



NAFTrPh **DIGEST**

**ROOTED IN CARE & EMPOWERMENT: ADVOCATING
WELLNESS THROUGH AWARENESS**



**MATERNAL
MATTERS**

**Food as
Medicine:
Harnessing
Functional
Foods, eDII &
Fibermaxxing**

**Fighting
Hypertension
& Diabetes
in a Growing
Fast Food
Nation**

**Lungs of Life
IMMUNIZATION**

**LITTLE EYES: BIG FUTURE
CHILDREN'S EYE HEALTH**

**BREAST CANCER
RESEARCH: HOPE IN EVERY
TRIAL**

**HEALTH IQ CHALLENGE
SPINAL MUSCULAR ATROPHY**

Your Partner in Wellness & Knowledge

AUGUST 2025 ISSUE 08

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ADVOCACY – IT STARTS WITH YOU**

Editorial Note

August Echoes: A Season of Awareness and Action

There's something about August — the quiet strength it carries, the layered conversations it sparks. It arrives not with fireworks, but with depth, care and purpose.

In this issue of **NAFTraPh Digest**, we dive into a symphony of causes some loud, others silent, some global and others deeply personal but all equally vital. From **children's eye health** to **gastroparesis**, from the **power of immunization** to the silent rise of **non-communicable diseases**, this edition is a powerful call to see, to understand, and most importantly to act.

August is not just about awareness—it's about anchoring ourselves in advocacy, about becoming the hands that hold, the voices that speak, and the hearts that heal.

This month, we are “**Rooted in Care and Empowerment**” not just in what we write, but in how we show up **for our communities, our families and for ourselves**. Every page in this digest is a tribute to those facing invisible battles, and a guide to those ready to make a difference.

Let August echo in your mind as a turning point not just in health education, but in human connection.

Happy reading,

NAFTraPh Digest Editorial Team



*Rooted in Care
and
Empowerment:
Advocating
Wellness
Through
Awareness*

IMMU

Immunization: The Armor We All Need

“Vaccines are not just shots—they are shields. They protect, they empower, and they save lives.”



“I WAS JUST A MOTHER DOING WHAT I COULD—UNTIL I LEARNT WHAT I SHOULD.”

That was what Fadeke whispered, teary-eyed, as she recounted the story of her son, Tobe, a bright-eyed two-year-old who had survived a near-death battle with measles. What she didn’t know then was that it could have been prevented. That one jab might have made all the difference.

Tobe lived.

But her neighbor's child didn't.

That's how close the line can be.

In a world bustling with travel, dense cities, evolving viruses, and overstretched health systems, one simple, powerful tool continues to stand out as a cornerstone of public health: immunization.

Yet, despite decades of life-saving success, vaccines remain both celebrated and misunderstood. In this month of *care and empowerment*, we strip away the myths and spotlight the real story, why immunization is still one of the most essential, affordable, and effective investments in health.

THE LEGACY OF IMMUNIZATION: A GLOBAL LIFESAVER

From the eradication of smallpox to the control of polio, tetanus, measles, and diphtheria vaccines have transformed global health. According to the WHO, immunization currently prevents 4–5 million deaths every year.

But in places where access is low or misinformation is high, vaccine preventable diseases are making a quiet return. In Nigeria, routine childhood immunization coverage is still under 60% in some regions. This means that thousands of children remain at risk of **polio, diphtheria, measles, and hepatitis B** diseases that modern medicine already has answers for.

But we forget **Immunization isn't just for kids.**

The elderly need protection from pneumonia and shingles, teenagers from HPV and meningitis, adults from influenza, hepatitis, and more especially those with chronic illnesses.



WHY IT MATTERS NOW, MORE THAN EVER

In 2025, we live in a global village. A virus in one part of the world can cross borders overnight, and immunity isn't individual it's communal. The more people vaccinated, the safer everyone becomes. It's called **herd immunity**, and it has saved generations. Yet, we still face myths like:

- “Vaccines cause infertility” ❌
- “Natural immunity is better” ❌
- “You only need vaccines as a child” ❌

None of these have any scientific basis. But they've claimed lives.

A PHARMACIST'S ROLE IN IMMUNIZATION: MORE THAN YOU THINK

Pharmacists are no longer confined to the dispensary counter. In Nigeria and beyond, they are increasingly recognized as vaccination providers, educators, and advocates.

- ✅ Educating the public on vaccine safety and schedules
- ✅ Dispelling myths and correcting misinformation
- ✅ Providing immunizations
- ✅ Ensuring vaccine cold chain and storage standards
- ✅ Counseling parents on childhood vaccinations
- ✅ Supporting national immunization drives

By simply starting a conversation with a parent, a patient, or even a fellow healthcare worker, pharmacists can tip the scale in favor of immunization uptake.

Dr. Oluchi, a public health pharmacist in Anambra, shared:

“When I administer vaccines to a newborn, I don't just feel like I'm giving medicine—I feel like I'm planting a shield for that child's future. I just wish more mothers knew what was at stake.”

YOUR ROLE IN THE IMMUNIZATION CHAIN

- **Mothers:** Ask questions. Demand the full vaccine schedule for your child.
- **Fathers:** Get informed. Encourage full family coverage.
- **Youth:** Check your status. Get vaccinated for HPV and hepatitis.
- **Health workers:** Keep educating. Keep reaching the unreached.
- **Government & NGOs:** Expand mobile clinics. Make vaccines affordable.

SOME OF THE VACCINES: LIFELONG PROTECTION

Vaccination isn't just for babies. From infancy to adulthood and into old age, immunization remains a life-long journey:

👶 **Childhood** – Hepatitis B, Polio, Measles



🧑 **Adolescents** – HPV, Tetanus, Meningococcal

👤 **Adults** – Hepatitis B, COVID-19 boosters, influenza

👴 **Elderly** – Pneumococcal, shingles, influenza

Innovation in Immunization: What's New?

The world of vaccines is evolving rapidly:

-  mRNA vaccines are being developed beyond COVID-19, for flu, RSV, and even cancer.
-  Thermostable vaccines are making cold-chain issues less of a barrier in remote areas.
-  Digital immunization tracking systems are improving accountability and access.

These advancements bring hope, but only if trust and access are also built in parallel.

Call to Action: Be an Immunization Advocate

Whether you're a pharmacist, a parent, or a policy-maker your voice matters.

- ✂️ Talk about vaccines at home, at work, and on social media.
- ✂️ Join local awareness campaigns and vaccination drives.
- ✂️ Help your community understand that immunization is a right, not a risk.

Immunization isn't a luxury. It's a right. And it's a responsibility.

Just like Tobe's mother, we all have moments when we "don't know what we should do." But when we do know better, we must act.

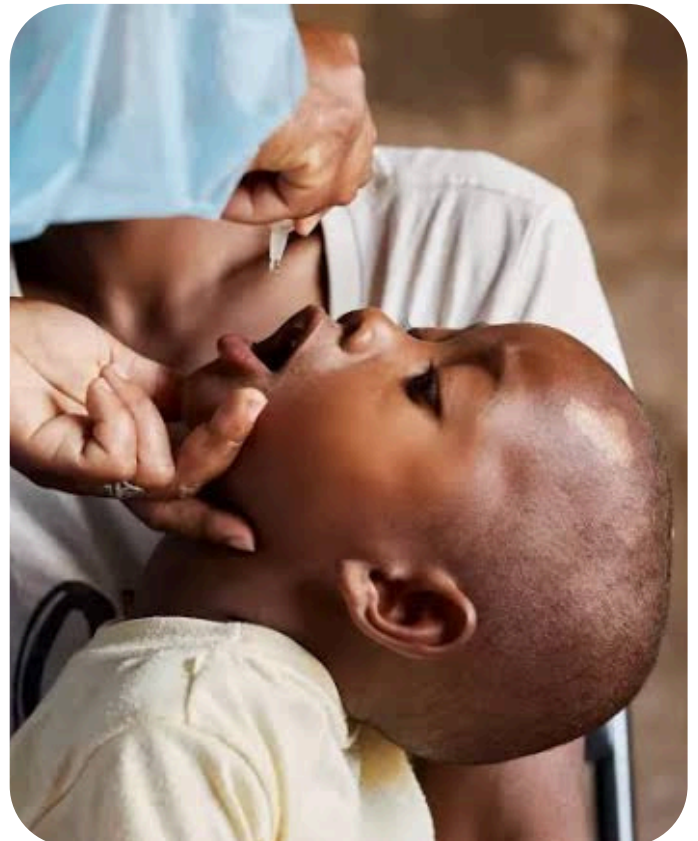
The armor is available.

Let's help everyone wear it.

Because prevention is the most powerful form of protection.



Prevention is the most powerful form of protection.





Little Eyes, Big Future

Children's Eye Health & Eye Examination

“She thought her son was simply shy. He was actually half-blind.”

Mariam's 5-year-old son, Dayo, always squinted at the TV. She assumed it was a habit. When he stumbled over steps or avoided ball games at school, she scolded him for being careless. It wasn't until he failed a vision screening in school that Mariam realized Dayo couldn't see well. And he never knew how to say it.

“A child's vision is not just about seeing clearly—it's about seeing possibilities.”

When we talk about empowering futures, we often focus on education, nutrition, and safety. But there's a quietly vital piece of the puzzle that often goes unnoticed: **vision**.

Children experience the world through their eyes reading, learning, playing, and discovering. Yet millions of children across Africa and around the world are held back, not by lack of intelligence or opportunity, but by undetected and untreated vision problems.

THE HIDDEN CRISIS: CHILDHOOD VISION PROBLEMS

Vision problems in children are more common than many realize:

- ◆ 1 in 4 school-age children has an undiagnosed eye issue.
- ◆ In Nigeria, many vision impairments go unnoticed due to lack of routine screening.
- ◆ Uncorrected vision problems can lead to learning difficulties, low self-esteem, and even developmental delays.

Sadly, many children don't know they're seeing the world differently and parents may not know what signs to watch out for.

WHY EARLY EYE EXAM MATTERS

Children's eyes develop rapidly, especially in the first few years of life. Early detection of issues like:

- **Amblyopia (lazy eye)**
- **Strabismus (crossed eyes)**
- **Refractive errors (nearsightedness, farsightedness, astigmatism)**

...can prevent permanent vision loss if caught and treated early.

🔍 **The Golden Rule:** A child should have their first eye exam at 6 months, again at 3 years, and before starting school.

SIGNS A CHILD MAY HAVE VISION PROBLEMS

Parents, teachers, and healthcare professionals should look out for:

- ✓ Squinting or tilting the head to see better
- ✓ Rubbing eyes frequently
- ✓ Complaints of headaches or tired eyes
- ✓ Holding books or screens too close
- ✓ Poor academic performance or attention issues

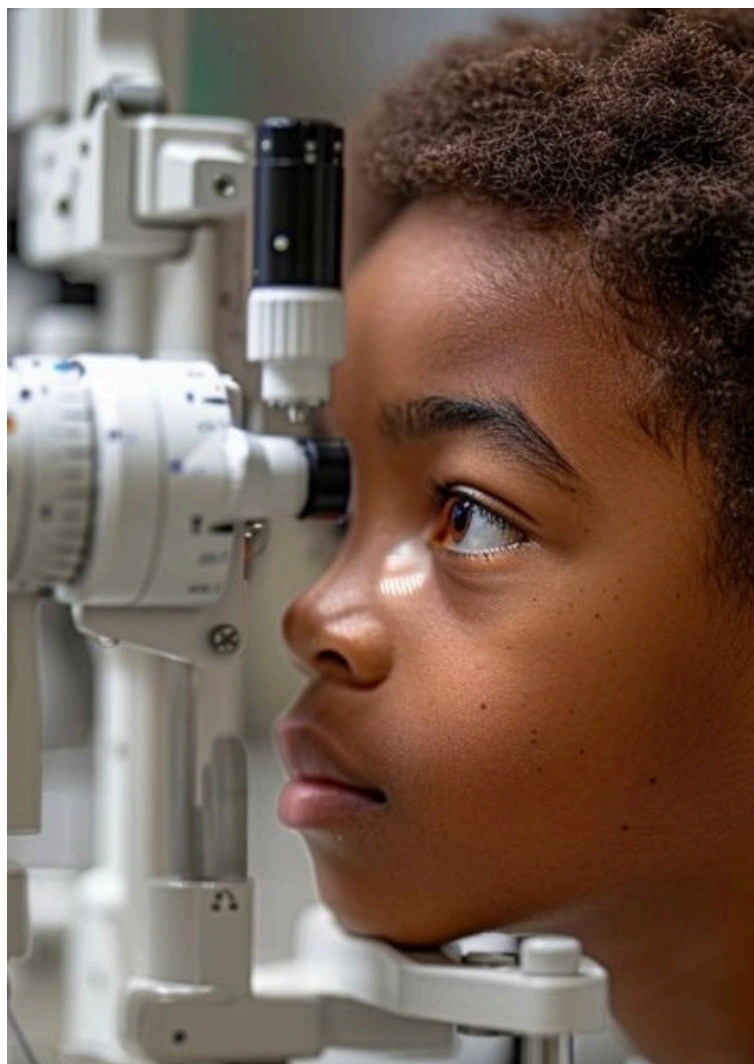
Sometimes, vision problems masquerade as behavioral or learning disorders highlighting the importance of early screening.

