June 2025

DIGEST

NAFTraPh

Test Your Health IQ

PTSD

CPR - AED

APHASIA

CYTOMEGALOVIRUS (CMV)

MYASTHENIA GRAVIS

UNSEEN BATTLES, *UNBROKEN STRENGTH*

Unmasking Alzheimer

TABLE of CONTENTS

Editorial Note:
The Strength Behind the Struggle – Why June's Awareness Matters 03

Feature Article:
Unmasking Alzheimer's - When Memories Fade but Dignity Must Remain 04

Breaking the Silence:
Understanding Aphasia – Finding Voice in a Wordless World 06

Eye on Health:
Clearing the Fog - What You Should Know About Cataracts 10

Men Matter Too:
Let's Talk Men's Health – A Conversation Long Overdue 12

Living with Limitations :
Myasthenia Gravis - The Fight Behind the Fatigue 16

Tiny Virus, Big Impact:
The Hidden Threat of Cytomegalovirus (CMV) 19

Beating Hearts, Saving Lives
CPR & AED: The Power in Your Hands to Save a Life 22

Curves of Courage:
Scoliosis Awareness - Standing Tall Against the Bend 25

Scars You Can't See
PTSD: Healing the Mind After the War Within 28

Test Your Health IQ
Interactive Quiz: How Fit Is Your Health Knowledge? 30

Final Thoughts 33

EDITORIAL NOTE

THE STRENGTH BEHIND THE STRUGGLE – WHY JUNE'S AWARENESS MATTERS

"Not every illness is visible. Not every battle is loud. But every story deserves to be heard."

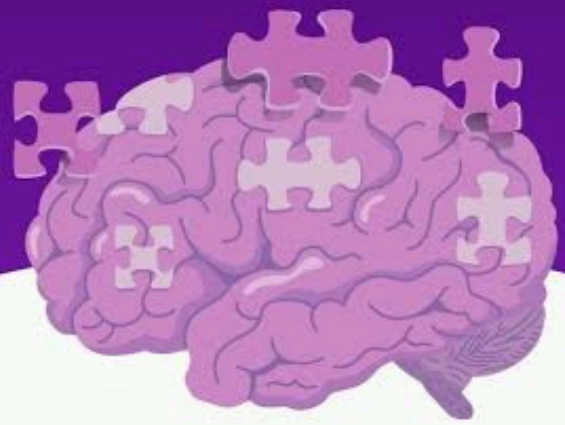
June isn't just another month on the calendar—it's a powerful reminder of the human spirit. This edition of NAFTraPh Digest dives deep into the lives, challenges, and victories of people battling conditions we often overlook because they don't scream for attention. From Alzheimer's to PTSD, scoliosis to HIV, these are the unseen battles fought daily with courage and quiet strength.

Imagine a man forgetting his child's name. A woman whose skin stiffens with every sunrise. A teenager hiding the scars of trauma. A father afraid of a routine HIV test. These aren't statistics they're stories. They're our patients, our families, our colleagues... sometimes, they're us.

This month, we listen. We learn. We advocate. Through each article, we shed light on what it means to live with strength behind the silence—and how, as pharmacists and health advocates, we can become voices for the unheard.

Let this edition ignite something within you. Compassion. Curiosity. Change.

UNMASKING ALZHEIMER'S



When Memories Fade but Dignity Must Remain

The Face Behind the Fog

"I don't know your name... but I remember I love you."
These were the words of 78-year-old Mama Tope as she smiled faintly at her daughter. Though time had stolen the names, the faces, the memories—her heart still recognized love. Such is the mystery and tragedy of Alzheimer's disease.

In Nigeria and across Africa, Alzheimer's often wears a different mask. Many see it as "**old age confusion**" or worse label it as a spiritual attack. Families struggle, silently, not knowing that what they're witnessing has a name. And more importantly, that it is not normal aging.

Alzheimer's disease is the most common form of dementia, a progressive brain disorder that slowly erodes memory, reasoning, and even personality. It doesn't just affect the elderly—it affects families, communities, and entire health systems.

What Is Alzheimer's Disease?

Alzheimer's is a neurodegenerative condition. It occurs when abnormal protein deposits (amyloid plaques and neurofibrillary) tangles and builds up in the brain, disrupting communication between nerve cells. Over time, these cells die, leading to brain shrinkage.

Key Symptoms Include:

- Memory loss that disrupts daily life
- Difficulty completing familiar tasks
- Confusion with time or place
- Poor judgment
- Withdrawal from social activities
- Changes in mood or personality

Did you know?
An early symptom of Alzheimer's isn't just forgetting names—it's forgetting how to use simple tools, like a spoon, or how to dress in the right order.

Stages of Alzheimer's: From Subtle to Severe

Early Stage:
Mild forgetfulness, losing things, confusion in new places.
Middle Stage:
Greater memory loss, wandering, personality changes, needing help with daily tasks.
Late Stage:
Loss of physical abilities, inability to communicate, total dependence.
Each stage not only affects the patient, it reshapes the lives of caregivers.

Alzheimer's in Nigeria: Myths, Gaps, and Realities

In Nigeria, data on Alzheimer's is limited, but the numbers are rising due to increased life expectancy. According to WHO, over 50 million people worldwide have dementia, with Alzheimer's accounting for 60–70%.

Yet in Nigeria:

- There is little public awareness.
- Few families seek medical help early.
- There is no national dementia strategy.
- Caregivers are untrained and unsupported.

Families often keep their loved ones hidden due to stigma, labelling them as "**possessed**" or "**mad**."

Diagnosis & Management: What Can Be Done?
There is no cure for Alzheimer's disease but early diagnosis can help families plan and manage the condition.
In advanced stages, loss of brain function can cause dehydration, poor nutrition or infection. These complications can result in death.

Diagnostic Tools:

- Medical history and physical exams
- Cognitive screening (MMSE, MoCA)
- Brain imaging (MRI or CT)
- Laboratory tests to rule out other causes

Management Approaches:

- Medications like donepezil or memantine (for symptom control)
- Behavioral therapy
- Occupational therapy
- Caregiver education and support

Pharmacists can play a critical role in identifying medication-related confusion, offering counseling, and connecting families with support.

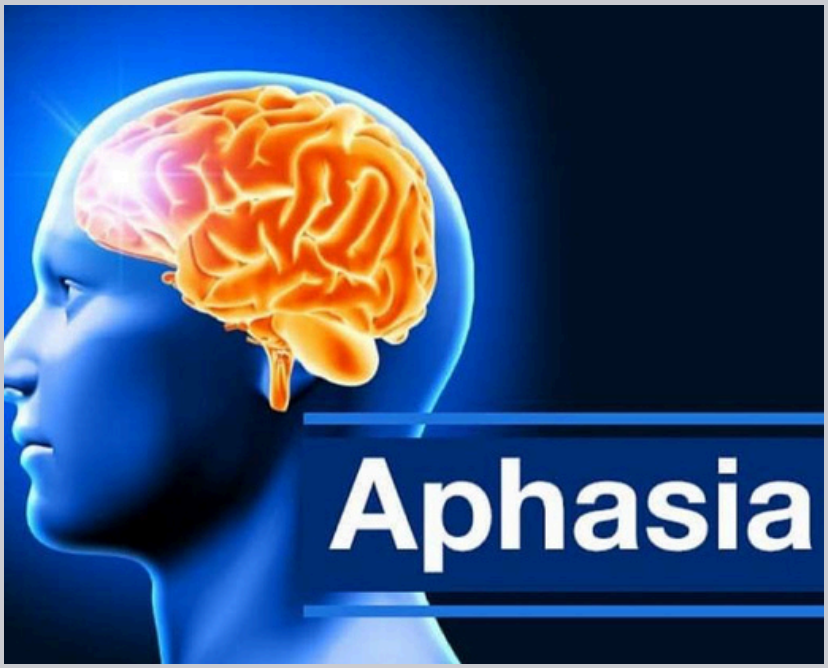
Caregiving: The Silent Toll
Caring for someone with Alzheimer's is emotionally exhausting. It involves:
✅Repeating answers dozens of times a day
✅Helping with bathing, eating, and dressing
✅Dealing with mood swings, aggression, and paranoia
✅Emotional burnout and financial strain are common. Caregivers need recognition, respite, and professional guidance.

Alzheimer's and Advocacy: The Way Forward
We must break the silence.
Health professionals: Educate communities. Screen early. Refer patients.
Pharmacists: Spot red flags during consultations. Offer medication counseling.
Families: Speak up. Share stories. Seek help.
NAFTraPh: As foreign-trained pharmacists, we can be champions of brain health, advocates for elderly care, and voices for national Alzheimer's policy inclusion.

Final Thoughts: A Life Worth Remembering
Alzheimer's doesn't take away humanity. It may steal memories, but it never erases the person. Every hug, every smile, every patient deserves dignity.

UNDERSTANDING APHASIA

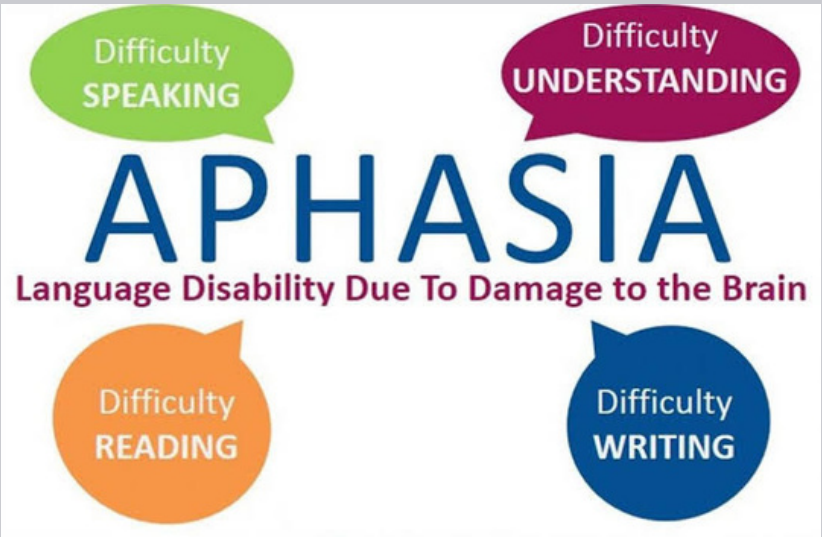
FINDING VOICE IN A WORDLESS WORLD



The Call That Changed Everything

"Hello, Dad?"
Silence.
"Daddy, are you there?"
A faint breath. Then gibberish. Then more silence.

That was the moment Amaka knew something was wrong. Her father, a retired school principal known for his eloquence, had suffered a stroke. And though his body began to heal, his words... never returned the same. ***He had aphasia.***



What is Aphasia?

Aphasia is a communication disorder that affects a person's ability to speak, understand, read, or write—without affecting intelligence. It usually results from stroke, traumatic brain injury, or brain tumors affecting the left hemisphere of the brain (especially Broca's or Wernicke's area).
It's like having the words in your mind trapped behind a locked door.

Types of Aphasia

Understanding aphasia means knowing its forms:
-Anomic aphasia
-Broca's aphasia
-Conduction aphasia
-Global aphasia
-Mixed transcortical aphasia
-Primary progressive aphasia (PPA)
-Transcortical motor aphasia.
-Transcortical sensory aphasia
-Wernicke's aphasia (receptive aphasia)

Broca's Aphasia (Non-fluent):
Speech is halting and effortful. The person knows what they want to say but struggles to form the words.
E.g., "Want... go... market."

Wernicke's Aphasia (Fluent):
Speech is fluent but often meaningless or jumbled. The person may not realize they're not making sense.

E.g., "I run the sky chair birthday."

Global Aphasia: Severe loss of all language abilities are common in extensive stroke damage.

