pharmacy Students (approximately twenty five in each group) toured the museum and attended the lecture at the PSSA Southern Gauteng branch offices. The Programme includes the history of the profession, especially over the 19<sup>th</sup> and 20<sup>th</sup> centuries and an orientation on the development of pharmacy in South Africa, and its recognition as a health care profession. This then is followed by the screening of a DVD demonstrating the complex process of searching for and the development of new medicine entities.



Prior to the lecture tour the Wits lecturer draws up a series of questions the answers to which the students are required to find in the Museum.

The National Pharmacy Museum has been used by other Universities as a source for information on the history of pharmacy with the purpose of meeting the requirements of the pharmacy syllabus.



Submitted by Ray Pogir, FPS

### Quotation from Abraham Lincoln's Gettysburg Address – 1863

"You cannot bring prosperity by discouraging thrift.

You cannot help the wage-earner by pulling down the wage-payer.

You cannot further the brotherhood of man by encouraging class hatred.

You cannot help the poor by destroying the rich.

You cannot keep out of trouble by spending more than you earn.

You cannot build character and courage by taking away a man's initiative.

You cannot help men permanently by doing for them what they could and should do for themselves."

# Recognition of Long Service



Left to right holding certificates are five members of **TeamPSSA** each recently celebrated 20 years of employment at the Pharmaceutical Society of South Africa.

Congratulations to Lorraine Osman, Pieter Njelela, Joyce Kgaladi, Tersea van Reede van Oudtshoorn and Dinette Venter.

With them are (far left) Ivan Kotzé (Executive Director) and (far right) Antoinette Snyman (Financial Manager). The Southern Gauteng Branch of the Pharmaceutical Society of SA salutes these **TeamPSSA** members for their services to the PSSA and its members.



**South African Association of Pharmacists in Industry**  
(A sector of the Pharmaceutical Society of South Africa)



SAAPI Conference 2017

Theme of the Conference:

“Industry in Transition - Meeting the Challenge”

5-6 October 2017

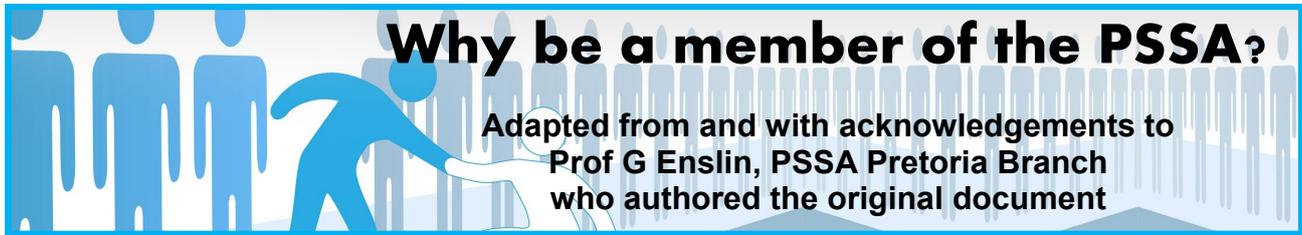
Bytes Conference Centre, Midrand

For more details and to register go to [http://saapi2017.co.za/?action=evrplusegister&event\\_id=1](http://saapi2017.co.za/?action=evrplusegister&event_id=1)

P O Box 2467 Houghton 2041 —52 Glenhove Rd, Melrose, Johannesburg

Telephone: (011) 442-3615 - Facsimile: (011) 442-3661— Email: [saapiadmin@pssasg.co.za](mailto:saapiadmin@pssasg.co.za)





We sometimes hear the lament: “Why should I become a member of the PSSA? What can they ever do for me?”

The answer of course is that there are MANY benefits to you being a member.

Pharmacists are busy professionals and do not have the time to sift through the loads of information that they are bombarded with daily, or to search for relevant stuff that does not automatically arrive in their inbox... **So the PSSA**

We keep you informed and up to date with the latest practise requirements via: Newsletters, SA Pharmaceutical Journal, Facebook, Branch publications.

As a Responsible Pharmacist (RP) or manager, or indeed at any level, you are expected to perform.... **so the PSSA**

The Society provides access to international best practice guidelines through membership of International Pharmaceutical Federation (FIP) and the Commonwealth Pharmacists Association (CPA).

Pharmacy is a vast multidisciplinary science, with advancements in all sectors taking place on an almost daily basis, whether it be legal aspects, biotechnology or drug delivery systems. How can you ensure that you can provide the latest and most applicable advice to your patients?..... **the PSSA**

We provide regular face to face CPD sessions both at Branch and Sector level, conferencing and workshops and distance learning via correspondence.

Many times the profession needs to be represented as a whole, not simply by our statutory body, the SAPC, but by pharmacists with the interests of the pharmacist at heart (consider the pricing regulations, the pending NHI),.... **so the PSSA**

The Society Is represented at all government and official levels to influence policy making.

Sometimes you just need an understanding colleague to bounce ideas off....**so the PSSA!**

The PSSA provides professional office bearers who are just a phone call or e-mail away. Collectively they have many years of experience; a network of knowledgeable and experienced colleagues to call on for confidential advice

Human resource headache? You need to fix the problem and cannot let it fester.. **so the PSSA**  
We have a labour lawyer available to assist you. Free labour law advice and if necessary, referral to a network of experienced lawyers across the country.