THE PHARMACIST'S ROLE IN EYE HEALTH

While pharmacists are not optometrists, they often serve as first points of contact for health concerns. Here's how pharmacists can contribute:

- 👁️💬 Educate parents on the importance of routine eye exams
- 💊👉 Counsel on proper use of prescribed eye medications
- 👨👩👧👦 Refer families to qualified eye care professionals
- 📣🗣️ Raise awareness through pharmacy-based outreach, posters, or school visits

When pharmacists champion children's eye health, communities listen.



NUTRITION AND VISION: A COLORFUL CONNECTION

Good eye health starts on the plate. Nutrients that support vision include:

- **Vitamin A** – found in carrots, sweet potatoes, and leafy greens
- **Lutein & Zeaxanthin** – found in eggs and corn
- **Omega-3 fatty acids** – from fish, flaxseed, or supplements
- **Zinc & Vitamin C** – essential for retinal health

A balanced diet isn't just good for the body, it's fuel for the future of a child's sight.

EDUCATION BEGINS WITH VISION

Can you imagine a child trying to read blurry words? Or struggling to see the board in class? The connection between good vision and academic success is undeniable.

Improving children's eye health isn't just a medical mission, it's an educational one. If we want to build literate, empowered generations, we must make vision care a priority.

- **Parents:** Watch for signs such as squinting, sitting too close to the TV, frequent headaches, poor attention span.
- **Schools:** Include vision screening as part of school health programs.
- **Communities:** Organize free eye exam outreaches, especially in rural areas.

Dr. James Ekong, a pediatric optometrist, puts it best:

“We talk a lot about children's future. But if they can't see it clearly, how can they chase it?”

IN SUMMARY

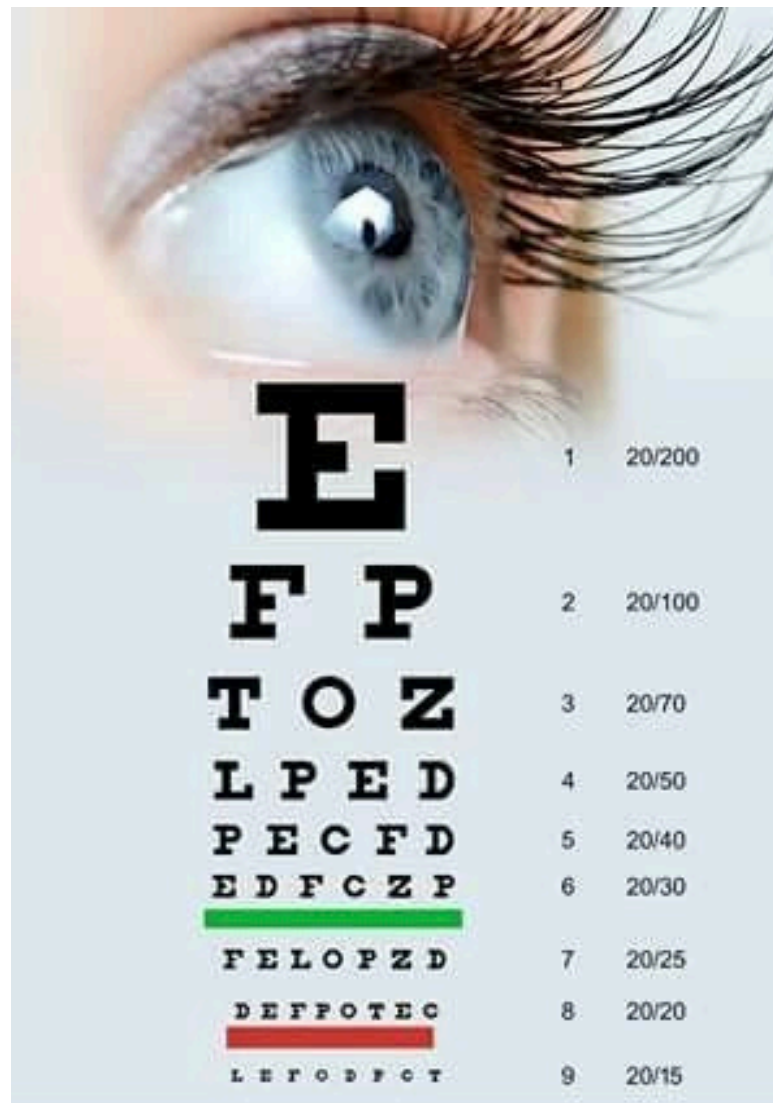
Little eyes hold great potential. Let's give every child the clear vision they need to chase their dreams, learn without limits, and thrive in the world around them.

Clear vision fuels bright futures.

From catching the first letter in class to avoiding danger on the streets, children need their eyes cared for just like any other part of their body. A simple exam can be life-changing.

Let's ensure that no child's world stays blurry when clarity is just a lens away.

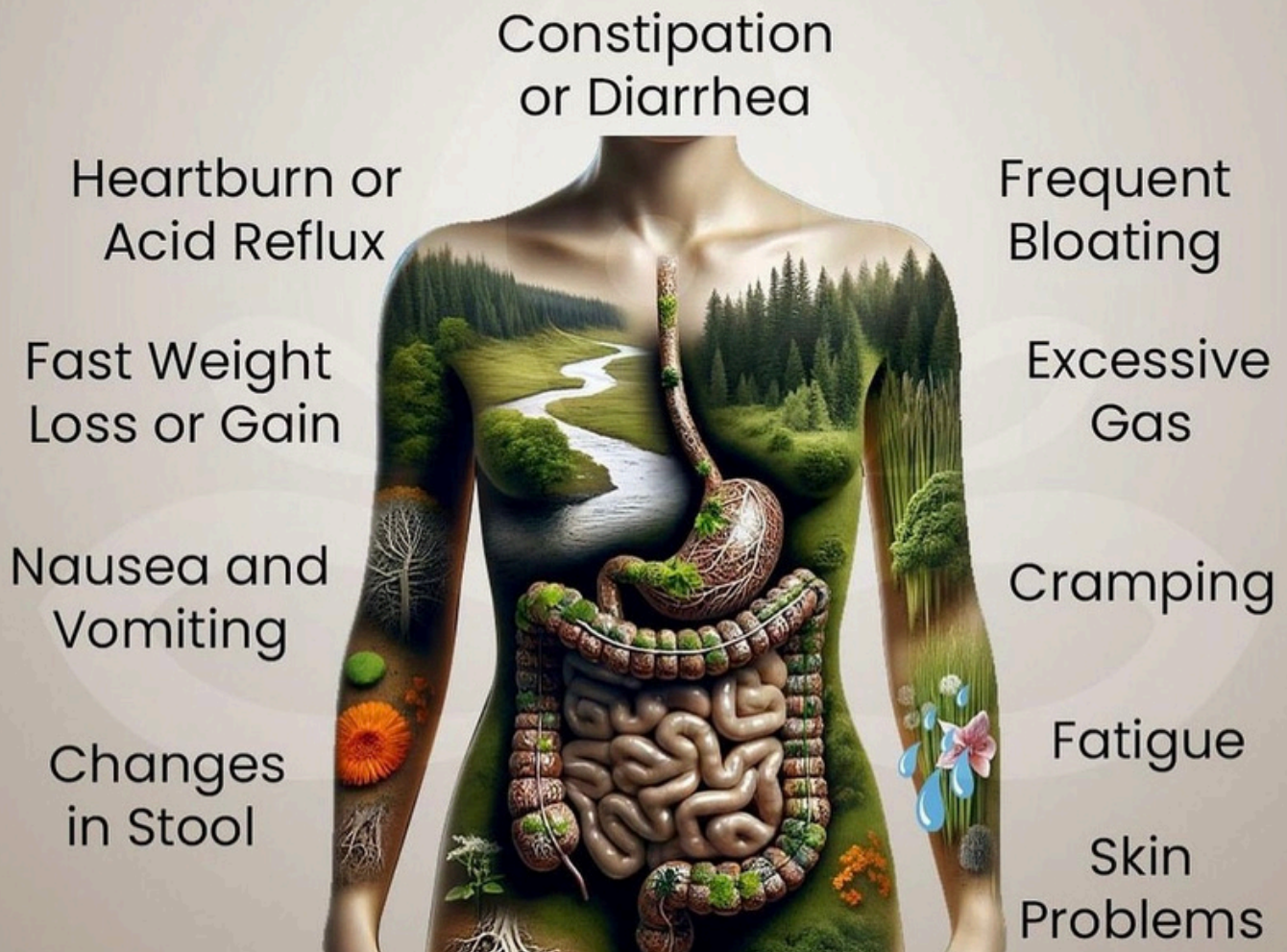
Because when children see better, they learn better, and when they learn better they live better.

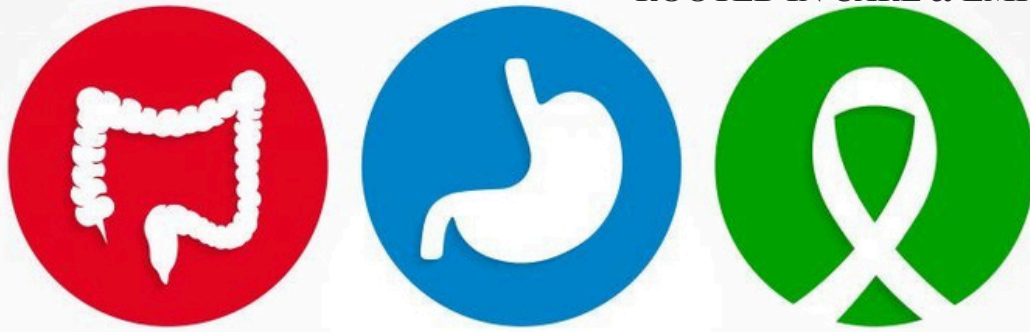


Digestive Spotlight

Digestive Tract Paralysis & Gastroparesis
Explained

10 SIGNS YOUR **DIGESTIVE SYSTEM** isn't functioning properly





Digestive Tract Paralysis

Awareness Month

AUGUST

“You are what you eat but only if your body can move it.”

I felt full after just a few spoons... but the pain that followed was unbearable.

– Chioma, 29, diagnosed with gastroparesis after years of misdiagnosis.

Digestion is often taken for granted. We eat, we feel full, and we go about our day. But for individuals living with **gastroparesis** or **digestive tract paralysis**, that simple process becomes a daily struggle.

This August, in line with **Gastroparesis Awareness Month**, we spotlight a condition that’s often overlooked but deeply life-altering. Welcome to the complex world of **digestive tract paralysis**.

WHAT IS GASTROPARESIS?

Gastroparesis is a chronic disorder where the stomach muscles don’t work properly, delaying the movement of food from the stomach to the small intestine **without any physical blockage**.

It’s like a traffic jam in your digestive system.

Imagine eating your favorite meal but instead of satisfaction, you feel:

- **Nauseated**
- **Bloated**
- **Tired**
- **And still... not hungry again for hours**

That’s **Gastroparesis**. It’s part of a broader group of disorders called **digestive tract paralysis**—a frightening and frustrating health challenge that’s largely misunderstood and underdiagnosed.

COMMON SYMPTOMS INCLUDE:

- Chronic nausea
- Vomiting undigested food
- Bloating
- Feeling full quickly after eating
- Acid reflux
- Fluctuating blood sugar levels (especially in diabetic patients)
- Unexplained weight loss

These symptoms can severely affect quality of life and nutritional status yet many people go undiagnosed for years.

WHAT CAUSES IT?

Gastroparesis can be **idiopathic** (no known cause), but common risk factors include:

- **Diabetes** (especially long-term uncontrolled cases)
- **Surgical nerve damage** (especially to the vagus nerve)
- **Autoimmune diseases**
- **Neurological conditions** (like Parkinson’s or multiple sclerosis)
 - **Certain medications** (e.g., opioids, anticholinergics, some antidepressants)
- Sometimes the cause remains unknown

What’s scary? Gastroparesis mimics common GI symptoms, so it’s often misdiagnosed as acid reflux, ulcers, or even anxiety

WHAT EXACTLY HAPPENS?

The digestive tract is supposed to work like a moving belt food travels smoothly from your mouth down to the intestines. But in gastroparesis or intestinal pseudo-obstruction:

- The muscles or nerves stop working properly
- Food stays in the stomach too long
- Digestion slows to a crawl or halts

This leads to:

- Early satiety (feeling full too soon)
- Vomiting undigested food
- Malnutrition
- Severe abdominal pain

And for many, it's a daily war with every bite.

DIAGNOSIS: MORE THAN A STOMACH ACHE

Diagnosis typically involves:

- **Gastric emptying studies**
- **Endoscopy** (to rule out blockages)
- **SmartPill tests** (to monitor GI motility)
- **Ultrasound or CT scans** (to check for other abdominal issues)

Early and accurate diagnosis is key to managing symptoms before complications arise.