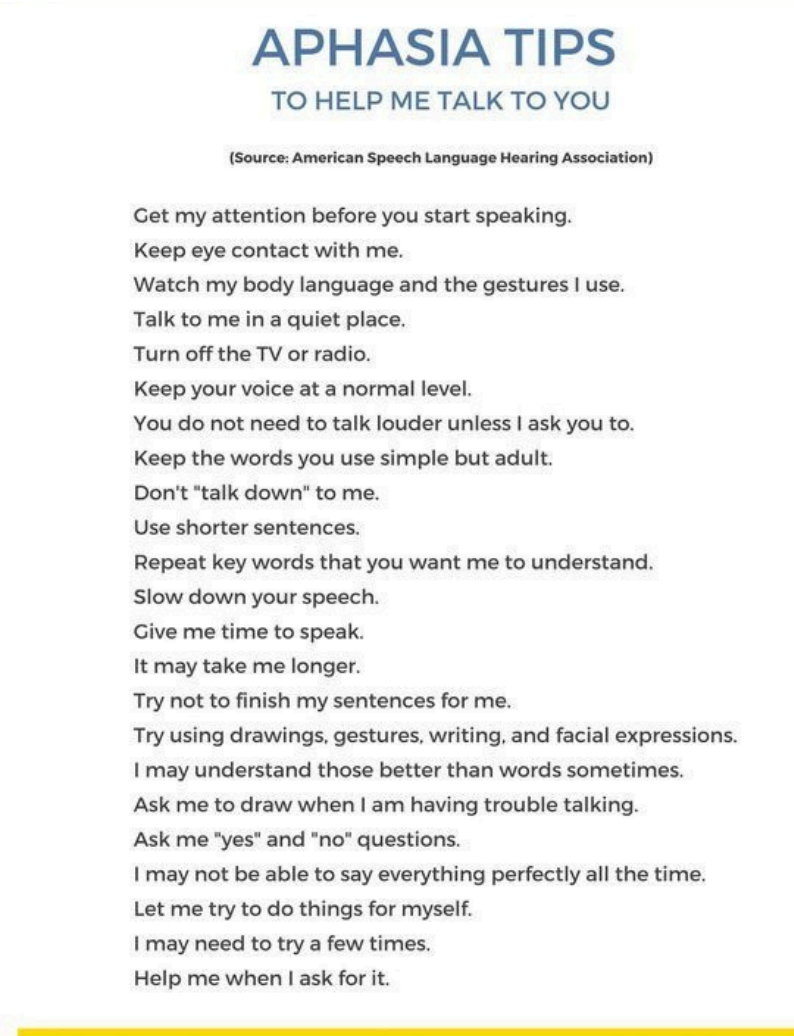
Anomic Aphasia: Difficulty finding words, especially names of objects or people.

Aphasia by the Numbers
Over 2 million people live with aphasia globally. 1 in 3 stroke survivors develop aphasia.
It's more common than Parkinson's, cerebral palsy, or muscular dystrophy, yet many have never heard of it.
In Nigeria, aphasia remains underdiagnosed, misunderstood, and often ignored. It's mistaken for confusion, mental illness, or even spiritual attacks.

Living in a Wordless World
Imagine:
Knowing what you want to say but saying "**table**" instead of "**doctor**."
Being trapped in silence during an emergency.
Watching people avoid you because you "**don't make sense**."
That's the reality for many with aphasia.

But here's the truth:
Aphasia does not affect intelligence.
Many people living with it are fully aware of their surroundings. They feel frustration, embarrassment, and isolation.

Symptoms and Causes
The type of aphasia you have depends on how it affects your ability to speak and understand what others are saying.



What are the symptoms of aphasia?
The symptoms of aphasia vary based on what type you have. However, most types cause difficulty in finding, understanding and recognizing different forms of language:

1. **Trouble finding and using expressive language:** Difficulty finding the right words, saying the wrong word, switching letter sounds, making new words, repeating common words or phrases, saying single words instead of full sentences.
2. **Difficulty understanding language**: Not easily recognizing an object's name or a word's meaning, following directions, grasping the details of a conversation, listening to more than one person speak at a time, not picking up on jokes or puns.

3. Challenges reading and writing: Not understanding written language (on signs, computers, books, etc.), spelling words and forming sentences, using numbers (mathematics, counting money or telling time).

What causes aphasia?

Damage to the language center of your brain (**areas of your brain involved in language**) causes aphasia. The most common causes of aphasia include:

1. Stroke
2. Traumatic brain injury (TBI)
3. Brain tumor
4. A brain infection
5. Brain inflammation
6. Progressive neurological conditions like dementia and Alzheimer's disease.

Aphasia can happen with any condition that damages your brain. It can also happen with problems that disrupt how your brain functions.

What area of the brain does it affect?

The location of the damage in your brain determines the type of aphasia you have. There are two main parts of your brain that involve language, including:

- **Broca's area**: This is in your frontal lobe. It's on the left side, in front of your temple. It controls the muscles you use to speak.
- **Wernicke's area:** This is in your temporal lobe. It's on your left side, just above your ear. It controls your ability to understand and select the right words to use when you talk.

These two areas of the brain work together to help you speak. Wernicke's area processes your understanding of words and picks which ones you use. Then, it sends signals to Broca's area. Once Broca's area knows what words to use, it sends the signals to the muscles you use when you speak.

What are the risk factors for aphasia?

Aphasia can affect anyone at any age. It's more common after age 65, especially after a stroke, event or condition that damages your brain. Aphasia can happen suddenly after these events.

What are the complications of aphasia?

Aphasia affects your ability to communicate your wants and needs. You might not be able to tell someone you're hungry or tired, that you need help or something's wrong. This can lead to:

- Frustration
- Anger (possibility of violence)
- Isolation
- Depression

Because there's a language barrier, caregivers may also feel frustrated and upset that they can't effectively communicate with their loved ones.

Management and Treatment

How is aphasia treated?

Your healthcare provider will treat the underlying cause of aphasia to manage your symptoms. For example, if you experienced a stroke, quickly restoring blood flow to the affected area of your brain can sometimes limit or prevent permanent damage. The aphasia usually gets better as you recover and your brain heals.

Some causes of aphasia don't need treatment, since they're temporary, like with concussions or migraines.

If you have long-term or permanent brain damage, speech therapy can improve your language abilities.

What medications treat aphasia?
Medications may help treat the cause of aphasia. These vary widely. Your healthcare provider will recommend possible treatments specific to your situation. They'll also consider any underlying health conditions or preferences that might impact your care.

How soon after treatment will I feel better?
The time it takes to recover from aphasia depends on what caused it, how severe it is and available treatment options. Your healthcare provider is the best person to tell you more about your recovery timeline.

Prevention
Can aphasia be prevented?
Aphasia happens unpredictably, so it's not possible to prevent it. However, you can try to reduce your risk of developing conditions that cause it. Some of the things you can do include:

- **Eating balanced meals and exercising regularly:** Many conditions that cause aphasia relate to your circulatory and heart health. Taking care of your overall health is a great first step.
- **Not ignoring infections:** Eye and ear infections need fast treatment. If these infections spread to your brain, they can become serious, or even deadly. Some infections can cause brain damage that can lead to aphasia.
- **Wearing safety equipment:** Head injuries can cause brain damage. Whether you're on the job or on your own time, using safety equipment can help you avoid an injury that can lead to aphasia. Examples of safety gear include helmets and seat belts (or other vehicle safety restraints).
- **Managing underlying health conditions:** Managing chronic conditions can help prevent complications that can cause brain damage and aphasia.

Hope Through Help: Treatment & Support
While there's no "**cure**," rehabilitation can bring incredible progress.

- Speech and Language Therapy (best started early)
- Communication boards or assistive devices
- Group therapy sessions
- Family support and re-learning strategies

Pharmacists, especially in rehabilitation settings, can:

- Educate caregivers on how to communicate effectively
- Help monitor medication side effects that might affect cognition
- Encourage patience, empathy, and dignity in care

How to Communicate with Someone with Aphasia

- Speak slowly and clearly
- Use gestures and pictures
- Be patient, don't finish their sentences
- Ask yes/no questions when possible
- Always treat them like adults

Aphasia Awareness in Africa: Why It Matters
There's little to no public education on aphasia in Nigeria. Stroke patients are often discharged home without follow-up speech therapy. Those with aphasia may live decades without proper communication.

Voice is Power
Aphasia may steal words, but it cannot silence the soul.

EYE ON HEALTH

CLEARING THE FOG: WHAT YOU SHOULD KNOW ABOUT CATARACTS

Mama Nkechi had been selling yams in the market for 30 years. She knew every customer by voice, could spot a rotten tuber from five feet away, and never once needed glasses.

Then things began to blur. First, it was the small print. Then faces. Then road signs. Then the firewood flames looked like ghosts. One day, she boiled water, missed the cup entirely, and scalded her leg. That was when her daughter dragged her to the hospital.

The diagnosis? **Cataract**.

What is a Cataract?

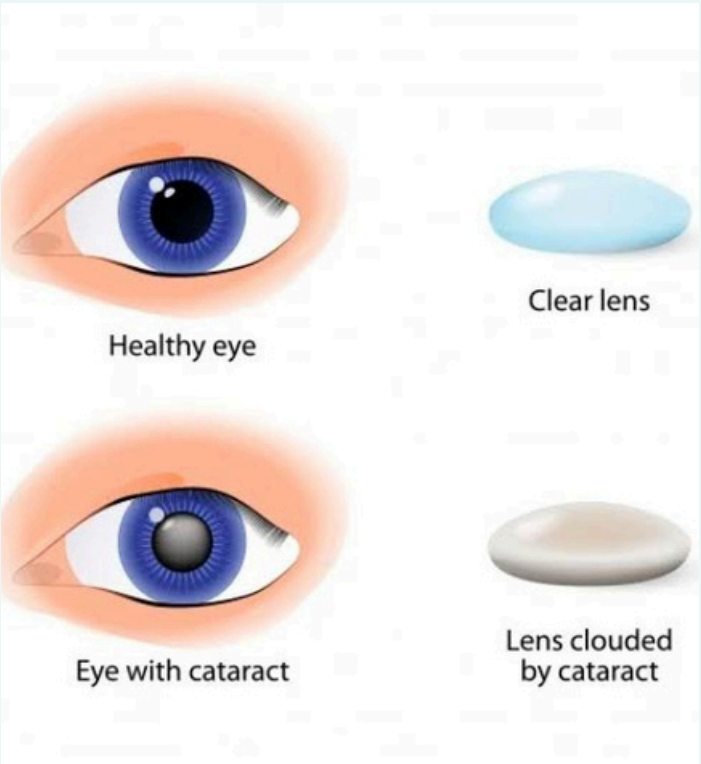
A cataract is a clouding of the natural lens in the eye like a camera with a fogged-up lens. It gradually blocks or distorts light, making vision blurry, dim, or yellowed.

It's the leading cause of blindness worldwide. Unlike sudden vision loss, cataracts creep in slowly painless but progressive.

How Common Are Cataracts?

Over 94 million people globally live with moderate to severe vision impairment due to cataracts. In Sub-Saharan Africa, including Nigeria, cataracts account for 40–50% of all blindness.

They most commonly affect older adults (age 60+), but can also affect infants, young adults (especially diabetics), and trauma victims.



What Causes Cataracts?

- Aging (most common cause)
- Diabetes mellitus
- Long-term steroid use
- Smoking
- Prolonged exposure to sunlight (UV light)
- Eye injuries
- Congenital (born with it)

Signs You May Have a Cataract

- Blurred, cloudy, or dim vision
- Difficulty seeing at night
- Sensitivity to light or glare
- Faded colors
- Frequent changes in glasses or contact lens prescriptions
- Seeing "halos" around lights

Many people dismiss these signs as "**normal aging**"—but they aren't.

Can Cataracts Be Prevented?

You can't stop aging, but you can reduce your risk:

- Wear sunglasses that block UV rays
- Control diabetes and blood pressure
- Eat a healthy, antioxidant-rich diet
- Quit smoking
- Reduce alcohol consumption
- Regular eye checks, especially after age 50

Treatment: Clear Vision Is Possible Again.
The only effective treatment for cataracts is **surgery**. It's simple, quick (about 20 minutes), and has a very high success rate.

The cloudy lens is removed and replaced with a clear artificial lens called **an intraocular lens (IOL)**.

The best part? Many surgeries are done as outpatient procedures with minimal downtime.

