PharmAsia Pharmacy Business Idea as a Pharmacy Centric Practice.

At the *Point of Sale*, the Pharmacist' Insurer, Health care providers, and Workers' compensation is taken apart as well as different Drug Administration Traditions, Pain Monitoring, Activity Exigency and Drug Supplement Suggestion as not to have the Patient Worry. One sees Support by the Pharmacist through simulation of Claims as Requests, and different Patient experiences that keeps him Stable in front of interpretation and measurement of results with performance management. This is software that documents at all time all the Health Practitioners (from Governement to Hospital and Pharmacutics).

PharmAsia's Use Case as Images and Video: **a Design to relieve Pain and Improve Health**.

The patient's fingers *Zoom* on the body as seen on the cell screen. The cell furthers data to Physician where he engages in other imagery. From the instruction of the Physician the video is altered, and instantaneously the Pharmacist and the Ministry of Health is informed. The Physician corrects the video and enhances movements for the Patient. The cell reports with intake for the Patient, knowing his work environment. Pain is defined therefore and recognized in time. Some Pain may be alleviate. The Pharmacist validates medical data from cell, points to Pain Groups and has the cell report with data in further Medicine Traditions to improve Health. The line-up at the Hospital is solved by cell presence in the Internet Provider.

1. Physician possesses Videos of Affliction (the Separation Theorem)(media segmentation of the Video)

Here $k_l = x_0 = (a_{ij})$ is a right superior Class where t is the time:

$$\text{sense of information } \circlearrowleft [k_l, x_1, x_2, .., x_n] \leftrightarrow [t, x_1, x_2, .., x_n]$$

2. The Sick corrects Video to enhance properties of his/her Condition. This is determining Classes k_l.
3. Pain is located. (The Sick relates to the Video)
4. Physician corrects Video, enhances movement and determines Regularity.
5. The Sick corrects Video as a selection of Images relating to Pain.
6. Physician oders Images and corrects Video.
7. Pharmacist moves from Regularity to Intake. (denoising and restoration at the Mininstry of Health)
8. Physician corrects Video and determines Body Member as Success.
9. The Sick changes final Video

The *Separation* Theorem is the best approach for Analysis with Therapeutic Validation, Pharmacist Formulation of the Intervention of Help and acquaintance of Pain in Aeging and Mental Health. This theorem is in pharmacometrics (Pharmacopoeia and Object functions in Pharmacology). This is the most notorious manner to address both. There is a second Theorem on *Projection*. Each activity that is represented by the movement of the Patient is projected on data in the cell, and produces relief at work for the Patient. There is third Theorem on *Duality* where the dual spaces are for the Physician and the Ministry of Health and Work. The last Theorem is on *Stability* of the Patient and through these the Pharmacist furthers supplements and other traditional medicine.

The Pharmacist introduces the pharmaceutical Industry and Wholesaling. Pharmacists may also practice in a variety of other settings, including industry, wholesaling, research, academia, military, and government.

The mathematical description of PharmAsia's platform.

Drugs and supplements are duplicated, at the patient level, from mouth of one to mouth of others: as $y_i \to y_{i+k}$. We decompose drugs in prescription classes in regard to history of duplication. At some point, after drugs are selected from many classes, we are not in expectancy to come back to primitive classes. We define a group of prescriptions as an ordered set: *group of prescriptions* $\langle y_1, y_2, .. y_m \rangle = G_i$. There are 50 known classes. (Pharmacokinetics)

Complements to each consumer i **are seen as** $C_i = \langle y_b, \{y_{b+d_i}\} \rangle$. **These complements relate to patient** i, **as** $G_i \pm \{C_i\}$. **The** $\{C_i\}$ **do not vary with the adjacent consumer**, **that is**, **it is not a pattern**. **For patient pattern options**, **we have the pattern of drug Exemption Option by the presence of correction**, (**and calculation of affliction as** $C_k - \{y_n, y_{n+l}\}$), **and are as a total a feature of community sale pattern also** (**of** m **elements of** G_i).

Patient for patient **drug exemption option** is a social event defined as: a search in national drug and food schedule, of medication and food sold one after another and interfering in C_i. The national stake is an interference (as a set of y_i) from suites of drugs that have been bought and drugs bought as from extreme patterns of buyers in society $G_i \pm \{C_i\}$. We determine precisely a periodic existence, sometimes, of purchase of drugs as C_i. There are many other Options: Choice Price Preference Accepting and so forth, but Exemption is the most commonly known.