TREATMENT OPTIONS

There is no one-size-fits-all cure, but treatment often involves:

1. Dietary Management

- Small, frequent meals
- Low-fat and low-fiber diets
- Liquid meal replacements when solids are not tolerated
- Chewing food thoroughly

2. Medications

- **Prokinetics** (e.g., metoclopramide) to stimulate stomach contractions
- **Antiemetics** to manage nausea
- **Pain relievers** (non-opioid preferred)

3. Other Interventions

- Feeding tubes or IV nutrition (in severe cases)
- Gastric electrical stimulation
- Blood sugar control in diabetic patients is critical



THE PHARMACIST'S ROLE IN GASTROPARESIS CARE

Pharmacists are uniquely positioned to support patients living with gastroparesis:

- ✓ **Medication Review:** Avoid prescribing or dispensing drugs that worsen gastric motility
- ✓ **Patient Education:** Help patients understand diet, drug timing, and symptom tracking
- ✓ **Nutritional Support:** Recommend safe supplements or meal replacements
- ✓ **Referral Support:** Direct patients to gastroenterologists for further evaluation when needed

REAL VOICES, REAL STRUGGLES

In Nigeria and many African countries, digestive disorders are **routinely dismissed**. Yet, the emotional and physical toll is enormous.

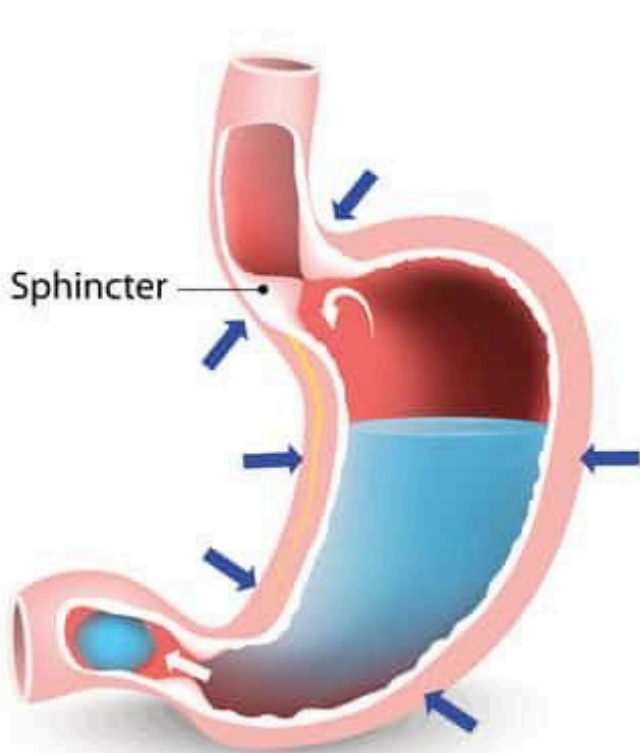
"You stop enjoying food. You stop enjoying life."

– Tunde, living with idiopathic gastroparesis

Living with digestive tract paralysis goes beyond the gut, it impacts mental health, relationships, work, and confidence.

Many patients face stigma or are dismissed by healthcare providers. That's why **awareness, compassion, and knowledge** must go hand in hand with treatment.

GASTROPARESIS



Healthy

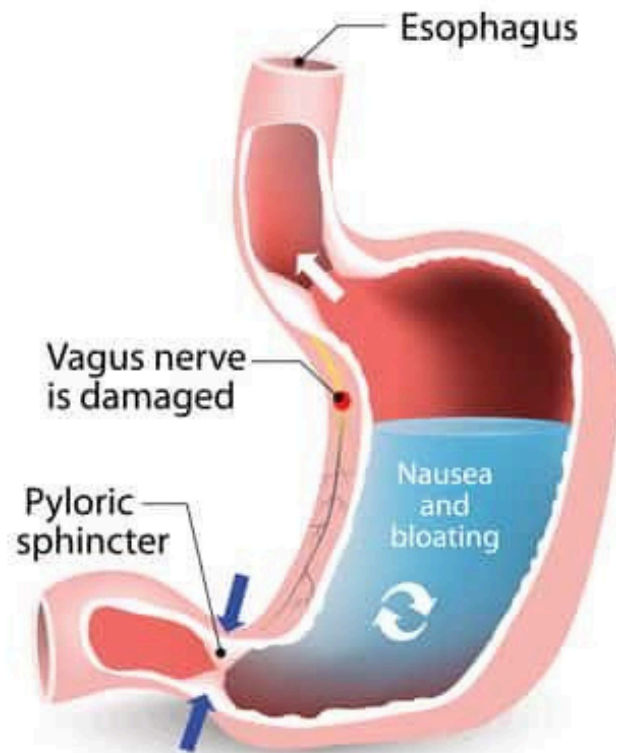
THE ADVOCACY WE NEED

This month, as we spotlight digestive tract paralysis:

- Let's educate health professionals to recognize symptoms early
- Let's advocate for more gastroenterology units in public hospitals
- Let's offer patients a voice, a space, and a strategy for survival

Digestive paralysis is not all in the head. It's very real. It's very painful. And awareness is the first step toward better lives for those suffering silently.

Because every bite shouldn't be a battle.



Gastroparesis

Gastroparesis is an invisible but impactful condition. As pharmacists and healthcare professionals, our ability to **listen, educate, and guide** can make a lasting difference in how patients cope and manage their symptoms.

Let's empower patients not just to survive with gastroparesis but to **live fully** despite it.

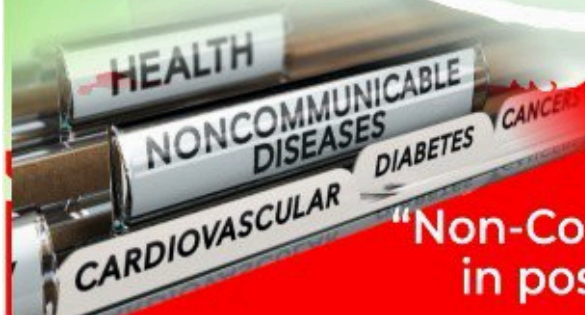
☺ *Because every body and every gut deserves care.*



NIGERIAN ASSOCIATION OF FOREIGN TRAINED PHARMACISTS

FUNDRAISING FOR THE

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**

PLEASE, DONATE TO SUPPORT WHAT WE DO

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**FUNDRAISING FOR THE NIGERIAN ASSOCIATION OF FOREIGN
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SKIN DEEP: PSORIASIS, PAIN, AND PUBLIC PERCEPTION

More than Skin. It's a Story of Strength.

“People kept asking if it was contagious. I stopped wearing short sleeves. I stopped going out. But what hurt the most wasn't the flare-ups, it was the stares.”

– Nneka, 34, living with psoriasis in Lagos.

When you hear the word “*psoriasis*,” what comes to mind? Dry skin? Flaky patches? Maybe even “*contagious*”?

For millions of people living with this chronic skin disease, psoriasis is much more than what's visible on the surface. It's a daily battle not only with inflammation and discomfort—but with judgment, misunderstanding, and stigma.

What exactly is Psoriasis?

Psoriasis isn't just a rash. It's an autoimmune skin condition where the immune system mistakenly attacks healthy skin cells, causing an accelerated skin cell turnover. This leads to:

- Thick, red, inflamed patches
- Silvery-white scales
- Itching, burning, or soreness
- Cracked or bleeding skin

It's the immune system in overdrive, causing skin cells to multiply up to 10 times faster than normal.

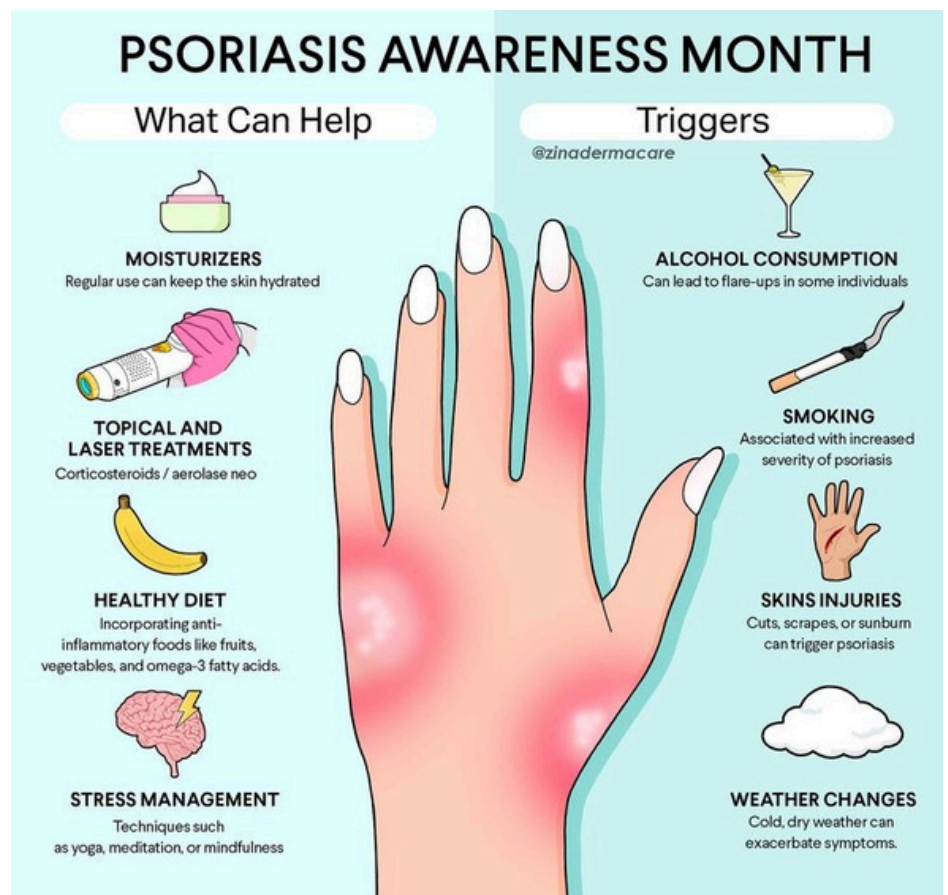
Most commonly found on the elbows, knees, scalp, and lower back, psoriasis is **not contagious** yet remains widely misunderstood.

Types of Psoriasis

There are several forms, including:

- **Plaque Psoriasis:** The most common form thick, raised patches
- **Guttate Psoriasis:** Small red spots, often triggered by infections
- **Inverse Psoriasis:** Red, shiny lesions in skin folds
- **Pustular Psoriasis:** White pustules surrounded by red skin
- **Erythrodermic Psoriasis:** A rare, severe form requiring emergency care

Many patients may also experience **psoriatic arthritis**, which causes joint pain and stiffness.



THE EMOTIONAL TOLL

Psoriasis is physically painful but the emotional and social impact can be worse:

- Anxiety and depression
- Low self-esteem
- Social withdrawal
- Fear of wearing short sleeves or going out
- Bullying or discrimination

These mental burdens are amplified by the public's misconceptions: that psoriasis is a **hygiene issue**, or something that could be “**caught**.”

But in reality:

- ✓ Psoriasis is not infectious
- ✓ It has no cure, only management
- ✓ It's linked to serious health risks like heart disease, diabetes, and depression.

It Affects over 125 million people worldwide. Around 1 in 50 Nigerians are estimated to have it many undiagnosed. Most people develop it between ages 15 and 35

Yet, shame and stigma keep many from seeking help.

TREATMENT: MANAGING, NOT CURING

Psoriasis is chronic, there is no cure yet but symptoms can be well-managed with the right care:

Topical Treatments:

- Corticosteroids
- Vitamin D analogues
- Coal tar and moisturizers

Systemic Medications:

- Methotrexate
- Cyclosporine
- Acitretin

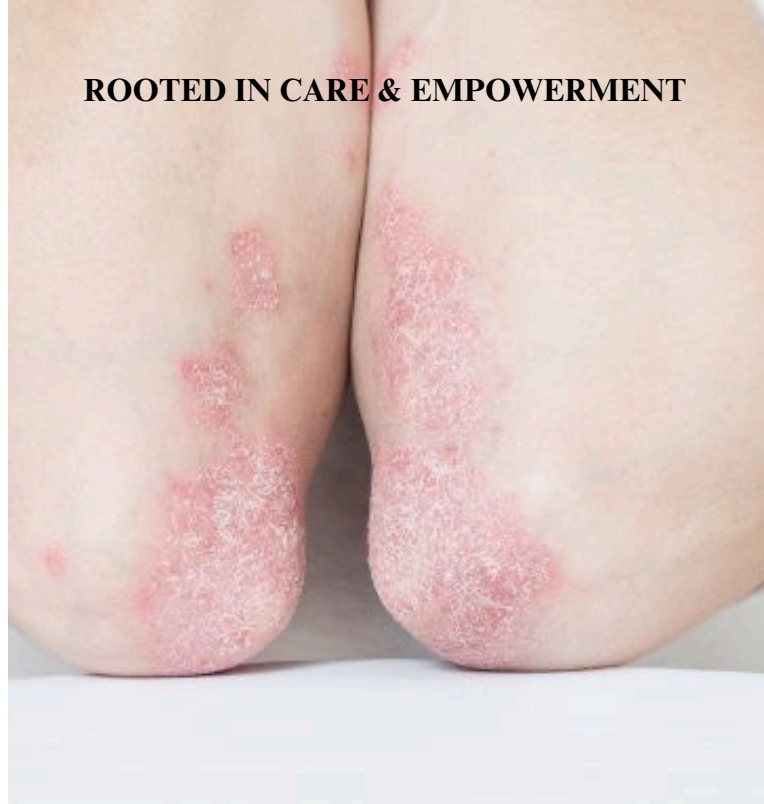
Biologics (for moderate to severe cases):

- TNF-alpha inhibitors (e.g., etanercept)

Lifestyle Adjustments:

- Stress reduction
- Anti-inflammatory diet
- Avoiding known triggers (e.g., alcohol, smoking, certain medications)

ROOTED IN CARE & EMPOWERMENT



CAUSES AND TRIGGERS

Psoriasis has no single cause, but key factors include:

- Genetics
- Immune dysfunction
- Environmental triggers: stress, cold weather, infections, certain medications
- Lifestyle factors like alcohol and smoking can worsen it

THE PHARMACIST'S ROLE: MORE THAN A DISPENSING HAND

Pharmacists are key allies in managing psoriasis holistically. Here's how:

- ✓ **Educate patients** about proper use of topicals and how to manage flare-ups
- ✓ **Monitor medication adherence** and check for interactions
- ✓ **Offer lifestyle counseling** including skincare routines and trigger avoidance
- ✓ **Screen for depression** and recommend referrals for mental health support
- ✓ **Dispel myths** by educating the public that psoriasis is not contagious

A kind word at the pharmacy counter can go a long way in a patient's self-confidence.