The Role of Pharmacists
Pharmacists play a crucial role in:

- Educating patients on medications that can increase cataract risk (e.g., long-term corticosteroids)
- Counseling diabetic patients on eye health
- Supporting post-op medication use, especially with antibiotic and anti-inflammatory eye drops
- Promoting early screening and referrals

Your eyes are your windows to the world. Keep them clear, keep them healthy.

Why It Matters

In many rural areas of Nigeria, people go blind simply because they don't know cataracts are treatable. Cultural beliefs and myths stop many from seeking care.

Mama Nkechi's story had a happy ending—she had the surgery, and today, she's back in the market, pricing yams with eagle eyes.

Final Thoughts:
Don't Wait in the Dark.
If your world is getting blurry, dim, or faded—don't wait.

Cataracts are not a curse. They're not "**just age**."
They are treatable, and clear vision can be restored.
Your eyes are your windows to the world. Keep them clear, keep them healthy.

Men's Health

LET'S TALK MEN'S HEALTH – A CONVERSATION LONG OVERDUE

The Strong, Silent Type: Chidi's Wake-Up Call

Chidi was every inch the Nigerian man—tall, strong, quiet. He never missed a workday, never visited the hospital, and laughed off his wife's nagging about "**checkups**." Then came the fatigue. The weight loss. The night sweats. Still, he said, "**Na small thing. I be man**."

It wasn't small.

By the time Chidi saw a doctor, he had advanced prostate cancer. He was 48.

His story is not unique. It's too common. And it's time for that to change.

Why We Must Talk About Men's Health

Men are less likely to go for regular checkups. They tend to ignore symptoms. And culturally, many still view illness as a weakness.

But the statistics don't lie:

- Men die 5 years earlier on average than women.
- In Nigeria, diseases like prostate cancer, hypertension, diabetes, mental health disorders, and liver disease are top threats to male health.
- Suicide rates are 3 to 4 times higher in men than women globally.
- African men are less likely to seek help for mental health or sexual health issues.
- Men are suffering in silence. It's time to change that narrative.

Top Men's Health Concerns to Watch out For

1. **Prostate Cancer**
   - The most common cancer in men over 45.
   - Early detection via PSA blood test saves lives.
2. **Hypertension (High Blood Pressure)**
   - Often called the "silent killer."
   - Causes heart failure, kidney failure, and strokes.
3. **Diabetes**
   - Poor lifestyle, high sugar diets, and alcohol abuse are major contributors.
4. **Liver Disease**
   - Common in men who abuse alcohol or use unregulated herbal medications.
5. **Depression and Suicide**
   - Underdiagnosed. Men are less likely to speak up or seek therapy.

Men's health today encompasses much more than physical robustness alone. It now incorporates a multidimensional approach—integrating physical wellness, mental resilience, emotional balance, and social well-being. In an era marked by rapid technological innovation and evolving cultural norms, understanding men's health with a comprehensive lens is crucial. Studies have repeatedly shown that preventive care, smart nutrition, consistent physical activity, and novel technological interventions collectively support long-term vitality and quality of life .

The Expansive Landscape of Physical Health

1.1 Cardiovascular and Metabolic Well-Being

Cardiovascular disease remains the single largest health challenge affecting men globally. Numerous studies indicate that conditions like high blood pressure, dyslipidemia, and type 2 diabetes act as major cardiovascular risk factors. Routine monitoring through blood pressure readings, cholesterol panels, and glucose level assessments are essential in detecting issues early. A review in the American Journal of Men's Health concluded that organizations which implement early intervention programs and moderate aerobic exercise routines see marked improvements in overall heart health and metabolic stability.

Furthermore, adopting dietary patterns rich in whole grains, lean proteins, fruits, and vegetables and limiting sodium and unhealthy fats can significantly lower risk levels. Health professionals stress that lifestyle modifications not only address current conditions but also help prevent future complications .

1.2 Hormonal and Reproductive Balance

Men's reproductive health and hormonal equilibrium are equally critical. Concerns such as benign prostatic hyperplasia (BPH), prostate cancer, and the decline in testosterone levels with age can directly impact quality of life.

Regular screenings (including prostate-specific antigen tests), as well as discussions about symptoms and lifestyle changes, are imperative for early management. Research published in the International Journal of Urology and Men's Health suggests that interventions ranging from strength training and nutritional support to hormone replacement therapy when indicated can alleviate many age-associated symptoms while improving sexual function and overall energy levels .

Testosterone depletion has been linked to diminished muscle mass, increased body fat, and mood disturbances. Customized exercise programs and balanced diets help counter these effects, emphasizing the importance of a holistic strategy that includes both medical management and healthy living habits .

1.3 Musculoskeletal Health and Longevity

Beyond the heart and hormones, maintaining musculoskeletal strength plays a vital role in aging gracefully. Research consistently shows that resistance training improves bone density and muscle mass, thereby minimizing the risk of fractures and chronic pain conditions.

2. Embracing Mental and Emotional Well-Being

2.1 Confronting the Stigma and Recognizing the Signs

Historically, men have been reluctant in addressing mental health challenges due to cultural pressures and stigma. This reticence can lead to the under-diagnosis of depression, anxiety, and stress-related disorders. However, current findings in the

Journal of Men's Mental Health reveal that early recognition of symptoms such as irritability, mood swings, and chronic stress greatly improves treatment outcomes. Educating men on these early warning signs is critical.

2.2 Therapeutic Pathways and Mindfulness Practices

Interventions ranging from cognitive-behavioral therapy (CBT) to mindfulness-based stress reduction (MBSR) have demonstrated significant benefits for men's emotional health. Peer-support groups and structured therapy sessions can mitigate the adverse effects of prolonged mental strain. A comprehensive review in the Behavioral Health Journal pointed out that when men engage in regular therapeutic sessions and mindfulness exercises, they exhibit improved coping strategies, reduced symptoms of depression, and enhanced overall life satisfaction.

2.3 Social Connections: An Underestimated Benefit

Deep, meaningful social interactions provide a protective buffer against mental health decline. Studies have shown that men who actively foster robust social networks through family, peer groups, or community organizations experience lower rates of psychological distress.

3. The Critical Role of Preventive Care and Regular Screenings

3.1 Routine Medical Checkups

Preventive care functions as the front-line defense in managing men's health. Regular annual physicals and targeted screening programs are paramount. Research in Preventive Medicine Reports has consistently shown that men who adhere to regular checkups exhibit earlier detection of issues like hypertension, colorectal cancer, and prostate disorders, leading to better treatment outcomes and increased longevity .

3.2 Vaccinations and Risk-Specific Screenings

Beyond general checkups, specific screenings such as colonoscopies, PSA tests, and diabetes evaluations are essential for early intervention. Vaccinations, including those for influenza and COVID-19, also play a key role by preventing severe illness in vulnerable populations.

4. Nutrition as the Foundation of Optimal Health

4.1 Emphasizing a Balanced Diet

Nutrition is an indispensable pillar in maintaining both physical and cognitive functions. A consistent intake of nutrient-dense, minimally processed foods has been linked to lower incidences of chronic diseases such as cardiovascular disorders and diabetes. Research featured in Nutrition Reviews supports that diets rich in antioxidants, omega-3 fatty acids, and fiber improve metabolic markers and reduce systemic inflammation .

4.2 Dietary Innovations for Different Life Stages

As men age, their nutritional requirements evolve. Younger men may focus on high-protein diets to support muscle growth, while older individuals benefit more from diets that emphasize omega-3 fatty acids, calcium, and vitamin D to support bone and heart health. Studies indicate that personalized nutrition tailored to one's genetic, metabolic, and lifestyle profiles provides the most substantial benefits .

4.3 Beyond Food: Hydration and Supplementation

In addition to balanced meals, proper hydration and thoughtful supplementation (when needed) contribute to overall wellness. Water helps maintain optimal organ function and aids digestion, while certain supplements can help bridge nutritional gaps.

5. The Multifaceted Benefits of Regular Physical Activity

5.1 Aerobic and Cardiovascular Fitness

Consistent aerobic exercise is vital for boosting heart health and improving overall stamina. Activities such as running, cycling, and swimming increase cardiovascular efficiency and promote a healthy metabolic rate.

5.2 Resistance Training and Muscle Strength

Resistance or strength training is essential not only for building muscle but also for enhancing metabolic health and increasing bone density. A multitude of studies confirm that weight-bearing exercises delay muscle degeneration associated with aging and help maintain a robust physique. Structured fitness regimens that combine resistance training with aerobic workouts are often recommended as best practice .

6. Future Trends and Emerging Research

6.1 Towards a More Integrated Approach

The future of men's health points toward an integrated care model where physical, mental, and social dimensions are treated as interconnected facets of overall well-being. Emerging research is advocating for routine mental health screenings as part of annual physical exams, thus ensuring that both visible and invisible health issues are addressed concurrently. This holistic strategy is expected to shrink the gap between diagnosis and treatment .

6.2 Community-Based and Preventive Models

Public health experts are increasingly focusing on community-based programs that align with men's unique needs. These initiatives provide peer support, localized preventive care, and educational outreach all of which promote sustained health improvements. As new models of integrated care emerge, ongoing research will be crucial in determining the most effective strategies for multifaceted health management .

Strong Isn't Silent

Strength isn't pretending nothing is wrong.

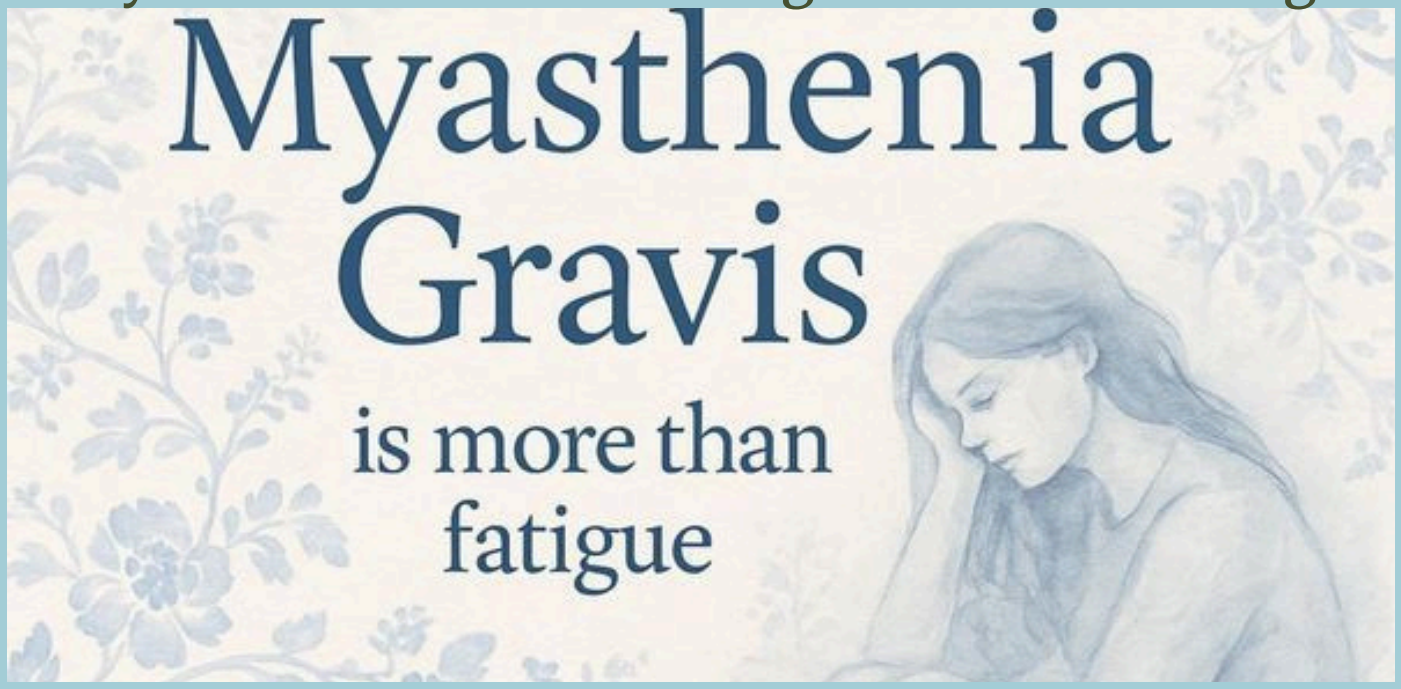
Strength is knowing when to ask for help.