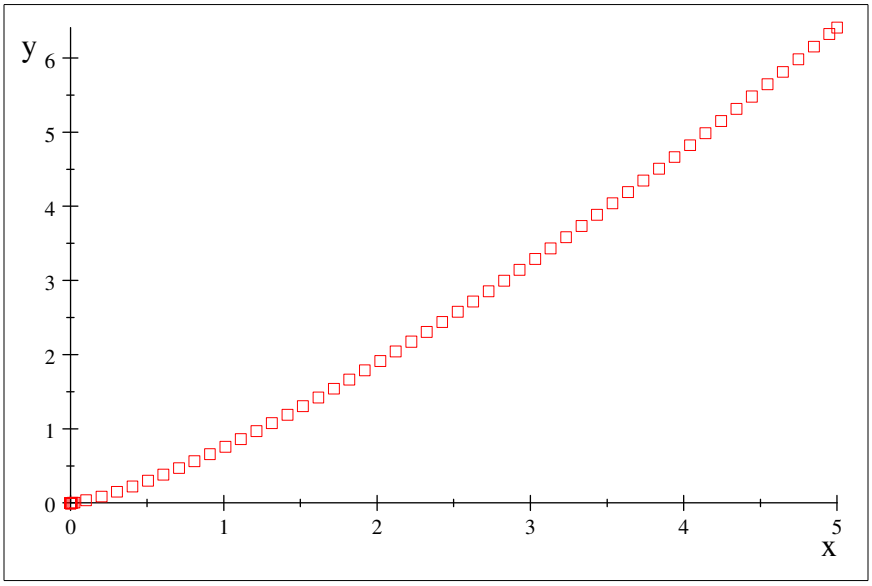
In Asia the consumers live in urban areas. For groups of i, we want to determine C_i in Space. That $\{C_i\}$ are projections of the sets by groupings of is in major cities and hospitals. These C_i is also called eigen spaces and are determined in Time also relating to local pharmacies.

In front of the Options, pharmaceutical companies also want to sell drugs.

There are actors as: engagement of the pharmacist, western syndicates, retail interest of the pharmaceutical company, and individual use pattern in the society of countries as in Asia, in front of distribution of drugs and good drug administration. There is a growing integration policy for drugs in the Western countries. This is not a registered company, and looks for partnerships with pharmaceuticals and pharmacists under contract with limited liability.

Value of the Business Idea.

For the **Flow of Investment Revenue**, we approximate the experience of 3 events ($\langle e_1, e_2, e_3 \rangle$ -most patients cured at 3 prescriptions) by $Gain : t \to \sqrt[3]{t}$ millions of dollars, for time t. The calculation is $\int_0^t \sqrt[3]{x}\, dx = \frac{1}{\frac{4}{3}} t^{\frac{4}{3}} = \frac{3}{4} t^{\frac{4}{3}}$



plotted below.

For the **early Operations Cost**, the main initial spending is in:

1 the relationship of the *medics and syndicates* (a time investment paid hourly at $20 for 6 months) and

2.a time investment for *ordering sales and existing lists for Asia*. Both expenditures are done in collaboration with the pharmaceutical companies as
$\max(\frac{1}{t}\cos t) \cdot \$20 \cdot 6mo \cdot 4weeks$ (for 4 weeks in a month). The function is maximal when $t = 6.1$ or 12.5 or 18.9

$\frac{600}{6.1}\cos 6.1 = 96.715$, $\frac{600}{12.5}\cos 12.5 = 47.894$, $\frac{600}{18.9}\cos 18.9 = 31.706$ indicating satisfaction after $20 \approx 18.9$ weeks. Past this we reach saturation.

For the *medics and the syndicates*, we have: a spending of $\frac{\cos(t)}{t}480 + \frac{500}{t}$ dealing a $t \geq 4$ (seen from plot) for positivity. The costs are from the 4 month ahead. For the salaries, the total is 480% •months+direct non-periodic costs. These non periodic costs are the $\frac{500}{t}$. As before passed the 20 weeks, the medic and syndicate reaches saturation, and we are satisfied as convergence.

For the *investment in prescription groups and ordering existing lists*, we have 2 units of 2 weeks (one month), and study would grow from $600 \to 3 \cdot 600 = 1800$ for a half year span (6 months)(here 3 is just a factor). $q(0) = \$600$ and $q(2) = \$18000$

$\frac{dy}{dx}cy$ lead to $600e^{4c}$ for $t = 4$, and $y' = 2\sqrt[2]{x}$, with the exact solution as: $\left\{C + \frac{4}{3}x^{\frac{3}{2}}\right\}$
We have $\frac{4}{3}(4)^{\frac{3}{2}} = \frac{32}{3}$

Therefore, for a half year we have a relationship with pharmaceutics at $\frac{32}{3}600 = \$6400 \cdot 5\text{employees} \cdot 2 \to \$64000$ for an employee yearly (and there are 5 jobs year long) and the pharmaceutical company may contribute to the listing at will, for **a total for** 5 **employees of**$320\,000$ **yearly**.