- Use a Mild Soap or Body Wash
- Use Lukewarm Water
- Manage your Stress
- Use Humidifiers
- Don't Scratch or Pick at the Lesions
- Wear Soft Cotton & Linen Materials
- Avoid the Use of Possible Irritants

RECENT ADVANCES IN PSORIASIS CARE

- New **biologic therapies** offer more targeted symptom control with fewer side effects
- **Personalized medicine** is improving treatment outcomes
- **Teledermatology** is increasing access to specialist care, especially in rural areas
- Ongoing studies are exploring the gut-skin connection and microbiome therapies.
- Psoriasis support groups are emerging in Africa.
- Global organizations are pushing for inclusion of psoriasis in national health policies

DID YOU KNOW?

- Psoriasis affects over **125 million people globally**
- About **30%** of patients with psoriasis will also develop **psoriatic arthritis**
- **Stress** is one of the most common flare-up triggers

“Psoriasis doesn’t define me. But I won’t hide anymore. If my scars make someone ask questions, I’ll answer with strength.”

– Uche, Psoriasis Nigeria support group member

Psoriasis is more than skin deep. It’s a lifelong journey of managing inflammation, coping with social stigma, and navigating mental health. But with awareness, compassion, and informed care, **we can help patients rise above the redness and reclaim their confidence.**

This Psoriasis Action Month:

- Let’s challenge stigma with accurate information
- Let’s demand dermatology equity for all Nigerians
- Let’s remind those suffering: You’re not alone. You’re not dirty. You’re not your disease.

🌱 Final Thought

Sometimes, the loudest pain isn’t visible but buried beneath skin, shame, and silence. Let’s turn awareness into acceptance, and compassion into care.

Because healing isn’t just medical it’s social, emotional, and deeply human.



psoriasis

The **Yes** And **No's** for Healthy Skin

YES

- **LEAFY GREENS**

Broccoli, Cauliflower,
Kale, Arugula, Spinach

- **COLORFUL FRUITS**

Berries, Bananas,
Cherries, Grapes,
Plums, Mangos

- **OATS AND GRAINS**

Oatmeal, Quinoa,
Brown Rices, Seeds,
Almonds and Nuts

- **GENTLE SPICES**

Cinnamon, Turmeric,
Cloves, Ginger

- **VITAMINS AND OILS**

Olive oil, Fish oil,
Coconut oil, Vitamin
D, C, and E. Zinc

NOPE

- **NIGHTSHADES**

Peppers, Potatoes,
Tomatoes

- **SUGAR & GLUTEN**

Processed foods high
in sugar, caffeine
drinks, Gluten
products

- **RED MEAT & DAIRY**

Pork, Eggs, Milk, Beef,
Sausage, Bacon,
Creams

- **SODIUM**

Foods with a lot of salt,
packaged meats, jerky
pickles



Spinal Muscular Atrophy

Understanding the Fight Behind the Fragile Frame

“Strength isn’t always visible. Sometimes, it’s in the courage to keep moving when your body says otherwise.”

Spinal Muscular Atrophy (SMA) may not be a household term, but for the families affected by it, everyday life is a quiet battle against time, mobility, and the uncertainty of tomorrow.

As we mark *SMA Awareness Month* this August, *NAFTraPh Digest* takes a compassionate deep-dive into the condition often described as “*the number one genetic cause of death in infants.*” But SMA is not just a childhood condition—it’s a lifelong challenge that calls for **awareness, early diagnosis, and coordinated care.**

WHAT IS SPINAL MUSCULAR ATROPHY (SMA)?

SMA is a rare genetic neuromuscular disorder that causes the progressive weakening and wasting of muscles used for movement, breathing, and swallowing. This disease does not affect the intellect.

It is caused by a mutation in the SMN1 gene, which leads to a deficiency of the survival motor neuron (SMN) protein—a critical protein that helps motor neurons in the spinal cord function. Without it, these neurons die, and muscles begin to atrophy. It's not contagious, it's inherited. Globally, SMA occurs in about 1 in 6,000 to 10,000 newborns, its prevalence is about 1–2 per 100,000 people because many affected infants do not survive to adulthood.



Among sub-Saharan Africans, the carrier frequency (those who carry a mutated gene but are healthy) is estimated to be that 1 in 200 Nigerians carrying only 1 copy of SMN1. Nigeria-specific incidence data is scarce hence the awareness of this disease so that there will be an active collection of data in the future and measures to minimize the condition and prevent will be implemented within the country.

TYPES OF SMA AND THEIR IMPACT

There are different types (Type 0–4) based on severity, life expectancy and age of onset therefore the subtypes are not based on different causes. The earlier it appears, the more severe the impact.

Below is a table that simplifies these subtypes

Type	Age of Onset	Functionality	Prognosis
Type 1 (Werdnig-Hoffmann)	0-6 Months	Never sit unsupported (severe)	Often fatal before age 2 without treatment
Type 2	6-18 Months	Sit but never walk (intermediate)	Can survive into adulthood (25 to 30 years of life)
Type 3 (Kugelberg-Welander)	After 18 Months	Walk, though may lose mobility (mild)	Normal lifespan possible
Type 4	Adulthood	Mild motor issues (mildest)	Slow progression, near-normal life expectancy

Though rare, SMA affects **approximately 1 in 10,000 live births**, and **1 in 40–60 people are carriers** of the gene without knowing it.

Nigeria has no national SMA registry, so actual figures are unknown. Many children are misdiagnosed or diagnosed too late due to poor awareness. Often mistaken for polio, cerebral palsy, or malnutrition.

CAUSES OF SMA

The main cause for spinal muscle atrophy is the mutation or deletion of the SMN1 gene on chromosome 5. This gene produces the SMN protein which is very vital for motor neuron survival.

SMA is autosomal recessive: meaning that a person must inherit the faulty copy from both parents to develop spinal muscle atrophy (SMA). If only one copy is faulty, the person is a “**carrier**” but healthy. A backup gene called SMN2 may partially compensate, but only about 10% of its output is fully functional, and more copies of SMN2 generally mean milder symptoms.

SIGNS AND SYMPTOMS

The Signs and Symptoms include:

- Severe breathing complications
- Restricted head movement
- Low fetal movements during pregnancy
- Intense muscle weakness including facial muscle
- Loss of reflexes
- Joint contractures
- Scoliosis
- Stiff jaw or joint
- Jerky hand movements (child)
- Hypotonia

RISK FACTORS

Risk factors are the factors that puts an individual at risk of contracting a disease, in the case of SMA these are factors that place unborn and born babies at risk for getting it, SMA is the leading cause of death in newly born babies, approximately 1 in every 10,000 babies die as a result of SMA. these factors include:

- **Family history of SMA** or known carrier parents increases the chances that a person who is a carrier of the mutated gene could have a child with SMA.
- **Genetic Inheritance:** because SMA is caused by gene mutations, it is inherited in an autosomal recessive manner whereby if both parents are carriers there is a 25% chance the child will have SMA, 50% chance the child will be a carrier and 25% chance the child will be unaffected.
- **Ethnicity:** SMA is not a respecter of ethnic groups which means that anyone can have the disease, however, it is seen that 1 in 40-60 individuals of European descent are carriers of SMA.

DIAGNOSIS

There are ways to detect the presence of SMA in an unborn child or a newly born child, some of which are clear defects that can be seen and tests/examinations that prove the existence of this disease:

1. Infants showing low muscle tone, delayed movement milestones, difficulty breathing or swallowing.
2. **Genetic testing (blood-based):** this test identifies homozygous deletion or mutation in SMN1 in over 95% of cases. It also can count SMN2 gene copies.
3. **Newborn screening** is now a routine checkup in many countries and allows pre-symptomatic detection, improving outcomes with early treatment.
4. **Muscle biopsy:** This involves taking a small tissue from the patients' muscles for laboratory examinations, it is rarely recommended but done nonetheless.

TREATMENT ADVANCES

SMA used to be a death sentence. Today, there is **real hope**, thanks to groundbreaking treatments:

1. **Nusinersen (Spinraza):** First FDA-approved drug, an antisense oligonucleotide therapy that modifies SMN2 gene to boost SMN protein production. Injected into the spinal fluid. Widely approved globally.
2. **Zolgensma:** A **one-time gene therapy** that is given as an intravenous infusion that replaces the defective SMN1 gene. Early trials show significant motor improvements for SMA type 1 and 2.
3. **Risdiplam:** An oral drug that boosts SMN protein production via SMN2.
4. **Apitegromab:** A new therapy still in it's late-stage trials, has shown motor improvement in 30% of patients versus 12.5% for placebo in one study; regulatory submissions expected in 2025.
4. **Supportive care:** Respiratory support, nutritional management, physiotherapy, mobility aids.

These therapies are costly **access remains a challenge** in many low and middle-income countries. Still, they represent an extraordinary leap forward in care.

THE PHARMACIST'S ROLE IN THE SMA JOURNEY

Though pharmacists may not directly treat SMA, they are essential in the multidisciplinary team:

- ✓ **Medication monitoring:** Especially with gene therapies and rare-disease meds
- ✓ **Counseling caregivers:** On adherence, nutrition, drug safety
- ✓ **Advocating:** For newborn screening and equitable access to therapy
- ✓ **Referring:** When developmental delays or neuromuscular signs are noticed in community practice

Every interaction is a chance to detect, support, and inform.



MANAGEMENT OF SMA

The management of SMA requires more than one approach as the disease affects individuals:

1. **Physiotherapy:** To maintain mobility and reduce contractures
2. **Occupational therapy:** For adaptive aids and daily living support
3. **Respiratory support:** Non-invasive ventilation, cough assist devices, especially for types 1 & 2
4. **Nutritional support:** can involve feeding assistance or supplements if swallowing is affected
5. **Orthopaedics:** to manage scoliosis or joint issues
6. **Psychosocial & educational support:** especially since intellect is unaffected, inclusive schooling and family counseling are vital.

“Sometimes people stare at us in church like I’ve done something wrong. I just want people to know — this is not a punishment. It’s a condition. My child deserves joy, too.”

— Mrs. Madu, Ebonyi State

CONCLUSION

SMA may be rare and treatable but it’s devastating to those who experience it and their loved ones, however, there is hope that with proper awareness Individuals and couples can get carrier testing, especially if there’s a family history, newborn and prenatal screening could be life-saving if adopted in Nigeria.

Early diagnosis and instant access to approved therapies greatly improve outcomes. By sharing this information, supporting genetic counseling and advocating for newborn screening programs, we can build hope and strength for families affected by SMA.

If you’ve never heard of SMA before now you’re not alone.

But today, you can be part of changing that for someone.

A world that understands SMA is one where fragile frames are met with strong hearts.

As healthcare providers, we must speak up for the rare, the voiceless, and the fragile frames that carry brave hearts. **Because awareness leads to action, and action leads to hope.**

This is the breastfeeding position that changes the game for most of my patients who are struggling to get their babies to deeply latch, stay latched, or transition from the nipple shield.

Maternal Matters



The Breastfeeding Bridge: Science, Culture, Importance & Support

“Breastfeeding is more than nourishment—it’s a bond, a tradition, and a biological blueprint for life”

“I gave up breastfeeding after two weeks. My mother-in-law said I wasn’t trying hard enough. My husband said the baby was always crying. No one asked if I was okay.”

– Aisha, 29, first-time mother in Kano.

Breastfeeding isn’t just about feeding, It’s a universal act, yet its practice, perception, and acceptance are deeply shaped by culture, science, and support systems. From the moment a baby latches, a connection is formed between mother and child, between tradition and biology, between community and care.

THE SCIENCE OF BREASTFEEDING

Breastmilk is not just food—it’s **nature’s first vaccine**. It contains:

- Antibodies that protect against infections
- Perfectly balanced nutrients for brain and body development
- Hormones like oxytocin that help mothers bond and reduce stress

Colostrum, the yellowish early milk produced in the first few days after birth, is packed with immune-boosting properties that help protect newborns from infections and jumpstart gut health.

Breast milk = Nature’s perfect formula.