Chidi's story could have been different if he had spoken up sooner. Today, we're speaking for men like him and encouraging them to speak up for themselves.

This June, NAFTraPh Digest calls on all men to take charge of their health. ***Not for weakness. But for strength. For family. For legacy.***

Living with Limitations

Myasthenia Gravis – The Fight Behind the Fatigue



Aunty Kemi's Puzzle

It started with her eyelids drooping by evening. Some days, she couldn't even smile properly. Her voice would get softer after a few minutes of talking, and climbing stairs felt like running a marathon. The worst part? No one believed her.

"**You look fine**," they said.

But she wasn't. Aunty Kemi was fighting an invisible war—with a condition even doctors struggled to detect: **Myasthenia Gravis (MG).**

What is Myasthenia Gravis?

Myasthenia Gravis (my-us-THEE-nee-uh GRAY-vis) is a chronic autoimmune neuromuscular disorder that causes weakness in the skeletal muscles—the muscles your body uses for movement, breathing, speaking, swallowing, and blinking.

It happens because the immune system produces antibodies that block or destroy the receptors for a neurotransmitter called **acetylcholine**, which is needed to trigger muscle contraction.

There's no cure for **myasthenia gravis**. Treatment can help with symptoms. These symptoms can include weakness of arm or leg muscles, double vision, drooping eyelids, and problems with speaking, chewing, swallowing and breathing.

Symptoms of Myasthenia Gravis

Muscle weakness caused by myasthenia gravis gets worse when the affected muscle is used. Because symptoms usually get better with rest, muscle weakness can come and go. However, the symptoms tend to progress over time. They usually reach their worst within a few years after the disease begins. Myasthenia gravis may affect any of the muscles that you can control. Certain muscle groups are more commonly affected than others.

In more than half the people who develop myasthenia gravis, their first symptoms affect the eyes. Symptoms include:

1. **Drooping of one or both eyelids, called ptosis:** Double vision, called diplopia, which may be horizontal or vertical, and improves or resolves when one eye is closed.
2. **Face and throat muscles:** In about 15% of people with myasthenia gravis, the first symptoms involve face and throat muscles. These symptoms can

- Make speaking difficult
- Cause problems with swallowing
- Affect chewing
- Change facial expressions
- Neck and limb muscles

3. Weakness in the arms, legs, or neck
4. Shortness of breath
5. Symptoms that worsen with activity and improve with rest

These symptoms can mimic many other conditions, which makes diagnosis tricky and often delayed—just like in Aunty Kemi's case.

Who Is at Risk?

- Women under 40 and men over 60 are most commonly affected
- People with other autoimmune diseases (like lupus or thyroid issues)
- It's not hereditary, but genetic factors may play a role
- It is not contagious

Causes

1) **Antibodies**

Your nerves communicate with your muscles by releasing chemicals, called neurotransmitters, that fit into places on the muscle cells, called receptor sites, at the nerve-muscle junction. In myasthenia gravis, the immune system makes antibodies that block or destroy many of your muscles' receptor sites for a neurotransmitter called acetylcholine. With fewer receptor sites available, your muscles receive fewer nerve signals. This causes weakness. Antibodies also can block a protein called **muscle-specific receptor tyrosine kinase**, sometimes referred to as **MuSK**. This protein helps form the nerve-muscle junction. Antibodies against this protein can lead to myasthenia gravis.

2) Thymus gland

The thymus gland is a part of your immune system. This gland is located in the upper chest beneath the breastbone. Researchers believe that the thymus gland makes or helps produce the antibodies that block acetylcholine. The thymus gland is large in babies and small in healthy adults. In some adults with myasthenia gravis, however, the thymus gland is larger than usual. Some people with myasthenia gravis also have tumors of the thymus gland, called thymomas. Usually, thymomas aren't cancerous, also known as malignant. But thymomas can become cancerous.

Other causes

Rarely, mothers with myasthenia gravis have children who are born with myasthenia gravis. This is called neonatal myasthenia gravis. If treated immediately, children usually recover within two months after birth. Some children are born with a rare, hereditary form of myasthenia gravis, called congenital myasthenic syndrome.

Factors that can make myasthenia gravis worse include:

✓ Fatigue.
✓ Illness or infection.
✓ Surgery.
✓ Stress.
✓ Some medicines — such as beta blockers, quinidine gluconate, quinidine sulfate, quinine (Qualaquin), phenytoin (Dilantin), certain anesthetics and some antibiotics.
✓ Pregnancy.
✓ Menstrual periods.
✓ Complications

Complications of myasthenia gravis are treatable, but some can be life-threatening.

Myasthenic crisis

Myasthenic crisis is a life-threatening condition. It happens when the muscles that control breathing become too weak to work. Emergency treatment and mechanical assistance with breathing are needed. Medicines and therapies that filter the blood help people to breathe on their own.

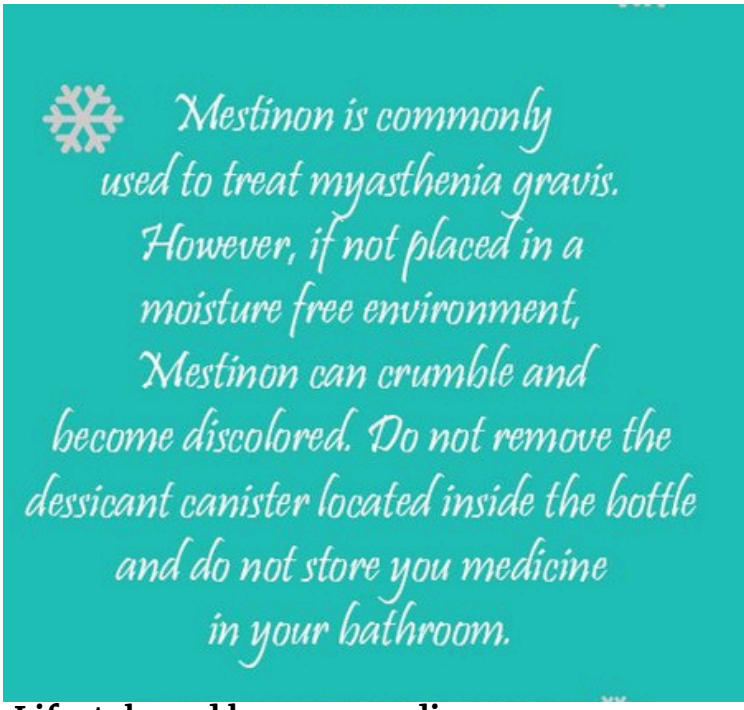
Diagnosis and Treatment

Physical examination of your symptoms and medical history could lead to conduct the following tests, including:
1. Neurological health examination by testing:
★ Reflexes.
★ Muscle strength.
★ Muscle tone.
★ Senses of touch and sight.
★ Coordination.
★ Balance.
2. Antibody blood tests
3. CT or MRI scans to check for a thymoma (tumor in the thymus gland)
4. **Single-fiber electromyography (EMG)**: This test measures the electrical activity traveling between your brain and your muscle. It involves inserting a fine wire electrode through your skin and into a muscle to test a single muscle fiber.
5. **Pulmonary function tests:** These tests measure whether your condition is affecting your breathing.
6. Lifestyle adjustments—like taking frequent rests, reducing stress, avoiding infections, and getting vaccinated
While there is no cure, the condition is manageable with medications.

Treatment
Various treatments, alone or together, can help with symptoms of myasthenia gravis. Your treatment will depend on your age, how severe your disease is and how fast it's progressing.

Medications

- **Cholinesterase inhibitors:** Medicines such as pyridostigmine improve communication between nerves and muscles. These medicines aren't a cure, but they can improve muscle contraction and muscle strength in some people.
- **Corticosteroids:** Corticosteroids such as prednisone block the immune system, making it less able to produce antibodies. Use of corticosteroids over a long period of time, however, can lead to serious side effects. These include bone thinning, weight gain, diabetes and higher risk of some infections.



Lifestyle and home remedies
To help you make the most of your energy and cope with the symptoms of myasthenia gravis:

1. **Adjust your eating routine:** Try to eat when you have good muscle strength. Take your time chewing your food, and take a break between bites of food. You might find it easier to eat small meals several times a day. Also, try eating mainly soft foods and avoid foods that require more chewing, such as raw fruits or vegetables.
2. **Use safety precautions at home:** Install grab bars or railings in places where you need support, such as next to the bathtub or next to steps. Keep your floors clean, and move area rugs. Outside your home, keep paths, sidewalks and driveways cleared of leaves, snow and other debris that could cause you to trip.
3. **Use electric appliances and power tools:** To save your energy, try using an electric toothbrush, electric can openers and other electrical tools to perform tasks.
4. **Wear an eye patch:** If you have double vision, an eye patch can help. Try wearing one to write, read or watch television. Switch the eye patch to the other eye regularly to help reduce eyestrain.
5. **Plan:** If you have chores, shopping or errands to do, plan the activity for when you have the most energy.

TINY VIRUS, BIG IMPACT

The Hidden Threat of Cytomegalovirus (CMV)

Cytomegalovirus (CMV) is a common virus that infects people of all ages and is widespread globally. Like other herpes viruses, CMV remains in the body for life after the initial infection, usually remaining dormant in healthy individuals but causes severe complications for people who have a compromised immune system such as people with HIV/AIDS and people who received a transplant. This virus remains dormant in the body after it's initial infection and is reactivated when the immune system is weak and is secreted into the saliva, breast milk, urine, and blood.

According to the Centers for Disease Control and Prevention (CDC) and World Health Organization (WHO):

In developed countries, about 50–70% of adults are infected by age 40. In developing countries, prevalence can exceed 90%.

Congenital CMV affects approximately 0.5–2% of all live births globally, with about 10– 15% of these infants showing symptoms at birth.

Immunocompromised populations have a higher risk of reactivation and serious illness.

Over the decades, CMV prevalence has remained relatively stable but awareness and detection have increased due to better diagnostic tools.

SIGNS AND SYMPTOMS

Most healthy individuals experience mild or no symptoms, but it can cause serious complications in immunocompromised individuals, newborns, and pregnant women.

In Healthy Individuals (often asymptomatic) people can also experience mild symptoms such as:

- Fatigue
- Fever
- Sore throat
- Swollen glands
- Muscle aches
- Mild hepatitis: elevated liver enzymes.

In Immunocompromised Individuals (e.g., organ transplant recipients, HIV patients), more severe symptoms show :

Pneumonia: Infection that inflames the air sacs in the lungs which may be filled with fluid or pus.

Retinitis: This is the inflammation of the retina in the eye which can permanently damage the retina and can lead to blindness.

Colitis: An inflammation reaction in the colon.

Encephalitis: An inflammation of the brain due to a viral or bacterial infection.

Hepatitis: An inflammation of the liver due to a virus or alcohol.

In Congenital CMV (newborns infected in utero):

Jaundice: The yellowing of the skin, mucous membranes and the white part of the eyes due to the build up of bilirubin in the blood.

Microcephaly: A condition where the baby's head is significantly smaller than expected due to abnormal brain development.