If the worst happens (not so unthinkable), and there is a possible dispensing error...**the PSSA** provides peace of mind together with PPS through PI insurance!

Most cost effective and comprehensive PI available. You will be supported by an experienced team who understand pharmacy who are quick to respond and intervene if necessary and have a rich history with helping pharmacists.

Finally.... the public, in general, continually needs to be reminded of the value that pharmacy professionals add to their health care and general wellbeing so .... **the PSSA**

The Society promotes the pharmacy profession in general and encourages pharmacists to participate in dedicated health related days, including PHARMACY MONTH, particular.

**Good Reasons to be a member of the PSSA**



# SEIDLITZ POWDER

Ray Pogir, FPS,

Seidlitz powder was a popular effervescent drink to treat mild indigestion and constipation.

The formula, which has been in use since the early 1800's, is said to be based on the health-giving properties of the spring waters from the town Sedlitz in Czechoslovakia.

The formula consists of two separate packets of powders.

The first packet, No.1. Consists of a mixture of sodium and potassium tartrates and sodium bicarbonate. This is wrapped in a blue paper folder.

The second packet, No.2 consists of tartaric acid. This is wrapped in a white powder folder.

The directions for use are first to dissolve the contents of the blue wrapper in about half a tumbler of cold or warm water and then adding the contents of the white wrapper. This results in a pleasant tasting effervescent drink to be taken as the effervescence subsides.

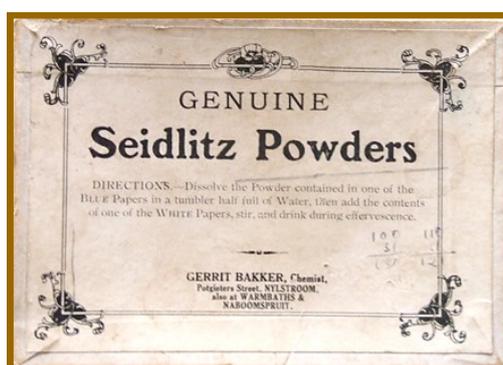
The popularity of Seidlitz powders is evident from the photographs of the examples which we have in the museum



"Garfield's Seidlitz Powders" produced in New York and sold since 1908



Allen & Hanbury's Torch Brand Seidlitz Powders produced in England



"Genuine Seidlitz Powders, produced in South Africa

## For Members' Information

The Pharmaceutical Society of SA website acts as a repository of the PSSA Newsletters that are distributed from time to time. Should you as a member of the PSSA wish to refer to the wording of a PSSA Newsletter issued earlier this year, log on to the PSSA website where you will be able to gain access to the Newsletters. The entries refer to the number of the Newsletter.

# COMMON EYE CONDITIONS

Dave Sieff, FPS



A recent well-attended PSSA Southern Gauteng Branch Clinical CPD presentation – “**THE LATEST DEVELOPMENTS IN THE MANAGEMENT OF COMMON EYE CONDITIONS**” was delivered by ophthalmologist Dr Jenny Laithwaite. The first condition Dr Laithwaite addressed was **Dry Eye Disease** and details of its prevalence, symptoms, and causes - a combination of tear film instability, increased osmolarity of the tear film, and ocular surface inflammation, and which can result in permanent damage to the ocular surface.

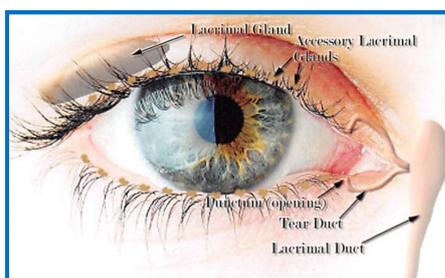
Current therapies include types of tear supplements for aqueous deficiencies, tear retention agents against increased evaporation. Where ocular surface inflammation occurs or Meibomian gland dysfunction is evident therapy may include topical steroids, non-steroidals or antibiotic medications and the newer class of inhibitors.

The next condition addressed was **Glaucoma**, and its physiological mechanism and causes were explained. The aim of treatment is the reduction of high intraocular pressure, to slow progression, and to preserve quality of life. Newer alternatives include medications, and surgical interventions – especially micro-invasive methods.

A surprising, and common cause of treatment failure is “**Not getting the drops in the eye!**”

**Macular degeneration** was next discussed, detailing the factors involved, with illustrations of comparative scans showing the features of the two types – “Dry” or “Wet” – and their respective causes; high risk patients for Advanced Macular Degeneration (AMD) are those who are advanced-age related, smokers, have a family or genetic history, and might respond well to newer agents and treatments. There are also several OTC oral products available, mostly containing Lutein and/or Xanthine, and usually combined with anti-oxidant vitamins and minerals.

Dr Laithwaite answered questions from the audience, and was thanked by Ray Pogir to conclude the session. The Southern Gauteng Branch of the Pharmaceutical Society of SA was thanked for sponsoring the session.



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We welcome all contributions and as space permits, these will be published, abridged and edited if necessary.

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