Key benefits for the baby:

Exclusively Breastfeeding for the first 6 months

- Boosts immunity and reduces risk of infections (ear, respiratory, GI)
- Reduces child mortality by up to 13%
- Lowers risk of allergies, diarrhea, asthma, obesity, and type 2 diabetes
- Supports brain development and cognitive function
- Encourages mother-infant bonding

Key benefits for the mother:

- Reduces postpartum bleeding and helps the uterus return to normal
- Lowers risk of breast and ovarian cancers
- May reduce risk of postpartum depression
- Promotes natural child spacing (lactational amenorrhea)



THE CULTURAL DIMENSION: BREASTFEEDING ACROSS BORDERS

In Nigeria and many parts of Africa, breastfeeding is deeply ingrained in tradition yet also challenged by modern pressures, misconceptions, and inadequate maternity support.

Common cultural barriers include:

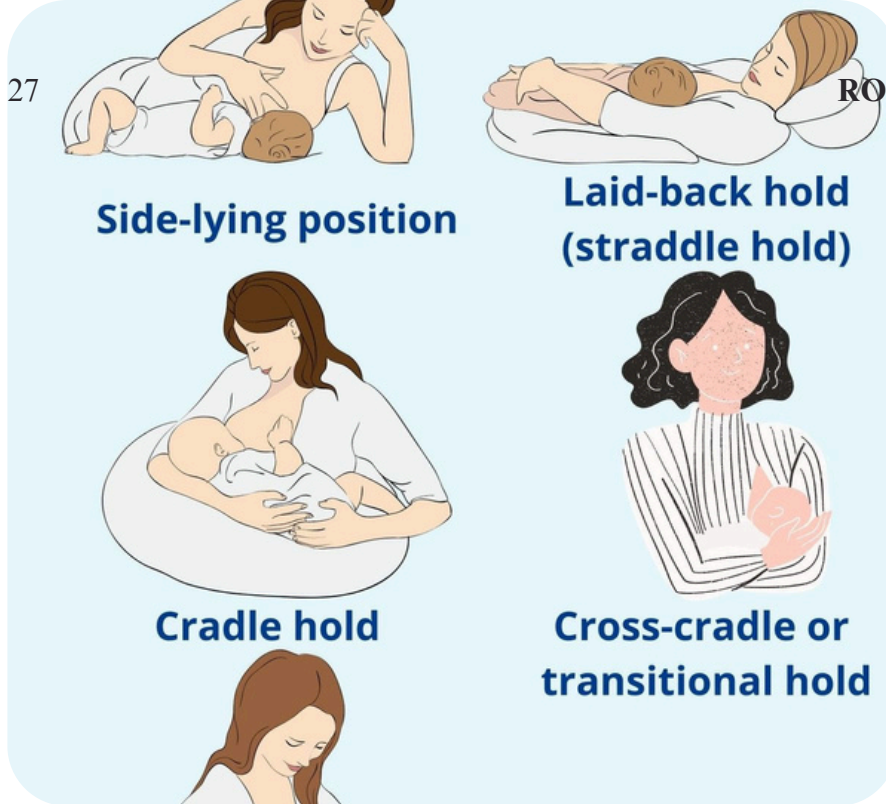
- Early introduction of water or herbal mixtures
- Beliefs that colostrum is “dirty” or insufficient
- Social pressure to formula-feed for convenience or status
- Shame around breastfeeding in public

Changing mindsets begins with respectful dialogue and inclusive education.

WHO recommends **exclusive breastfeeding for the first 6 months** of life no other food or liquids, not even water. After that, continued breastfeeding with complementary feeding up to 2 years and beyond is ideal.

Yet, according to recent UNICEF data, only about **29% of Nigerian infants** are exclusively breastfed for the first 6 months which is far below the global target.

Many stop early due to lack of support, work pressure, misinformation, or societal pressure. Rural mothers often face poor education, while urban mothers face time constraints



THE BARRIERS THEY FACE

- Lack of workplace lactation spaces
- Negative perceptions of public breastfeeding
- Poor access to lactation consultants or health guidance
- Family members giving outdated or harmful advice

Did you know:

- Breastfeeding reduces infant mortality rates by up to 13% in low-income settings
- Breastfed babies are less likely to be hospitalized in their first year
- Breastfeeding women burn up to 500 calories/day, aiding postpartum recovery
- There's a growing interest in breastmilk banking in Nigeria and other African nations

THE PHARMACIST ROLE IN BREASTFEEDING SUPPORT

Pharmacists are often the most accessible health professionals and have a powerful opportunity to advocate for breastfeeding:

👩🏻💊 **Provide accurate information** on medications during lactation (many are safe!)

🍼 **Counsel on breastfeeding positions, latch techniques, and common challenges**

🌸 **Reassure mothers** about milk supply concerns, cracked nipples, and feeding frequency

🗣️ **Encourage rooming-in and early initiation of breastfeeding**

👉 **Refer to lactation consultants or maternal health clinics** when needed

When pharmacists speak with empathy and evidence, breastfeeding becomes less daunting and more doable.

WORKPLACE AND POLICY SUPPORT

Supporting breastfeeding goes beyond mothers, it's a societal responsibility. We must advocate for:

- Paid maternity leave and breastfeeding-friendly workspaces
 - Private nursing areas in pharmacies, hospitals, and public places
 - Enforcement of the International Code of Marketing of Breastmilk Substitutes
 - Educated on the benefits
 - Breastfeeding breaks and flexible hours for working mothers
 - Not shamed or judged for choosing bottle-feeding when necessary
- Empowered mothers raise empowered children and communities.

FINAL THOUGHT

Breastfeeding is a bridge

From mother to child.

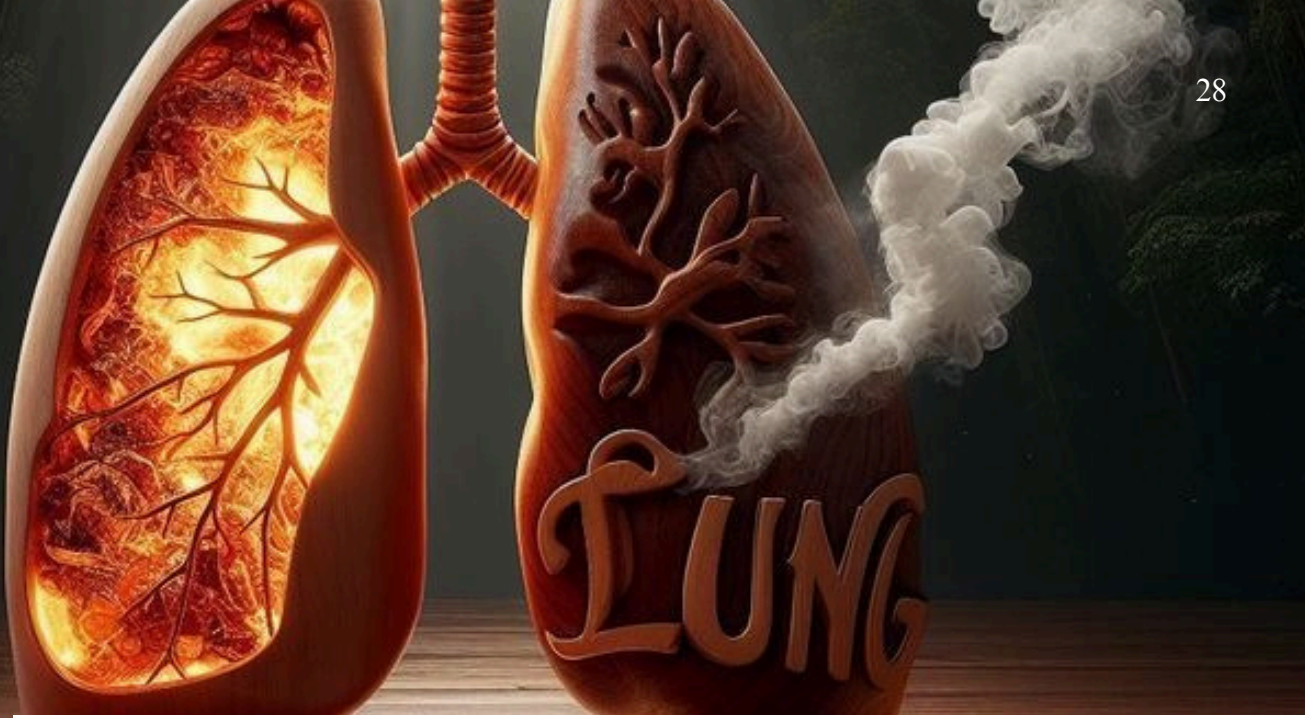
From science to tradition.

From nourishment to empowerment.

Let's make sure every woman has the tools, time, and tenderness to cross it safely.

Let us, as pharmacists and health professionals, become advocates not just for medication but for **maternal care, informed choice, and empowered parenting**.

Because when a mother is supported, a child thrives and so does a nation.



Lungs of Life: Lung Cancer

“Every breath we take is a silent gift. But for those with lung cancer, that gift becomes a battle.”

“I’ve never smoked a day in my life, yet I couldn’t catch my breath going up a flight of stairs. I thought it was asthma until the scan said ‘**lung cancer**.’ I felt betrayed by my own body.”

— Mr. Oladimeji, 58, Ibadan

The lungs silent, tireless, and essential are the very rhythm of life. But for over **2 million people diagnosed each year**, lung cancer disrupts this rhythm with quiet aggression. In Nigeria and around the world, lung cancer remains one of the **deadliest forms of cancer**, yet one of the least discussed.

WHAT IS LUNG CANCER?

Lung cancer is a malignant tumor that begins in the cells of the lungs. It’s generally categorized into two main types:

1. Non-Small Cell Lung Cancer (NSCLC) – the most common (~85% of cases)
2. Small Cell Lung Cancer (SCLC) – faster-growing and more aggressive

Both types interfere with oxygen exchange, invade nearby tissues, and can spread (metastasize) rapidly if undetected.

RISK FACTORS

While **smoking** remains the leading cause (linked to about 80–90% of cases), lung cancer can and does affect non-smokers too.

Other risk factors include:

- Secondhand smoke exposure
- Air pollution (especially in urban areas)
- Radon gas exposure (naturally occurring in soil)
- Occupational hazards (asbestos, diesel fumes)
- Family history or genetic mutations
- Prior radiation therapy to the chest

In Nigeria, rising urban pollution and delayed diagnosis contribute to the growing concern yet awareness remains low.

SYMPTOMS: SUBTLE, BUT SERIOUS

Lung cancer is often asymptomatic in early stages.

When symptoms appear, they may include:

- Persistent cough or change in chronic cough
- Chest pain
- Coughing up blood (hemoptysis)
- Hoarseness
- Shortness of breath
- Unexplained weight loss
- Recurrent respiratory infections
- Fatigue

By the time these signs become obvious, the cancer is often already advanced **underscoring the need for vigilance and early screening.**

BEYOND SMOKING: HIDDEN NIGERIAN RISKS

While smoking is the number one risk factor, it's not the only one especially not in Nigeria.

Emerging risks in our context:

- **Indoor air pollution** from cooking with firewood or kerosene
- **Secondhand smoke** in homes and public transport
- **Occupational exposure to dust**, cement, fumes (mechanics, miners, factory workers)
- **Environmental toxins** from poorly regulated industries and generators
- **Radon gas and urban smog** in crowded cities

Women and children are at rising risk not because they smoke, but because they inhale what others burn.

DIAGNOSIS AND STAGING

The challenge? **Late detection.**

In Nigeria:

- Imaging (Chest X-rays, CT scans) are costly or unavailable in many areas
- Biopsy (tissue sampling) labs are limited
- People ignore early signs or use herbal remedies for months

By the time many seek help, the cancer has spread to the brain, bones, or liver.

Other tests include:

- Sputum cytology
- Bronchoscopy (visual exam of the lungs)
- PET scans (for staging and spread)
- Molecular testing (to guide targeted therapy)

Staging (I–IV) determines how far cancer has spread and guides treatment plans.

Early detection saves lives. Countries with organized screening programs have seen mortality drop significantly but such systems are still lacking in Nigeria and many African nations.

TREATMENT OPTIONS

Lung cancer treatment depends on type, stage, and health status. Options include:

- **Surgery** (for early stage localized tumors)
- **Radiation therapy** (to shrink or eliminate tumors)
- **Chemotherapy** (especially for advanced or metastatic cancer)
- **Targeted drug therapy**: designed for cancer specific gene mutations
- **Immunotherapy**: Boosts the body's natural defenses to fight cancer
- **Palliative care**: To manage symptoms and improve quality of life like managing pain, breathlessness, and emotional distress.

THE ROLE OF THE PHARMACIST IN LUNG CANCER CARE

Pharmacists can become powerful allies across the continuum of care:

- ✓ Educate patients about side effects, drug interactions, and what to expect
- ✓ Support smoking cessation with nicotine replacement therapies and counseling
- ✓ Advocate for early screening and prompt referrals
- ✓ Help manage chemotherapy related complications
- ✓ Be a listening ear because compassion heals too

In many rural and underserved areas, community pharmacists may be the only health professional a patient sees. That makes their role all the more critical.

DID YOU KNOW?

- Lung cancer kills more people than breast, prostate, and colorectal cancer combined
- Non-smokers make up 10–20% of lung cancer patients
- Only about 19% of lung cancer cases are diagnosed at an early, more treatable stage
- New research is exploring breath-based diagnostic tools and AI-driven imaging analysis

SPOTLIGHT ON HOPE

Despite challenges, progress is happening:

- More Nigerians are learning the warning signs
- Mobile health outreach is increasing screening
- Targeted research on African patients is growing
- NGOs are offering navigation and support groups for patients

And every survivor is a sign that early action saves lives.