- Seizures
- Hearing loss
- Vision problems
- Low birth weight
- **Hepatosplenomegaly**: the enlargement of both the liver and the spleen.
- Developmental and motor delays

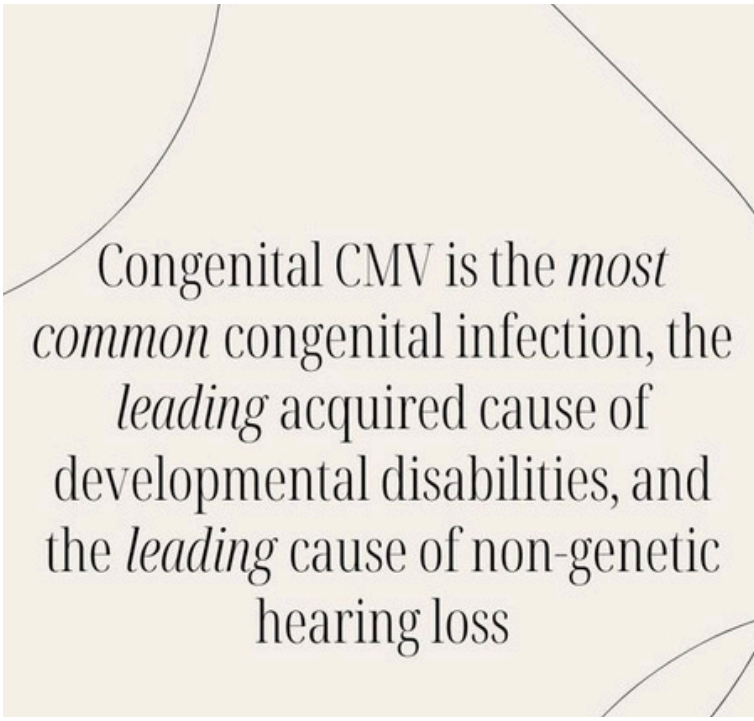
DIAGNOSIS
The diagnosis of cytomegalovirus (CMV) is very direct and with the evolution of science, the diagnosis gests even better with time. The diagnostic measures taken to detect the presence of CMV include:
1. **Serologic Testing**: CMV IgM and IgG antibodies which Indicates current or past infection respectively are tested by taking a sample of the blood.
2. **Polymerase Chain Reaction (PCR)**: Detects CMV DNA in blood, urine, saliva, or tissues. this method have a high sensitivity and specificity.
3. **Culture**: Viral culture from body fluids (e.g., urine or saliva), it takes longer for the results to come out and less commonly used now.
4. **Antigenemia Assay**: Detects CMV pp65 antigen in white blood cells and it is commonly used in transplant patients.
5. **Histopathology**: Tissue biopsy showing characteristic "***owl's eye***" inclusion bodies.
6. **Newborn Screening**: Saliva or urine PCR within the first 3 weeks of life for congenital CMV.

MODE OF TRANSMISSION
CMV is primarily spread through bodily fluids, including saliva, urine, blood, semen, vaginal secretions, and breast milk. Common modes of transmission include:

- Direct contact with infected bodily fluids Sexual contact
- Breastfeeding
- Organ or blood transfusions
- From mother to fetus during pregnancy (congenital CMV)

RISK FACTORS
Several groups are at increased risk for severe CMV complications, as mentioned above there are conditions that makes it easier for an individual to contact CMV along with the complications that may arise and such factors include:

- **Pregnant women**: Risk of congenital CMV transmission to the fetus. Newborns: Particularly those born prematurely or with congenital infection.
- **Immunocompromised individuals:** Including organ transplant recipients, cancer patients undergoing chemotherapy, and people with HIV/AIDS.



TREATMENT
There is no cure for CMV, but antiviral medications are commonly used to help manage the infection in severe cases, particularly in immunocompromised patients and newborns with symptomatic congenital CMV while offering supportive care which is critical, especially in congenital infections that may lead to hearing loss or developmental delays.
1. **Healthy Individuals** recover without medical treatment and so therefore do not need treatment, they only get supportive care such as rest, fluids, antipyretics for fever and pain relievers.
2. **In Immunocompromised Patients**, treatment is essential to prevent serious complications.

The First-line Antivirals for severe infections include:
Ganciclovir (IV): For severe infections.
Valganciclovir (oral): Often used for less severe cases or for long-term suppression.
Monitoring: Regular PCR or antigenemia testing to track viral load and treatment response.

In Congenital CMV the Antiviral Therapy recommended for symptomatic newborns, especially those with central nervous system involvement such as hearing loss and microencephaly is Valganciclovir (oral) for 6 months.
Supportive Care: Physical therapy, special education, audiology follow-up.

PREVENTION
While there is no vaccine currently approved for CMV, prevention strategies such as the ones listed below focus on minimizing exposure:

- **Hand hygiene**: Frequent hand washing after contact with bodily fluids such saliva, nasal secretions, diapers or potentially contaminated surfaces.
- **Avoid Sharing Personal Items**: Don't share food and drinks utensils, toothbrushes, or pacifiers with young children and adults.
- **Avoid Kissing on the Mouth**: Especially for pregnant women avoiding contact with young children's saliva.
- **Safe sex practices**: Use condoms to reduce risk of transmission through sexual contact.
- **Blood and organ donor screening**: To prevent transmission via transplants or transfusions proper screening should be done to ensure that the blood is free from infections. Use CMV-negative or leukocyte-depleted blood for transfusions in at-risk patients.
- **Education and Awareness**: Pregnant women working in child care or with young children should be informed about CMV.
- **Screening**: Routine CMV screening in pregnancy is not common but may be recommended in high-risk situations.
- **Prophylactic Antivirals**: In transplant patients or those with HIV, prophylaxis with antivirals like valacyclovir may be used.

Research into CMV vaccines is ongoing and considered a public health priority, particularly for protecting unborn children from congenital infection.

Cytomegalovirus is a prevalent and typically silent virus in healthy individuals but poses significant risks to certain vulnerable populations. Awareness, prevention, and early treatment are key to managing its impact, especially in newborns and immunocompromised individuals. As research progresses, the development of an effective vaccine remains a hopeful goal for global health.

CMV may be a tiny virus, but its impact is massive. Whether you're a parent, a healthcare worker, or a student—knowing CMV could save a life. Let's break the silence and give children a better start.

BEATING HEARTS, SAVING LIVES

CPR & AED: THE POWER IN YOUR HANDS TO SAVE A LIFE

In medical emergencies such as cardiac arrest, every second counts. Cardiopulmonary resuscitation (CPR) and the use of an automated external defibrillator (AED) are two critical interventions that can dramatically increase a person's chance of survival. Together, CPR and AED form the backbone of emergency response to sudden cardiac events, whether in a hospital, workplace, or public setting , these are lifesaving tools everyone should know to help anyone in need and increase their chances of survival.

WHAT IS CPR?

Cardiopulmonary Resuscitation (CPR) is a manual technique used to maintain circulation and breathing in a person who has suffered cardiac arrest. It combines:

Chest compressions to manually pump blood through the heart and circulate it to vital organs.

Rescue breaths (in conventional CPR) to provide oxygen to the lungs.

The purpose of CPR is to help keep oxygenated blood flowing to the brain and other organs until normal heart function can be restored, typically with the help of an AED or advanced medical care

WHAT IS AN AED?

An Automated External Defibrillator (AED) is a portable, electronic device that automatically diagnoses life-threatening cardiac arrhythmias such as ventricular fibrillation (VF) and pulseless ventricular tachycardia (VT) and delivers an electric shock (defibrillation) to restore a normal heart rhythm.

The key features of an AED are:

- Automated analysis of heart rhythm
- Voice and visual prompts to guide users
- Shock delivery if needed, with minimal training required

HOW CPR AND AED WORK TOGETHER

1. **Recognize Cardiac Arrest**: The person is unresponsive and not breathing normally.

CPR or Cardiopulmonary Resuscitation is an emergency lifesaving method performed when the heart stops beating. Prompt CPR can double or triple the possibilities of survival following cardiac arrest.

2. **Call Emergency Services**: Activate EMS or local emergency number immediately.
3. **Start CPR**: Begin chest compressions at a rate of 100–120 per minute, with a depth of about 2 inches (5 cm).
4. **Apply AED**: As soon as it is available, turn on the AED and follow its prompts. It will analyze the heart rhythm and instruct whether a shock is needed. After the shock, resume CPR immediately for 2 minutes, then allow the AED to reanalyze.

Using an AED within the first 3–5 minutes of collapse can increase survival rates to as high as 70%, especially when combined with high-quality CPR.

TYPES OF CPR

1. Hands-Only CPR: This CPR is recommended for untrained bystanders and focuses on chest compressions only. It has proven to be effective in adult cardiac arrest cases.

2. **Conventional CPR**: This Includes 30 chest compressions and 2 rescue breaths but it is preferred for trained responders and situations involving children, infants, or drowning victims.

WHEN TO USE AN AED

Use an AED when a person:

- Is unresponsive
- Is not breathing or breathing abnormally (e.g., gasping)
- Shows no signs of circulation
- Even laypersons can safely use an AED because they are designed for simplicity and walk users through each step with clear voice instructions.

IMPORTANCE OF TRAINING

While CPR and AEDs are designed for simplicity, training increases effectiveness. Certified courses by organizations like the American Heart Association (AHA) or Red Cross teach:

- CPR techniques for adults, children, and infants. Proper use of AEDs.
- Scene safety and teamwork in emergencies.

Training builds confidence and encourages quicker response, which is critical in emergencies.

CPR and AED use are essential skills that can save lives within minutes. As cardiac arrest can happen anytime, anywhere, equipping more people with the knowledge and confidence to act can make a significant impact. Everyone, whether in healthcare or not, should consider learning these lifesaving skills.

Remember to: Act fast. Call for help. Push hard and fast.
Use an AED as soon as possible.

Basic Life Support Chart

DANGER

Assess your surroundings for potential dangers and get to a safe place, if necessary

RESPONSE

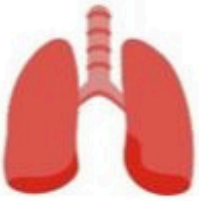
Check if the person can respond to you. Ask their name, gentle shake their shoulder. If not responding, move to next step

SEND HELP

Call 000 or ask someone else to. Follow instructions/questions of the operator

AIRWAY

Open airway, look for any obstructions, maintain neutral head position



BREATHING

Look, listen and feel for breathing. If not breathing, begin CPR

CPR

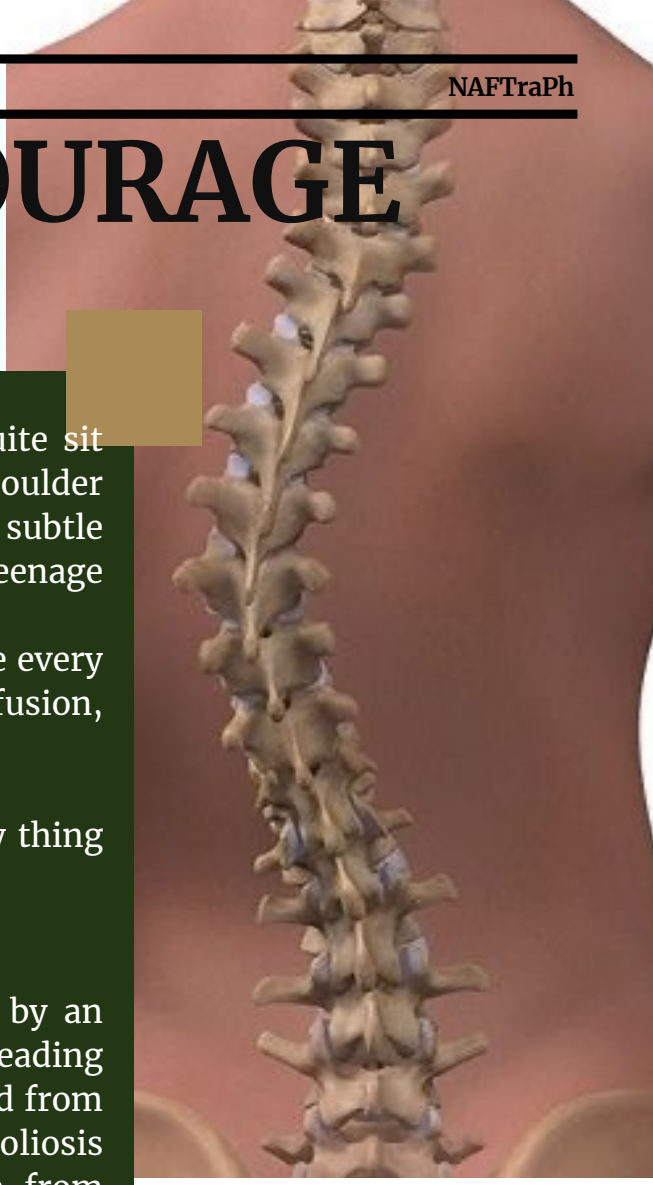
Begin CPR by applying 30 chest compressions, followed by two breaths into the patient's mouth

DEFIBRILLATOR

Use a Defibrillator and follow the prompts

CURVES OF COURAGE

Scoliosis Awareness – Standing Tall Against the Bend



Zara's Curve, Zara's Strength

At age 13, Zara noticed her school uniform didn't quite sit right anymore. Her hips looked uneven, her right shoulder blade stuck out more than the left. What started as subtle changes became the diagnosis that would reshape her teenage years: **Scoliosis**.

She wasn't in pain. She could run, walk, and laugh like every other teen but inside, Zara was battling shame, confusion, and fear of standing out.

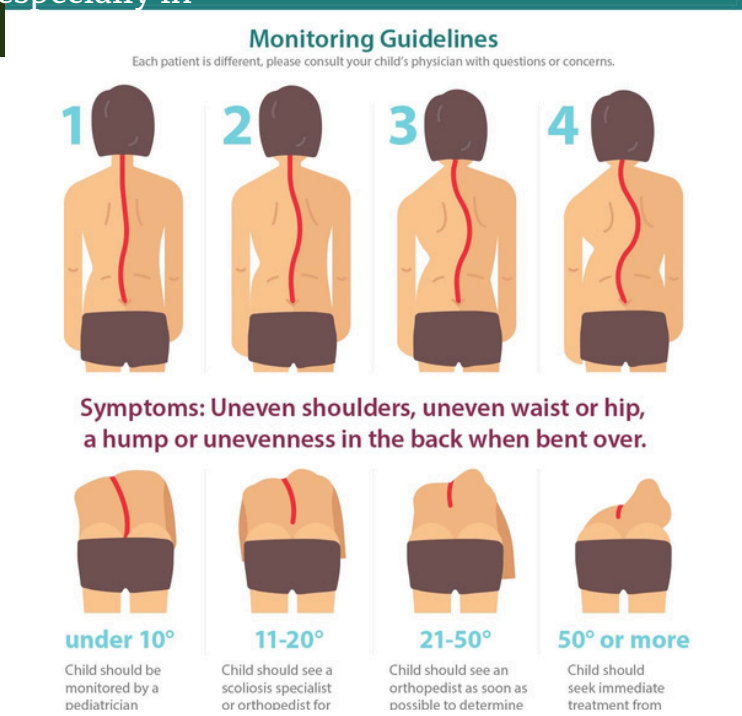
What Zara didn't know yet? Her spine wasn't the only thing that was strong. She was, too.

What is Scoliosis?

Scoliosis is a musculoskeletal disorder characterized by an abnormal three-dimensional deformity of the spine leading to it's lateral curve as a ''C'' or ''S'' shape when viewed from behind. Although often detected during adolescence, scoliosis can affect individuals of all ages. Its causes range from congenital defects to unknown origins. Recent research has also explored the possible role of viral infections, including cytomegalovirus (CMV), in the development of scoliosis, though the evidence remains emerging and based on the cause, scoliosis is generally classified into several types:

- **Idiopathic scoliosis**: The most common type, especially in adolescents, with no clearly identifiable cause.
- **Congenital scoliosis:** Caused by malformations in the vertebrae during fetal development.
- **Neuromuscular scoliosis:** Associated with neuromuscular conditions like cerebral palsy or muscular dystrophy.
- **Degenerative scoliosis**: Occurs in older adults due to age-related spinal changes.

The progression of scoliosis can lead to postural asymmetry (deviation from the natural body position), pain, reduced mobility, and in severe cases, compromised lung or cardiac function. Early diagnosis can help in detecting scoliosis and minimize the level of suffering a person endures.



CAUSES OF SCOLIOSIS

The causes of scoliosis vary and are generally grouped into the following categories:

1. **Idiopathic Scoliosis**: The cause of this type of scoliosis which is the most common type of scoliosis is unknown and often develops in children and adolescents, especially during growth spurts such as: Infantile (0–3 years), Juvenile (4–10 years) and Adolescent (11–18 years).
2. **Congenital Scoliosis**: Malformations of the spine present at birth (e.g., hemivertebrae). Abnormal development of vertebrae during fetal development.
3. **Neuromuscular Scoliosis**: Associated with conditions that affect the nerves and muscles.

Examples: Cerebral palsy, muscular dystrophy, spina bifida, spinal cord injury.

4. **Degenerative Scoliosis (Adult-onset)**: Wear and tear on the spine due to aging.

Reason: Disc degeneration, arthritis, or osteoporosis.

5. **Syndromic Scoliosis:** Occurs as part of a syndrome.

Examples: Marfan syndrome, Ehlers-Danlos syndrome, neurofibromatosis.

6. **Functional (Non-structural) Scoliosis:** Temporary curvature due to an underlying issue, not a spine deformity.

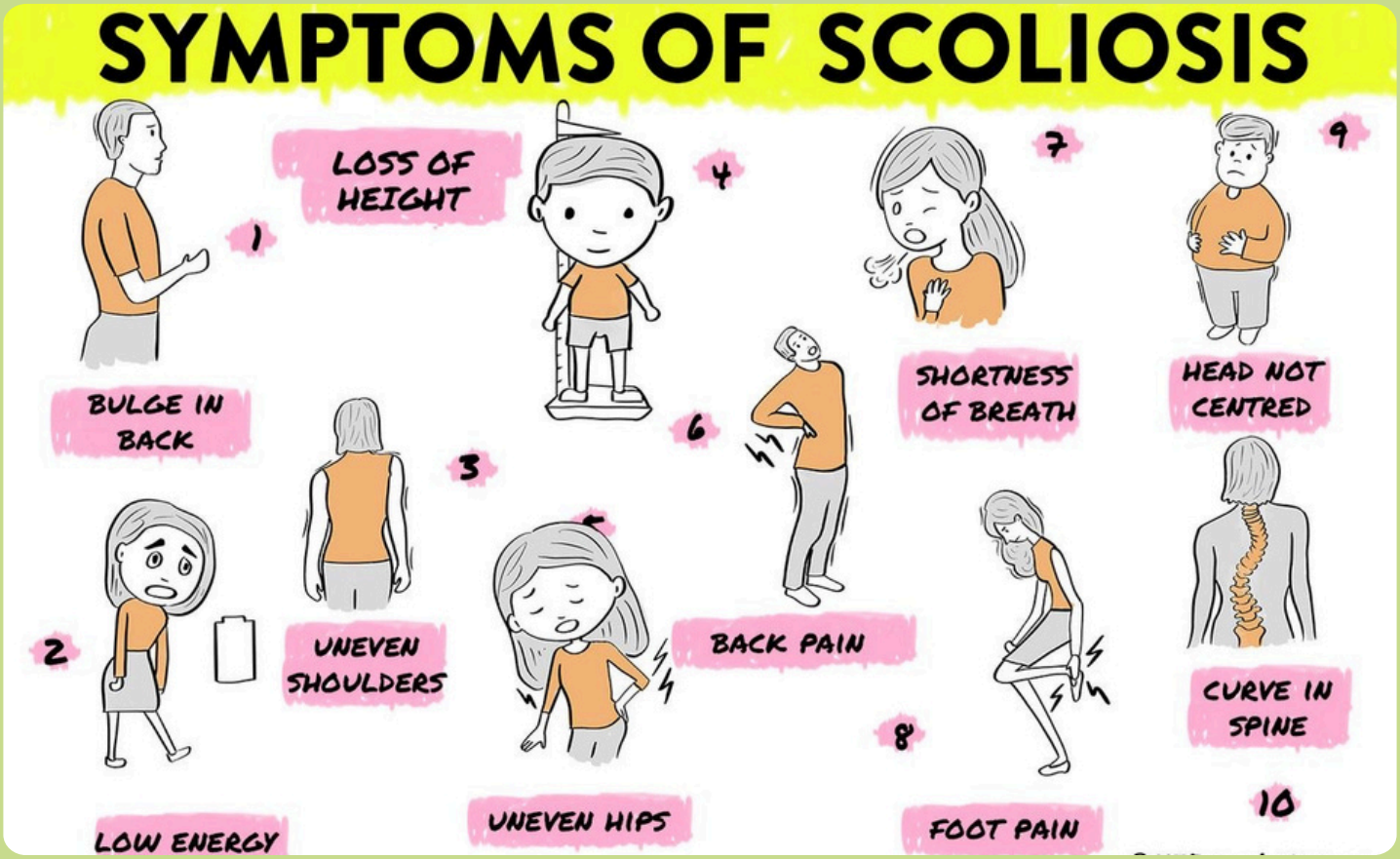
Examples: Leg length discrepancy, muscle spasms, or inflammatory conditions.

Diagnosis & Monitoring

- **Physical exam** (Adam's forward bend test) are done by making the patient bend forward of which any visible rib hump or asymmetry may indicate scoliosis. **Observation**: Shoulder height, waist asymmetry, and prominence of one side of the back.
- **X-rays** is a most definitive test that measures the Cobb angle (degree of spinal curvature). **A Cobb angle** over 10° is considered scoliosis.
- **MRI or CT Scan**: Is used if there are neurological signs or suspected congenital abnormalities.
- **Scoliometer**: A handheld device used during a physical exam to estimate the angle of trunk rotation.
- Regular monitoring every 4–6 months during growth spurts

TREATMENT

Treatment depends on age, severity, and progression of the curve.



MANAGEMENT OF SCOLIOSIS

1. **Observation**: For mild curves less than 20° that are not progressing and a regular follow-up with physical exams and X-rays.
2. **Bracing**: Used in growing children or adolescents with moderate curves (20–40°). It prevents further curvature, does not correct existing curvature.
3. **Physical Therapy**: Exercises may improve posture and muscle strength but do not typically correct curvature.

Schroth method is a specialized scoliosis exercise program.

4. **Surgery**: Is considered for severe curves greater than 45–50° or progressive scoliosis. Spinal fusion is the most common procedure and the goal of the procedure is to correct the curve and stabilize the spine.
5. **Pain Management**: For adults with degenerative scoliosis, NSAIDs, physical therapy, and sometimes injections are used to manage the pain.

CONCLUSION

Scoliosis is a complex spinal disorder with varied causes and presentations. While the majority of cases remain idiopathic, a growing body of research is investigating the potential involvement of infections like cytomegalovirus, particularly in congenital cases. Understanding this correlation could open new avenues for prevention, early detection, and management, especially in vulnerable pediatric populations.

Until more definitive evidence is available, clinical focus should remain on established diagnostic and therapeutic practices while staying informed of emerging insights.