Cancer is not just a medical condition, it's a deeply emotional experience. For patients, receiving a diagnosis like lung cancer often triggers waves of fear, anxiety, grief, and loneliness.

Role of Compassion in Cancer Care

- It improves emotional resilience and mental well-being.
- Patients are more likely to adhere to treatment when they feel heard and supported.
- It builds trust and gives hope in moments of vulnerability.

“The stigma is real. People think you ‘deserve it’ because they assume you smoked. But what if you didn’t? What if all you did was survive every day in a smoky kitchen?”

— Fatima, Lung Cancer Survivor, Kano

Let's rewrite the lung cancer story in Nigeria:

- With compassion
- With early detection
- With equity in care

Because lungs carry life and every breath deserves protection.



Food as Medicine: Harnessing Functional Foods, the Emperical Dietary Inflammatory Index, and Fibermaxxing for Optimal Health

“We’re not just eating for energy, we’re eating to survive inflammation, disease, and time.”

— Dr. Eno Edet, Clinical Nutritionist, Lagos

In today’s Nigeria, you’ll find more fast food chains than farmers’ markets. From shawarma spots on every corner to suya joints open till midnight convenience is king. But this convenience has come at a cost: rising rates of obesity, hypertension, type 2 diabetes, and inflammatory diseases. The question is no longer just “**what are you eating?**”

It’s “**what is your food doing to you?**”

THE FOUNDATIONAL PHILOSOPHY:

UNDERSTANDING "LET FOOD BE THY MEDICINE"

"**Let food be thy medicine and medicine be thy food**" is a timeless adage attributed to Hippocrates, the father of modern medicine. This philosophy underscores the profound connection between diet and health, suggesting that proper nutrition can serve as a primary tool for disease prevention and treatment. In an era dominated by pharmaceutical interventions, revisiting this ancient wisdom offers a powerful alternative for proactive health management.

Functional Foods for Mental Health

OMEGA-3s



chia seeds



sardines



walnuts



cod liver oil

ZINC



pumpkin seeds



oysters



chickpeas



hemp seeds

Understanding this foundational philosophy involves recognizing that food is more than just fuel; it is information for our bodies. Every bite can either promote healing and balance or contribute to inflammation and dysfunction. This perspective encourages a shift from merely satisfying hunger to making conscious choices that support long-term vitality. It emphasizes the complex interplay between diet, genetics, lifestyle, and environmental factors in shaping our health outcomes. Embracing "food as medicine" means adopting a preventative mindset, where daily dietary habits are viewed as critical investments in our future health.

WHAT ARE FUNCTIONAL FOODS?

Functional foods are foods that provide **health benefits beyond basic nutrition**. They contain **bioactive compounds** that may help prevent or manage disease.

Examples include:

- **Oats** (beta-glucan to lower cholesterol)
- **Fatty fish** (omega-3s for heart and brain health)
- **Fermented foods** (gut-friendly yogurt with probiotics)
- **Ginger and Turmeric** (curcumin with anti-inflammatory properties)
- **Polyphenols in Berries** for their antioxidant properties.
- Green tea, dark leafy greens, flaxseeds, garlic....

These aren't exotic "**superfoods**" for the elite, they're accessible, affordable, and effective when incorporated intentionally into daily meals. Nigeria is blessed with many functional foods but we're forgetting them in favour of ultra-processed imports.

Integrating functional foods into the daily diet can be a powerful strategy for targeted wellness. For instance, individuals looking to support their immune system might incorporate foods rich in Vitamin C and zinc, while those aiming to reduce inflammation might prioritize turmeric or ginger. The key is to understand the specific benefits of these foods and how they align with individual health goals, moving from a general healthy eating approach to a more precision-based nutritional strategy.

1. **Carrots:** Rich in beta-carotene, essential for vision and skin health.
2. **Fatty Fish:** Abundant in Omega-3s, supporting brain and heart health.
3. **Leafy Greens:** Packed with vitamins, minerals, and antioxidants for overall vitality.
4. **Berries:** High in antioxidants, crucial for combating oxidative stress.


WHAT'S INFLAMMATION GOT TO DO WITH IT?


Not all inflammation is bad, Acute inflammation helps the body heal. But Chronic Inflammation is the silent root of most diseases — from arthritis and cancer to heart disease, Alzheimer's, Obesity, Cancer and Autoimmune disorders. And what you eat plays a powerful role in modulating that fire.

UNDERSTANDING THE EMPIRICAL DIETARY INFLAMMATORY INDEX (EDII)

The Empirical Dietary Inflammatory Index (EDII) is a sophisticated tool used to assess the inflammatory potential of an individual's diet. Unlike simpler metrics, the EDII takes into account the cumulative effect of various dietary components, assigning scores based on their known pro-inflammatory or anti-inflammatory properties. This index moves beyond looking at individual nutrients in isolation and considers the overall dietary pattern, providing a more comprehensive understanding of how food choices influence systemic inflammation within the body. A higher EDII score indicates a more pro-inflammatory diet, which has been linked to an increased risk of chronic diseases such as cardiovascular disease, type 2 diabetes, certain cancers, and autoimmune conditions.

Understanding your EDII score can be a powerful motivator for dietary change. Foods that typically contribute to a higher, more inflammatory score include refined carbohydrates, processed meats, excessive saturated and trans fats, and sugary beverages. Conversely, a lower, more anti-inflammatory score is associated with diets rich in fruits, vegetables, whole grains, legumes, nuts, seeds, and healthy fats like olive oil. By using the EDII, individuals and healthcare professionals can identify specific dietary habits that contribute to chronic low-grade inflammation and develop targeted interventions to reduce it, thereby mitigating the risk of inflammation-related health issues and promoting overall well-being.

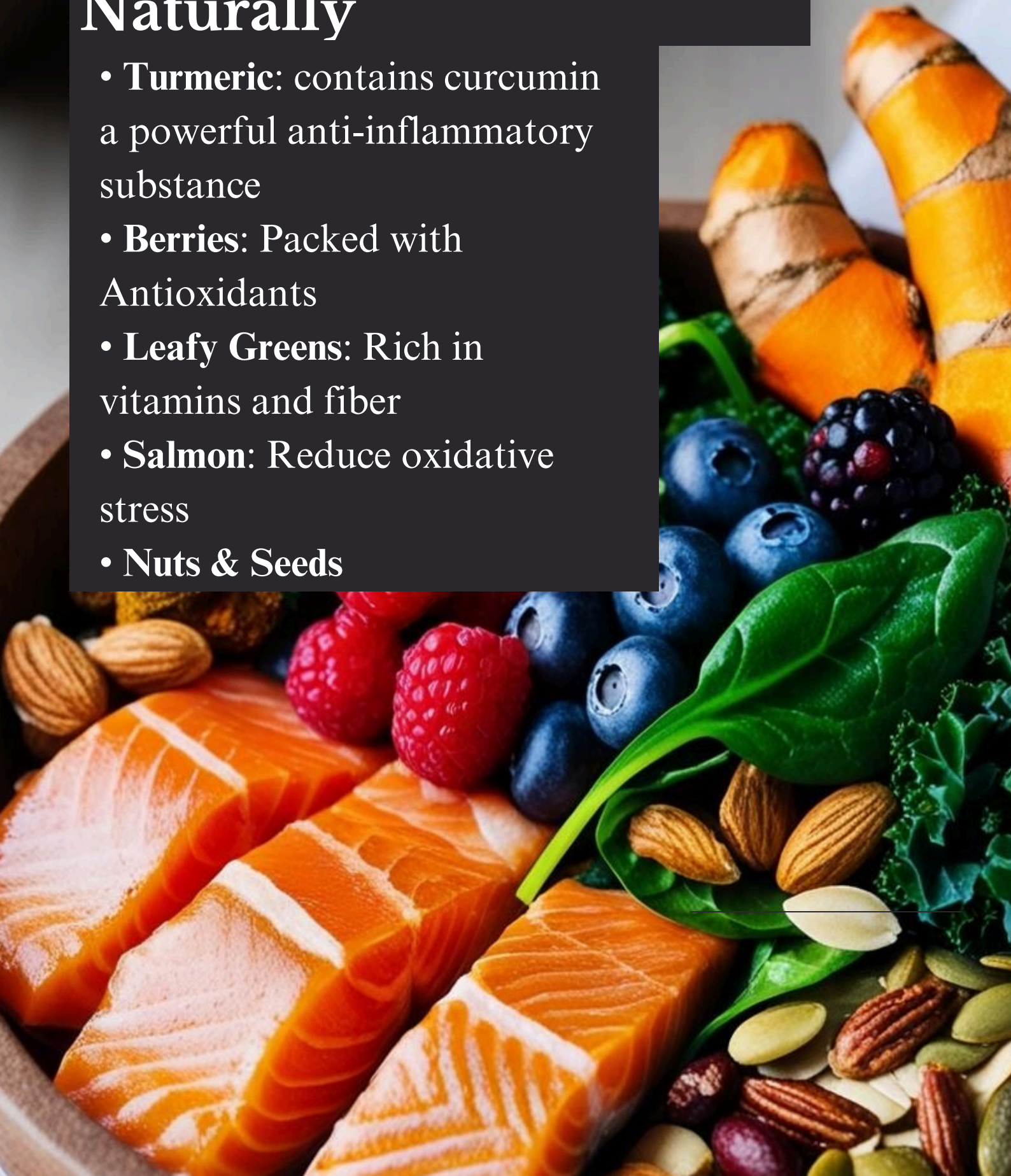
 **Pro-inflammatory:** Fried yam, processed meats, white rice, sugary cereals, trans fat and excess salt

 **Anti-inflammatory:** Beans, garden eggs, tomatoes, bitter leaf, nuts, avocado, whole millet

The more negative your daily DII score, the better your long-term health outcomes.

Eat These Foods to Reduce Inflammation Naturally

- **Turmeric:** contains curcumin a powerful anti-inflammatory substance
- **Berries:** Packed with Antioxidants
- **Leafy Greens:** Rich in vitamins and fiber
- **Salmon:** Reduce oxidative stress
- **Nuts & Seeds**



FIBERMAXXING: OPTIMIZING GUT HEALTH AND METABOLIC RESILIENCE

Fibermaxxing is a dietary strategy focused on significantly increasing dietary fiber intake to optimize gut health and enhance metabolic resilience. Dietary fiber, a type of carbohydrate that the body cannot digest, plays a crucial role in maintaining a healthy digestive system, regulating blood sugar levels, and promoting satiety.

There are two main types of fiber:

1. **Soluble fiber**, which dissolves in water and forms a gel-like substance, and
2. **Insoluble fiber**, which adds bulk to stool. Both are vital for overall health, supporting the growth of beneficial gut bacteria, facilitating regular bowel movements, and aiding in the elimination of waste products.

The benefits of fibermaxxing extend far beyond digestive regularity. A high-fiber diet has been consistently linked to a reduced risk of various chronic diseases, including heart disease, type 2 diabetes, and certain cancers. Fiber helps to slow the absorption of sugar, preventing sharp spikes in blood glucose and insulin, which is crucial for metabolic health. Furthermore, soluble fiber acts as a prebiotic, feeding the beneficial bacteria in the gut microbiome. A diverse and healthy gut microbiome is increasingly recognized as central to immune function, mood regulation, and even weight management.

Incorporating a wide variety of fiber-rich foods, such as fruits, vegetables, legumes, whole grains, nuts, and seeds, is key to successful Fibermaxxing and unlocking its profound health benefits.

1. **Gut Microbiome Support:** Feeds beneficial gut bacteria, promoting diversity and balance.
2. **Blood Sugar Regulation:** Slows glucose absorption, preventing spikes and crashes.
3. **Satiety and Weight Management:** Increases feelings of fullness, aiding in appetite control.
4. **Cholesterol Reduction:** Soluble fiber helps lower LDL ("bad") cholesterol levels.

SYNERGISTIC STRATEGIES: INTEGRATING FUNCTIONAL FOODS, EDII PRINCIPLES, AND FIBERMAXING FOR HOLISTIC HEALTH

Achieving optimal health involves more than isolated dietary adjustments; it requires a synergistic integration of various nutritional principles. By combining the power of functional foods, the insights from the EDII, and the benefits of fibermaxxing, individuals can create a truly holistic and preventative dietary strategy. This integrated approach leverages the strengths of each concept to build a resilient foundation for well-being, addressing both nutrient intake and systemic processes like inflammation and gut health.

For example, when applying EDII principles, one would actively choose anti-inflammatory functional foods, such as omega-3 rich flaxseeds or antioxidant-packed berries, while simultaneously prioritizing fiber-dense options to support gut health. This means not just reducing pro-inflammatory foods but actively replacing them with foods that both lower the EDII score and contribute to fibermaxxing.

Consider a meal incorporating a variety of colorful vegetables (anti-inflammatory, high fiber), lean protein, and a source of healthy fats like avocado (anti-inflammatory, functional food). This holistic perspective ensures that dietary choices work in concert, amplifying their positive effects on the body. The goal is to cultivate a diet that is inherently anti-inflammatory, supports a flourishing gut microbiome, and provides targeted nutritional benefits, leading to enhanced energy, improved disease resistance, and a greater sense of overall vitality.