The Pharmacist's Role

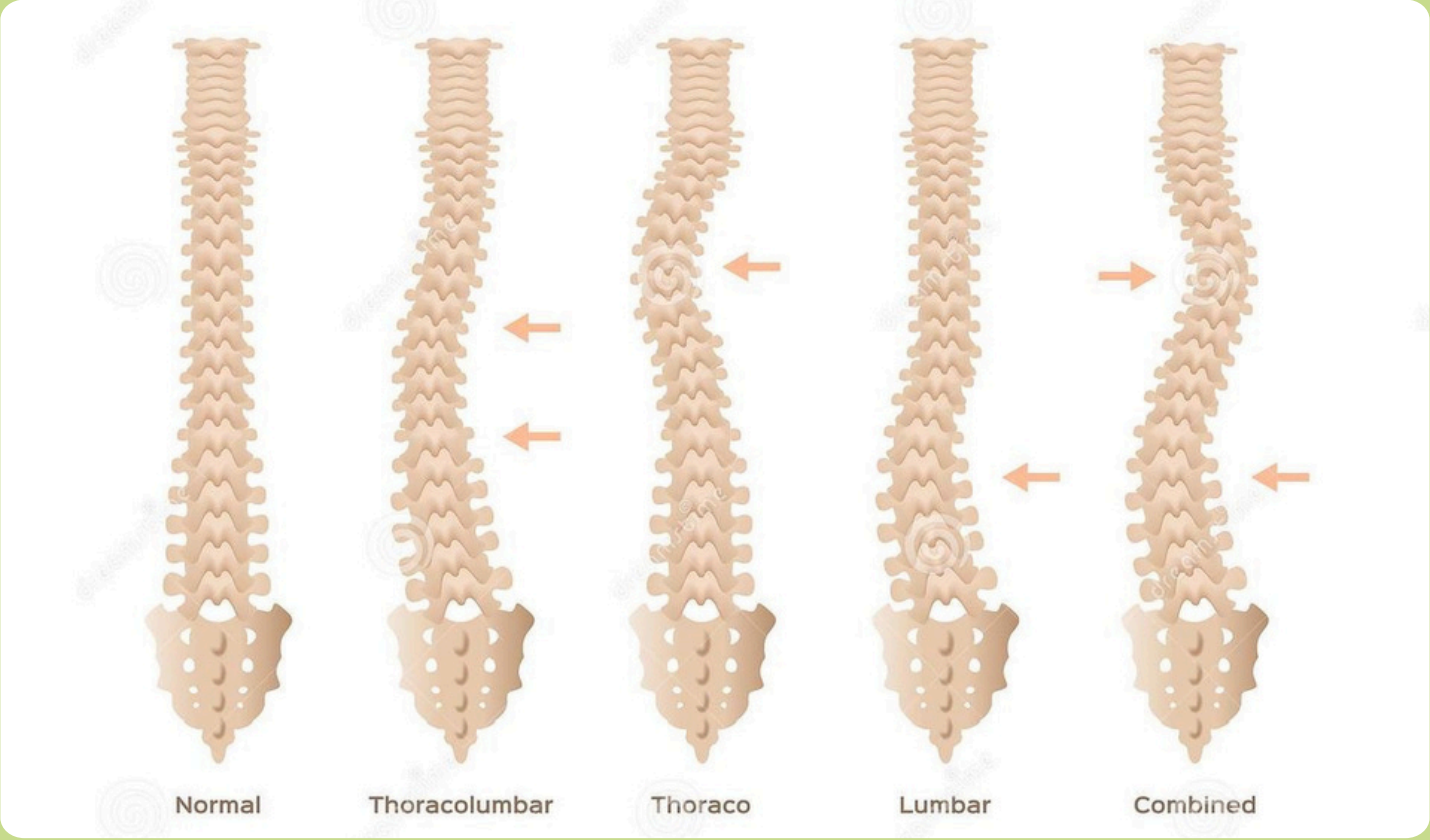
- Educate patients on medication options for pain (if any)
- Support pre- and post-surgery care with pain management and wound care
- Refer to physiotherapists and orthopedic specialists
- Offer empathy and resources to boost mental wellness

Scoliosis is Not a Sentence

With awareness and early detection, many people with scoliosis live full, active lives. Just like Zara, who now wears her back brace proudly and mentors other teens online.

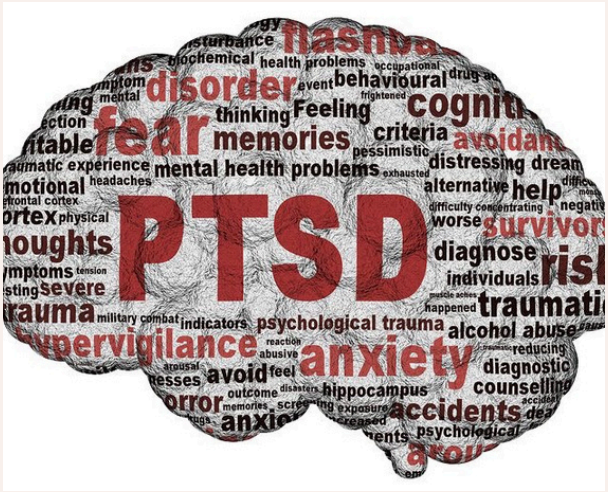
Her message?

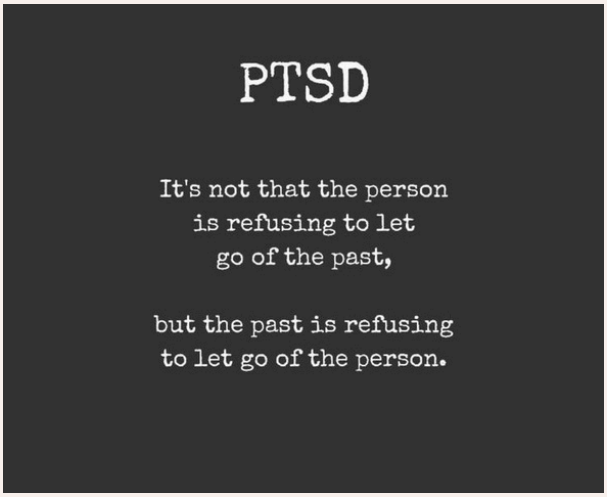
"**My spine curves, but my confidence doesn't. And neither should yours**."



SCARS YOU CAN'T SEE

PTSD: Healing the Mind After the War Within





"I made it back home... but a part of me never left."

These were the words of James, a 38-year-old military veteran who returned from deployment years ago, only to find that the real battle had just begun. Loud noises triggered panic attacks. Flashbacks disrupted his sleep. He avoided friends, family, and places that reminded him of "**there**." The battlefield was now inside him. James wasn't just fighting memories — he was living with **Post-Traumatic Stress Disorder (PTSD)**.

What is PTSD?

Post-Traumatic Stress Disorder (PTSD) is a mental health condition that can develop after experiencing or witnessing a traumatic event. It's not a sign of weakness. It's the brain's response to overwhelming stress.

While commonly associated with combat veterans, anyone can experience PTSD — survivors of abuse, accidents, natural disasters, violent crimes, medical trauma, and even prolonged illness or caregiving.

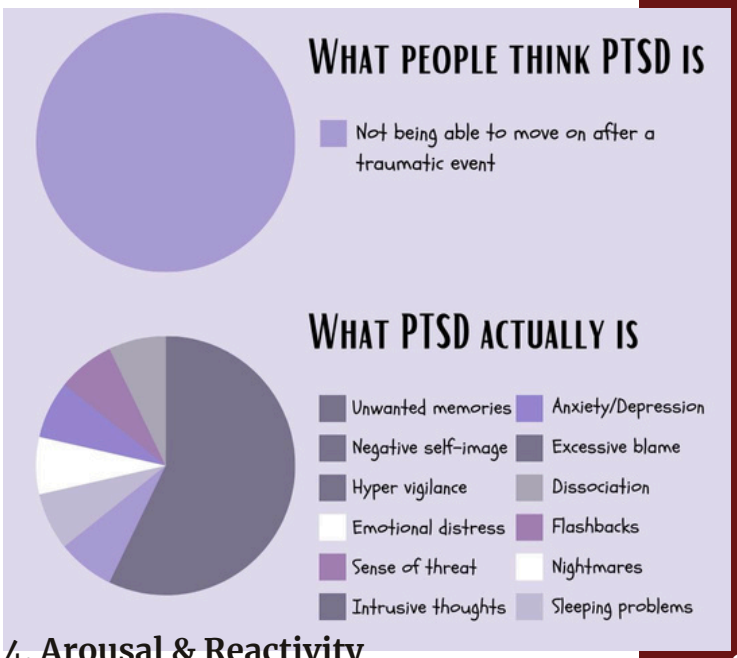
Fast Facts:

- PTSD affects 1 in 11 people at some point in their life.
- Women are twice as likely as men to develop PTSD.
- Symptoms may start within a month or years after the event.
- PTSD can be acute (short-term) or chronic (long-lasting).
- June is PTSD Awareness Month, with June 27 marked as National PTSD Awareness Day.

Symptoms to Look Out For

PTSD symptoms are grouped into four categories:

1. **Intrusion**
   - Recurrent, involuntary memories
   - Flashbacks that make the person feel like they're reliving the event
   - Nightmares
2. **Avoidance**
   - Avoiding thoughts, feelings, or reminders of the trauma
   - Staying away from people or places associated with the event
3. **Negative Mood & Thinking**
   - Feelings of guilt, shame, or blame
   - Loss of interest in activities
   - Emotional numbness
   - Distorted beliefs (*"I'm a bad person"*)



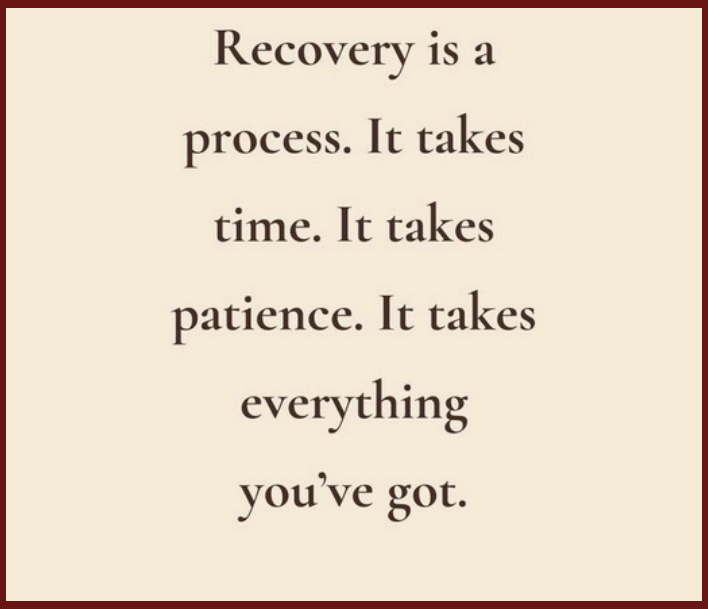
4. **Arousal & Reactivity**
- Hypervigilance
- Irritability or angry outbursts
- Sleep disturbances
- Difficulty concentrating

Complex PTSD (C-PTSD)
Some individuals, particularly those exposed to prolonged trauma (e.g., childhood abuse, domestic violence), may experience C-PTSD — a more severe form involving emotional dysregulation, a shattered sense of self, and interpersonal difficulties.

Diagnosis & Treatment
PTSD is diagnosed through clinical interviews and standardized assessments by mental health professionals.
Treatment options include:
Psychotherapy:
- Cognitive Behavioral Therapy (CBT)
- Eye Movement Desensitization and Reprocessing (EMDR)
- Prolonged Exposure Therapy

Medications:
- Antidepressants (e.g., SSRIs like sertraline and paroxetine)
- Sleep aids for insomnia and nightmares
- Prazosin (used off-label for trauma-related nightmares)

Support Groups and Peer Counseling



Can PTSD Be Prevented?

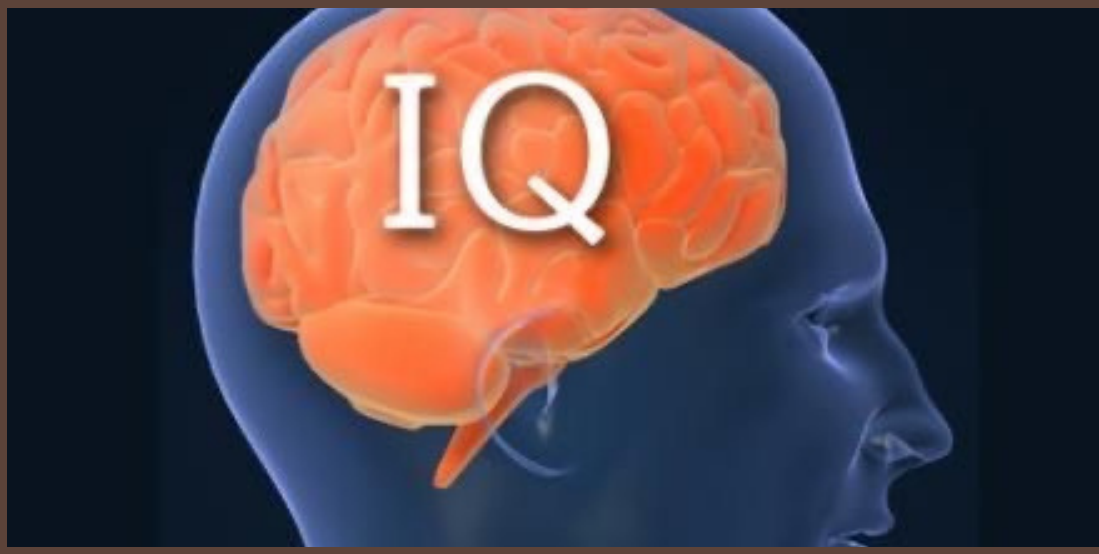
Not all trauma leads to PTSD. Early intervention, strong social support, and coping mechanisms can reduce the risk. It's crucial to promote mental wellness, especially in communities exposed to conflict, violence, displacement, or frontline care (like health workers).

Pharmacist's Role in PTSD Care
Pharmacists are often the first contact point for patients with anxiety, insomnia, or other PTSD symptoms:
- Educate patients on medication use, side effects, and interactions.
- Encourage medication adherence.
- Refer suspected PTSD cases to mental health professionals.
- Provide a nonjudgmental space for listening and trust.
- Promote access to mental health services and resources.

Real Talk: Trauma Isn't Always Obvious
PTSD isn't always about war. It might be about surviving a toxic relationship, witnessing a fatal accident, losing a loved one, or caring for a terminally ill patient. Many people walk around with invisible wounds. Don't dismiss them.

Hope Beyond Trauma
With the right support and treatment, recovery is not only possible — it's expected.
As James says today, "I didn't 'snap out of it.' I fought for peace harder than I ever fought in combat. And that's my greatest victory."

Test Your Health IQ



Interactive Quiz: How Fit Is Your Health Knowledge?

Welcome to the NAFTraPh Digest Health IQ Challenge!
From Alzheimer's to AED, cataracts to courage, you've journeyed through inspiring stories and vital health awareness this month. Now, it's time to see how much you've absorbed and how much you still might need to learn.
Take a deep breath, grab a pen (or open your Notes app), and put your knowledge to the test. Are you ready?
But first...

Meet Petra
Petra, a passionate pharmacist from Lagos, recently said after reading NAFTraPh Digest:
"This Digest is a wonderful piece — it made me a better educator to my patients. It helped me realize that true advocacy starts with knowledge."

Now it's your turn.
📋 **Part 1: Quick Recall (Multiple Choice)**
Choose the best answer for each question.
Answers are at the end — but no peeking!
1. **What's a hallmark early symptom of Alzheimer's disease?**
a. Memory loss
b. Vision loss
c. Unsteady gait
d. Slurred speech

2. **Aphasia primarily affects your ability to:**
a. Swallow
b. Speak or understand language
c. Move your limbs
d. Maintain balance

3. **Cataracts cause:**
a. Tunnel vision
b. Cloudy or blurry vision
c. Night blindness
d. Eye discharge

4. **Men are less likely than women to:**
a. Develop cardiovascular disease
b. Visit a doctor regularly
c. Experience depression
d. All of the above

5. **What is a common symptom of Myasthenia Gravis?**
a. Constant fever
b. Muscle weakness that worsens with activity
c. Sudden weight loss
d. Severe joint pain

6. **Cytomegalovirus is especially dangerous to:**
a. Teenagers
b. Immunocompromised individuals and unborn babies
c. Elderly men only
d. People with high cholesterol

7. **A visible sign of scoliosis is:**
a. Stunted growth
b. Uneven shoulders or hips
c. Constant migraines
d. Skin rashes on the spine

8. **PTSD symptoms may include:**
a. Numbness in toes
b. Persistent coughing
c. Nightmares, flashbacks, or emotional detachment
d. Digestive issues

9. **The recommended rate for chest compressions during CPR is:**
a. 30–40/min
b. 60/min
c. 100–120/min
d. Over 200/min

10. **Which organ does cytomegalovirus (CMV) most commonly affect in immunocompromised individuals?**
a. Liver
b. Brain
c. Lungs
d. Eyes

Part 2: True or False
11. Cataracts are an inevitable part of aging and cannot be treated.
12. Only soldiers or people in combat zones can have PTSD.
13. Cytomegalovirus (CMV) is rare and mostly harmless to the general public.
14. You can't perform CPR unless you're formally certified.
15. Men are less likely to seek preventive healthcare than women.

Scoring & Results
Give yourself 1 point for every correct answer.
Results:

- **13–15 points** – 🏆 Health Champion! You're a wellness warrior — informed, inspired, and ready to advocate!
- **10–12 points** – 🌟 Almost Expert! You've got a strong grip on your health facts — keep reading and growing!
- **6–9 points** – 🧐 Health Curious. You're on the right track, but there's more to discover. Flip through the Digest again!
- **0–5 points** – 📚 Time to Learn. Don't worry — NAFTraPh Digest is here to teach, not judge. Start from the top!

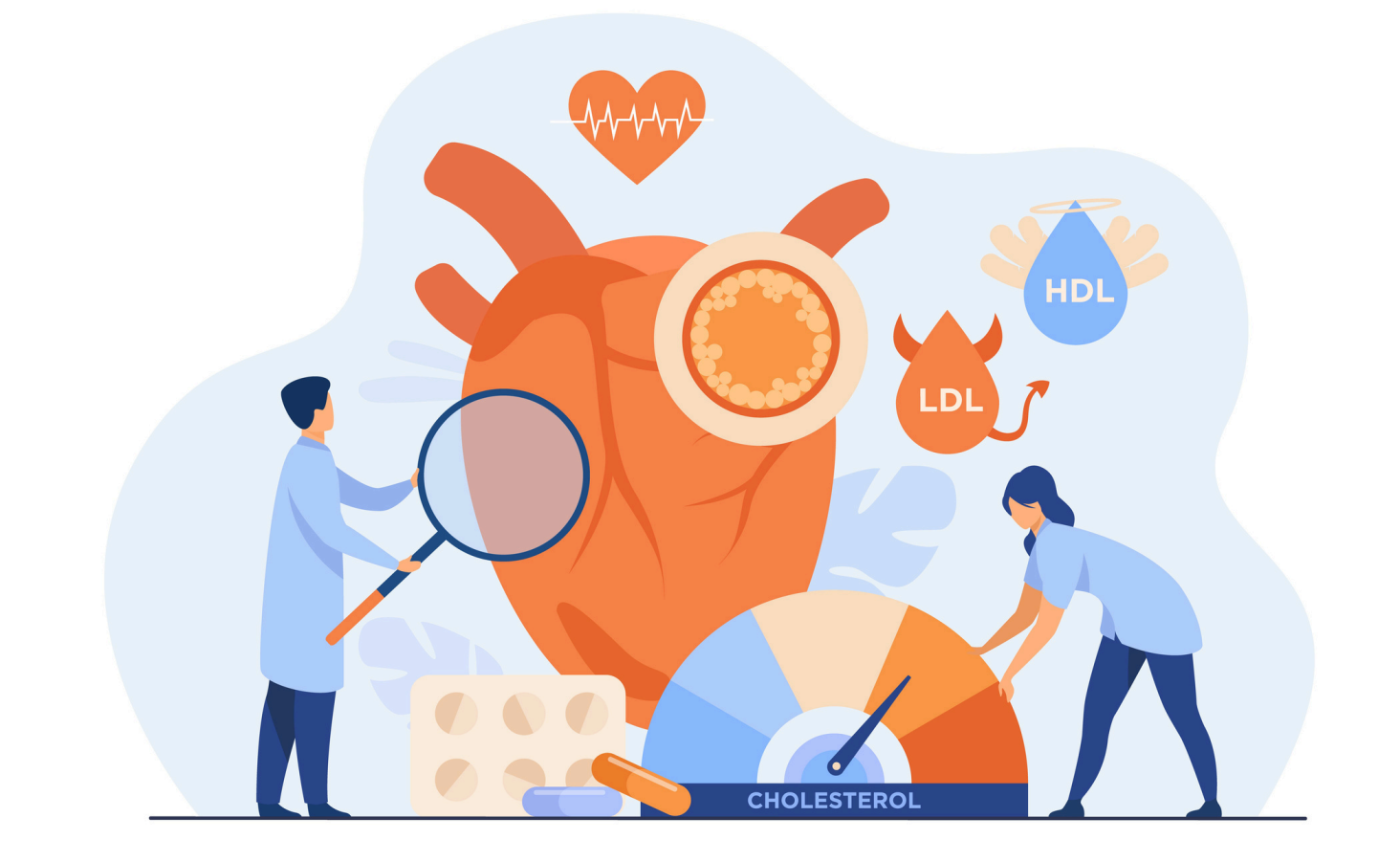
Answers Key

1. a
2. b
3. b
4. d
5. b
6. b
7. b
8. c
9. c
10. c
11. False
12. False
13. False
14. False
15. True

📣 **Join the Fun**

SHARE YOUR SCORE!
Post your quiz score on your WhatsApp story, tag @NAFTraPh, Instagram tag @NAFTraPhCares or share it in the NAFTraPh Telegram group using the hashtag #NAFTraPhHealthIQ.

🎁 Top scorers may be featured in our next Digest or win surprise goodies from NAFTraPh!
🧠 Knowledge is power. And this Digest? It's your health superpower.



Special edition

FINAL THOUGHTS

In a world that applauds what it can see, it's easy to overlook the battles hidden beneath the surface — the quiet tremble of a Parkinson's hand, the unspoken ache of PTSD, the weariness behind Myasthenia Gravis, or the cloudy haze of cataracts stealing a grandfather's sight. But this June, NAFTraPh Digest has chosen to shine a light on those unseen, unheard, and often misunderstood conditions.

We've journeyed through Alzheimer's fading memories, stood in empathy with those who've lost their voice to Aphasia, and stood taller with scoliosis fighters determined to bend but not break. We've felt the fire of survivors, the fear behind a diagnosis, and the courage required just to keep going.

And through it all, one message rings clear: **Just because a struggle isn't visible doesn't mean it isn't real.**

As healthcare professionals, caregivers, advocates, or simply fellow humans, our role goes beyond treatment. We must listen more closely, observe more carefully, and speak more boldly not just in clinics or campaigns, but in everyday conversations that build bridges of understanding.

Let's continue to:

- **Advocate** for early detection, accessibility, and empathy.
- **Educate** ourselves and our communities ignorance is often the root of stigma.
- **Empower** those facing invisible illnesses to share their truth, seek help, and live fully.

This issue isn't just about awareness — it's about awakening. And if each of us walks away a little more aware, a little more informed, and a lot more compassionate, then June has truly mattered.

Until the next edition —
See the unseen. Hear the unheard. Stand with the silent.
Because every life, every voice, every heartbeat deserves to be seen and supported.

With empathy and hope,
The NAFTraPh Digest Team
Admin | Editors | Writers | Advocates for Impact

NAFTraPh Digest MAGAZINE

09134030406, 09033775017
info@naftraph.org
naftraphinfo@gmail.com
@naftraphinfo
www.naftraph.org

MEET THE TEAM

President
Dr. John Ejezie, FNAFTraPh

Admin/Writer
Pharm. Lois Ibukun Ezekiel

Writer
Pharm. Jemimah Awoseyin

Admin/Editor/Content Creator
Pharm. Precious Chinenye Oti

Writer
Pharm. Lydia Ezechi

Writer
Pharm Rita Izubogu

NAFTraPh

NAFTRAPH DIGEST

Your Partner in Wellness and Knowledge

MEMBER

fip ADVANCING PHARMACY WORLDWIDE

NAFTraPh

NIGERIAN ASSOCIATION OF FOREIGN TRAINED PHARMACISTS

7th Annual International Conference

Theme:

"Non-Communicable Diseases in post-pandemic world: NIGERIA'S PERSPECTIVE AND HOW TO MITIGATE DISEASES' RAMIFICATIONS."

Date:
Thursday October 9th through Saturday 11th, 2025

Venue:
Watercress Hotel, Ikeja Lagos

For: Further Enquiry Contact:

(NIG) +234 903 377 5017
(NIG) +234 913 403 0406

(NIG) +234 703 816 7398

(NIG) +234 81 0410 0393

(NIG) +234 813 541 6046
(USA) +17039816292

info@naftraph.org | www.naftraph.org