BRINGING IT HOME: EVERYDAY FUNCTIONAL MEALS IN NIGERIA

- **Breakfast:** Pap + groundnuts + moi moi
- **Lunch:** Ofada rice + sauce + sautéed greens
- **Dinner:** Yam porridge with spinach and fluted pumpkin
- **Snack:** Roasted tiger nuts, date balls, boiled corn

Let's celebrate our roots, they're medicine in disguise.

NOTE:

1. **Functional Foods:** Targeted nutrients for specific health benefits.
2. **EDII Principles:** Minimizing dietary inflammation.
3. **Fibermaxxing:** Optimizing gut health and metabolism.
4. **Holistic Health:** Enhanced well-being and disease prevention.

NAVIGATING THE NUTRITIONAL LANDSCAPE: PRACTICAL IMPLEMENTATION AND COMMON PITFALLS

Implementing a diet focused on functional foods, EDII principles, and fibermaxxing requires practical steps and an awareness of potential challenges. Start by gradually incorporating more whole, unprocessed foods into your diet. Prioritize a wide variety of fruits, vegetables, legumes, whole grains, nuts, and seeds. When selecting functional foods, consider your individual health goals; for instance, if gut health is a priority, increase fermented foods and diverse fiber sources. Track your food intake for a few days to identify current dietary patterns and areas for improvement, particularly regarding EDII score assessment.

Common pitfalls include relying too heavily on supplements instead of whole foods, becoming overly restrictive and leading to nutrient deficiencies, or falling into the trap of "**superfood**" fads without understanding their broader dietary context. It's crucial to ensure a balanced and varied intake to avoid missing essential nutrients. Another challenge is the perceived cost or accessibility of certain "**healthy**" foods; however, many affordable and readily available options, like beans, lentils, and seasonal produce, are excellent sources of fiber and anti-inflammatory compounds.



COMMON PITFALLS TO AVOID:

1. Over-reliance on supplements instead of whole foods.
2. Excessive dietary restriction leading to nutrient deficiencies.
3. Falling for "superfood" fads without comprehensive dietary planning.
4. Ignoring individual needs and health conditions.

DID YOU KNOW?

- A study in Enugu found that traditional diets rich in fiber and fermented foods reduced inflammatory markers in Type 2 diabetic patients.
- Bitter leaf, commonly used in soups, has proven anti-cancer properties.
- Garden egg (igba) improves heart health and helps reduce blood sugar spikes.
- A high eDII score is linked to increased risk of **colorectal cancer** and **heart disease**
- Gut inflammation can directly affect **mood and mental clarity**
- Anti-inflammatory diets may **slow aging at the cellular level**
- Most Nigerians consume **less than half** the recommended daily fiber intake

FROM KITCHEN TO CLINIC

Doctors are beginning to prescribe **dietary plans as part of treatment**. And it works especially when patients commit to changing their food environments and habits.

Food isn't just fuel. It's biology. It's immunity. It's medicine.

EMPOWERING YOUR PLATE FOR A HEALTHIER FUTURE

The journey towards optimal health is profoundly influenced by the choices we make at the dinner table. By embracing the ancient wisdom of "**let food be thy medicine**," individuals gain a powerful framework for proactive well-being.

Empowering your plate means making informed, conscious decisions about what you eat, recognizing that every meal is an opportunity to invest in your health. It encourages a shift from reactive treatment to proactive prevention, fostering a deeper connection between diet and disease management.

Food can either be the fuel of disease or the foundation of healing. With functional foods and tools like the eDII, we can help patients personalize their plates by transforming everyday eating into preventive care.

"Eat food. Not too much. Mostly plants." – **Michael Pollan**

So next time you counsel a hypertensive or diabetic patient, don't just hand out tablets start a conversation about their table. Because in a world of rising illness, food remains the most underused form of medicine.



Fighting Hypertension & Diabetes in a Growing Fast Food Nation: Nigeria's Silent Crisis

FIGHTING HYPERTENSION & DIABETES IN A GROWING FAST FOOD NATION NIGERIA'S SILENT CRISIS



“Non-communicable doesn’t mean non-threatening. Sometimes the most dangerous illnesses are the quiet ones.”

In Nigeria’s bustling cities, where suya smoke curls through the air and sizzling street food tempts at every corner, there’s a hidden epidemic growing alongside urban progress. As fast food culture booms, so too do the twin giants of **hypertension and diabetes** non-communicable diseases (NCDs) that no longer wait for old age.

These conditions are no longer the domain of the elderly or the wealthy. In today’s Nigeria, young adults, teenagers, and even children are at risk. The statistics are alarming, but the silence surrounding them is louder.

In this NCDs feature, we uncover the roots of the crisis and how awareness, advocacy, and action can turn the tide.

THE NUMBERS WE CAN'T IGNORE

Over **28.9%** of Nigerians now live with hypertension

- Diabetes affects an estimated **11.2 million Nigerians**, with many undiagnosed
- Urban dwellers are **twice as likely** to develop lifestyle-related NCDs
- Only **1 in 4** Nigerians with hypertension have it under control

What’s fueling the rise? One word: **lifestyle.**

THE FAST FOOD FRENZY

The urban hustle leaves little time for home cooking. Fast food is faster, cheaper (in the short term), and everywhere. But the consequences are stacking up on our plates:

- High sodium intake → **Increased blood pressure**
- Refined sugars and processed carbs → **Insulin resistance**
- Sedentary lifestyles → **Obesity and metabolic syndrome**

It's not just about what we eat **it's how we live**. Long hours, little sleep, stress, and poor physical activity all contribute to NCD vulnerability.

UNDERSTANDING THE SILENT KILLERS

Hypertension (High Blood Pressure)

Often symptomless until damage is done.

Complications include:

- Stroke
- Heart failure
- Kidney disease
- Vision loss

Type 2 Diabetes

Often masked by fatigue and frequent urination.

Long-term damage includes:

- Nerve pain (neuropathy)
- Vision loss (retinopathy)
- Poor wound healing
- Increased risk of infections

DIAGNOSIS IS POWER

Too many Nigerians live unaware of their condition.

Regular **blood pressure checks** and **blood sugar screenings** are critical especially for at-risk populations.

Pharmacists can lead by example:

- Offer free or low-cost screening days
- Partner with local businesses and schools for wellness events
- Encourage customers to “**Know Your Numbers**”

MANAGEMENT: SIMPLE TOOLS,

BIG IMPACT

Managing NCDs doesn't require luxury it requires consistency.

Lifestyle changes:

- ✓ Eat more whole foods and vegetables
- ✓ Reduce salt and sugar intake
- ✓ Stay active at least 30 minutes a day
- ✓ Manage stress and sleep hygiene
- ✓ Quit smoking and limit alcohol

Medication adherence:

- ◆ Ensure patients take medications consistently
- ◆ Educate about side effects and interactions
- ◆ Simplify regimens where possible
- ◆ Empower through routine check-ins

Healthy Fruits To Eat In Diabetes.



Get your diabetes diet plan today!

THE PHARMACIST'S ROLE IN NCD CONTROL

Pharmacists are frontline warriors in the fight against lifestyle-related NCDs. Here's how we make a difference:

- ✓ Early detection and referrals
- ✓ Medication counseling and follow-up
- ✓ Nutrition and lifestyle education
- ✓ Blood pressure and blood sugar monitoring
- ✓ Community outreach and awareness campaigns

When pharmacists move from the dispensary to the **community health stage**, everyone wins.

DID YOU KNOW?

- A **10 mmHg drop in systolic BP** can reduce stroke risk by **40%**.
- Just **5–7% weight loss** can significantly lower blood sugar in prediabetic individuals.
- NCDs account for **29% of all deaths** in Nigeria and the number is rising.

Quick Fix, Real Risk:

That daily sugary soda or shawarma might be convenient, but over time, it comes with a price tag your kidneys, heart, and pancreas can't afford. *Let's rewrite what convenience means by prioritizing health in every bite and step.*

High Blood Pressure

Food List

EAT ✓	LIMIT ⚠	AVOID ✗
<p>Fruits & Vegetables</p> <p>Bananas, berries, oranges</p> <p>Leafy greens (spinach, kale)</p> <p>Beets, carrots, tomatoes</p> <p>Sweet potatoes, broccoli</p>  <p>Whole Grains</p> <p>Oats, brown rice, quinoa</p> <p>Whole wheat bread & pasta</p>  <p>Lean Proteins</p> <p>Skinless chicken, turkey</p> <p>Salmon, tuna, sardines</p>  <p>Beans, lentils, tofu</p> <p>Healthy Fats</p> <p>Almonds, walnuts, flaxseeds</p> <p>Olive oil, avocado</p>  <p>Low-Fat Dairy</p> <p>Skim milk, Greek yogurt, cottage cheese</p> 	<p>Salty & Processed Foods</p> <p>Canned soups & vegetables (opt for low-sodium versions)</p>  <p>Pickles & fermented foods (kimchi, sauerkraut, soy sauce)</p>  <p>Hard cheeses (cheddar, parmesan)</p>  <p>Moderate Sugar Intake</p> <p>Dark chocolate (70%+ cocoa, in small amounts)</p>  <p>Honey & maple syrup</p> <p>Homemade smoothies (avoid added sugar)</p>  <p>Caffeine & Alcohol</p> <p>Coffee (limit to 1-2 cups per day)</p>  <p>Green tea</p> <p>Red wine (limit to 1 small glass occasionally)</p>	<p>Sugary Foods & Drinks</p> <p>Soda, fruit juices with added sugar</p>  <p>Candy, pastries, ice cream</p> <p>Salty & Processed Foods</p> <p>Fast food, canned soups, deli meats</p>  <p>Chips, crackers, instant noodles</p>  <p>Unhealthy Fats & Fried Foods</p> <p>Deep-fried foods, margarine, processed snacks</p>  <p>Excessive Caffeine & Alcohol</p> <p>Too much coffee, energy drinks, alcohol</p> 

Hypertension and diabetes don't come with sirens. They creep in quietly, slowly shifting the health landscape of our nation. But we can respond with awareness, prevention, and compassionate care.

As pharmacists, let's not just treat NCDs **let's prevent them, teach about them, and advocate against them.**

Because the battle for wellness begins not in the hospital but in homes, schools, markets, and **yes even pharmacies.**

BREAST CANCER RESEARCH: HOPE IN EVERY TRIAL

“For every needle, scan, and sleepless night there is a woman holding on to hope, and a researcher working to make that hope real.”

Esther's thoughts have been going wild since she noticed a lump in her breast last month, she silently hoped that it would no longer be there after some weeks but it still remained, she had heard from a health campaign at the school she teaches that a lump in the breast could be a sign of cancer, **so what if it is cancer?, what next?** these thoughts plagued her for an entire month. As a 42 year old woman with 3 children to take care of with her husband she felt a deep sadness overwhelm her but decided to go for a proper examination in the hospital nonetheless since the deadline she had given herself to go to the hospital had elapsed.

While stuck in traffic on her way to FMC Ebute-Metta she became more anxious, sad and confused, the more she thought of the possibility of having cancer the more distraught she became but more than the 5 hour Lagos traffic, her heart sank when she got the news after her medical examinations, she was diagnosed with stage 2 invasive ductal carcinoma but there was hope for Esther.

THE GRACE OF RESEARCH

In Nigeria, breast cancer is the most commonly diagnosed cancer in women, accounting for about 22.7% of all new cancer cases annually. In 2020 alone, over 28,000 Nigerian women were diagnosed, with thousands more going undiagnosed due to limited access to care. But thanks to the growing wave of breast cancer research, both globally and on the African continent, change is at our door.

Esther agreed to get treatment which is a clinical trial sponsored by an international research collaboration between Nigerian oncologists and global pharmaceutical teams. Although she admitted to being scared of chemotherapy cause she had seen what it did to her aunt who had the same type of cancer, how it made her aunts' spirit and body deteriorate but ever since her doctor assured her of how smart this new drug was, she felt encouraged and took a leap of faith for the sake of her growing family. The trial explores targeted therapy using **HER2** inhibitors, a new generation of drugs designed to specifically attack cancer cells with fewer side effects than previous chemotherapy.



HOPE FOR A BETTER FUTURE

Research isn't just transforming how breast cancer is treated, it's changing how it's understood. Organizations like Breast Without Spot (BWS) and the African Cancer Coalition are conducting studies on culturally tailored awareness programs, making sure that women like Esther have access care and believe in it's ability to make a great difference in their lives.

Research isn't just transforming how breast cancer is treated, it's changing how it's understood. Organizations like Breast Without Spot (BWS) and the African Cancer Coalition are conducting studies on culturally tailored awareness programs, making sure that women like Esther have access care and believe in it's ability to make a great difference in their lives.

Esther began attending a weekly group therapy session funded by a research-based mental health initiative for cancer patients. She shares her struggles and joys about her journey with other women navigating the same storm, she feels grateful for such an opportunity to be with her family for a longer period of time, life had not come to an end it seems, God has brought hope through science.

And while she continues her treatment, researchers are tirelessly working, testing new immunotherapy combinations, exploring AI diagnostics to catch cancer earlier, and studying the role of diets and lifestyle in cancer prevention for a hopeful future

BREAST CANCER BY THE NUMBERS

- 1 in 8 women will be diagnosed with breast cancer in her lifetime
- It's the most commonly diagnosed cancer in women globally
- In Nigeria, breast cancer accounts for over 25% of all cancer cases in women
- Late-stage diagnosis remains a critical issue due to fear, stigma, and access barriers



While survival rates have improved in high-income countries, **African women are more likely to die from breast cancer** due to late presentation and limited access to advanced treatment.

BEHIND THE LAB DOORS:

BREAKTHROUGH RESEARCH AREAS

The face of breast cancer treatment is changing rapidly. These are the areas where science is rewriting the rules:

1. Personalized Medicine

- Genomic profiling helps match patients with the most effective treatment
- HER2-positive, triple-negative, and hormone-receptor-positive subtypes are being studied and targeted individually
- Emerging therapies now treat patients based on biological behavior, not just tumor size

2. Immunotherapy

- Once reserved for melanoma and lung cancer, immunotherapy is now being tested in triple-negative breast cancer (TNBC)
- Early results show promise in stimulating the body's own immune system to attack cancer cells

3. Liquid Biopsies

- A blood test that can detect circulating tumor DNA (ctDNA), helping in early detection and monitoring treatment response
- Non-invasive and revolutionary for resource-limited settings

4. Artificial Intelligence (AI)

- AI algorithms are improving mammogram accuracy, detecting tumors earlier than the human eye
- AI is also being used to predict treatment outcomes, tailor care, and identify high-risk patients

RECENT ADVANCES WITH REAL IMPACT

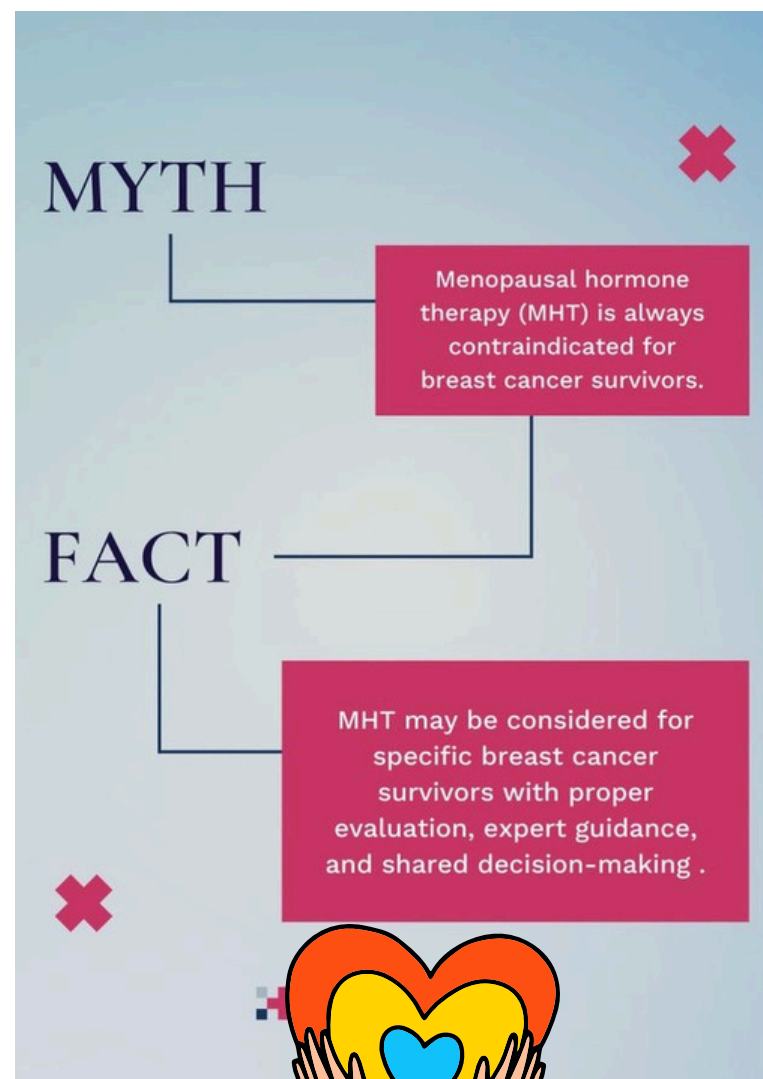
1. **Triple-Negative Breast Cancer (TNBC):** A common and aggressive subtype among Nigerian women, previously with poor prognosis. New studies are exploring immunotherapy and PARP inhibitors.
2. **Liquid Biopsy:** A less invasive blood test that detects cancer DNA, now being piloted in select teaching hospitals.
3. **AI-Powered Imaging:** Projects in Lagos and South Africa are using artificial intelligence to read mammograms faster and more accurately reducing misdiagnoses.
4. **Nigerian Cohort Studies:** In institutions like LUTH and ABUTH, researchers are tracking patients from diagnosis to survivorship helping to build a national cancer registry and better treatment protocols.

THE ROLE OF PHARMACISTS IN BREAST CANCER CARE

Pharmacists are a pillar of support before, during, and after a breast cancer diagnosis:

- ✓ **Chemotherapy education**, side effects, adherence, and supportive meds
- ✓ **Drug interaction checks** especially with hormonal therapies like tamoxifen
- ✓ **Nutritional and supplement** advice knowing what helps or harms
- ✓ **Emotional support** a kind word at the counter can change someone's day
- ✓ **Clinical trial guidance** explaining what they are, how they work, and the rights of participants

Every medication available today began as a **clinical trial**. From vaccines to chemotherapy, research trials are the **bridges to tomorrow's cures**. But in Nigeria, participation in clinical research remains low due to:



BREAST CANCER:

Dispelling the Myths

ROOTED IN CARE & EMPOWERMENT



MYTH: I have no family history of breast cancer; no need to worry.

FACT>>> You can develop breast cancer from environmental and lifestyle factors, too.



MYTH: Finding a lump in the breast equals cancer.

FACT>>> Approximately 80% of breast lumps are benign, or non-cancerous, such as cysts.



MYTH: Only women get breast cancer.

FACT>>> Although men are 100 times less likely to have breast cancer, one man in a thousand will have breast cancer in his lifetime.



MYTH: Breast cancer only affects women over 45.

FACT>>> About 14,500 women under age 45 are diagnosed with breast cancer each year in the US.



MYTH: A mammogram can cause cancer.

FACT>>> A mammogram involves a very low dose of radiation, like an X-ray.



MYTH: Regular mammograms prevent cancer.

FACT>>> Mammograms do not prevent cancer, but they can save lives by detecting breast cancer as early as possible, when it is most treatable.

- Misinformation and fear
- Limited trial centers
- Lack of education on patient rights
- Cultural and spiritual beliefs

Educating the public and health professionals on clinical trial ethics and safety is critical. Pharmacists can help dispel myths and encourage eligible patients to explore participation.

DID YOU KNOW?

- **Triple-negative breast cancer (TNBC)** is more aggressive and more common in women of African descent
- Mammograms can detect breast cancer 1–3 years before a lump is felt
- Breast cancer in men, though rare, carries a higher mortality due to delayed diagnosis
- New therapies target PARP enzymes, helping treat BRCA-positive patients more effectively

CLOSING THOUGHT

“There is no one-size-fits-all in cancer. Research allows us to tailor the fight and in doing so, save more lives.”

– Dr. Onome E., Cancer Epidemiologist

Let's not wait for foreign solutions. Let's invest in our own answers.

Breast cancer research is more than statistics it's a lifeline. From precision medicine to AI diagnostics, the progress is real. And so is the **hope**.

As health professionals, let's stay informed, stay curious, and **advocate for evidence-based care**. Because in every clinical trial, and every courageous patient, **hope lives**.



EXPERT'S CORNER

Your Questions, Their Expertise

Real questions. Real answers. Trusted voices.

In this special feature, we brought together seasoned professionals in pharmacy, medicine, nutrition, and public health to answer your most pressing questions. Whether you're a concerned parent, a curious student, or a health-conscious reader this corner delivers clarity, care, and credible answers.

1. Immunization

Q: Why should I still worry about vaccines when many diseases seem to be gone?

A: Pharm. Rita A. Public Health Pharmacist

“Diseases like measles, polio, and diphtheria aren’t ‘gone’ they’re just under control due to vaccines. If we stop immunizing, they will return, and with a vengeance. Immunization protects both you and the people around you especially infants, the elderly, and the immunocompromised.”

Q: With increasing vaccine hesitancy in some parts of Nigeria, how do we encourage communities to trust and accept immunization programs?

A: Dr. Aisha Lawal, Public Health Pharmacist

“Start by listening. Mistrust often comes from past experiences or misinformation. Pharmacists must be visible educators, organize community talks, speak the local language, and use storytelling. Share success stories. Emphasize that vaccines protect not just the individual, but the entire family and community. When trust grows, acceptance follows.”

2. Gut Health and Gastroparesis

Q: How can pharmacists counsel patients with suspected gastroparesis, especially when resources are limited?

A: Pharm. Mona, Clinical Pharmacist & Digestive Health Advocate

“First, listen carefully to symptoms: bloating, early satiety, nausea, and erratic glucose levels. While diagnosis requires a physician, pharmacists can guide patients toward gentle dietary changes small, frequent meals, reducing fat and fiber. We also monitor medications that worsen motility (like opioids or anticholinergics). Simple advice, when timely, can bring huge relief.”

Q: I’ve had frequent bloating and indigestion lately. Could stress be the cause?

A: Dr. Idris A., Gastroenterologist

“Absolutely. The gut and brain are closely connected it’s called the **gut-brain axis**. Stress alters gut motility and can worsen symptoms like bloating, nausea, or cramps. Managing stress, eating mindfully, and including probiotics can help rebalance your gut health.”

3. Breastfeeding Challenges

Q: My baby cries a lot after feeding. I feel like I don’t have enough milk. What should I do?

A: Mrs. Chioma A. (IBCLC, Certified Lactation Consultant):

“This is a common concern. But crying doesn’t always mean hunger. First, ensure a proper latch, a poor latch can reduce milk transfer. Also, breastmilk production works on demand. The more you breastfeed or pump, the more milk your body makes. Reach out to a lactation expert you don’t have to figure it out alone.”

Q: Is it safe for mothers on chronic medications to breastfeed? How can pharmacists advise them?

A: Pharm. Mosun. Women’s Health & Community Pharmacy Specialist

“Yes, in many cases, it’s safe. But always check the specific drug. Reliable resources like LactMed or the UK Drugs in Lactation Advisory Service (UKDILAS) help assess safety.

Pharmacists should reassure mothers, help weigh risks vs. benefits, and coordinate with physicians. Never advise abrupt weaning without proper consultation, breastfeeding is a lifeline.”

4. Lung Cancer & Early Detection

Q: What can pharmacists do to support early detection of lung cancer in low-resource settings?

A: Dr. Tunde, Oncology Pharmacist

“Be alert to red flags, persistent cough, unexplained weight loss, shortness of breath, or recurring chest infections. If someone buys cough meds repeatedly, ask the right questions. Referral to a clinic or teaching hospital might make the difference. Also, educate on avoiding smoking and harmful indoor air. Prevention starts with awareness.”

5. Functional Foods & Inflammation

Q: Do functional foods and anti-inflammatory diets actually work?

A: Dr. Adefemi O. (Clinical Nutritionist):

“Yes, they can play a powerful supportive role. Foods rich in fiber, omega-3s, antioxidants, and polyphenols can reduce low-grade chronic inflammation the kind linked to diabetes, heart disease, and arthritis. Think: leafy greens, berries, nuts, turmeric, and whole grains. However, no food is magic. It’s about consistency and balance.”

Q: Do anti-inflammatory diets really work or is it just hype?

A: Pharm. Lydia, Clinical Dietitian & Health Writer

“It’s not hype. Chronic inflammation fuels many diseases—from arthritis to heart conditions. Diets rich in antioxidants, fiber, and omega-3s help regulate immune responses.

The empirical Dietary Inflammatory Index (eDII) offers scientific backing. When pharmacists talk nutrition alongside medications, we create holistic healing.”

6. SMA Awareness

Q: What’s one thing pharmacists should remember about Spinal Muscular Atrophy (SMA)?

A: Pharm. Jemimah, Pediatric Health Educator

“That every delay in diagnosis matters. SMA may not be common, but pharmacists can notice early signs in babies: weak limbs, floppy tone, feeding difficulty. Even if you’re unsure, encourage the caregiver to see a pediatrician urgently. Our role is not to diagnose but to direct and empower.”

7. Fast Food & Hypertension

Q: Can eating out too often really cause high blood pressure?

A: Dr. Lois I. Cardiovascular Pharmacist

“Yes. Fast food is often high in salt, saturated fat, and sugar a perfect recipe for elevated blood pressure. Regular consumption contributes to hypertension and Type 2 diabetes, especially when paired with low physical activity. Awareness and moderation are key. Nigeria’s fast food boom is exciting, but we must prioritize health in our lifestyle.”

8. Final Expert Insight

Q: As a pharmacist, how do I avoid burnout while staying deeply involved in patient advocacy and education?

A: Dr. Chinedu Akoh, Community Pharmacist & Mental Health Trainer

“Boundaries are critical. Care deeply, but don’t carry every burden alone. Build a team, delegate when possible, and invest in your own wellness. Read, rest, and reconnect with your purpose.

Remember: a burnt - out pharmacist helps no one. A nourished one changes lives.

The most powerful answers don’t just come from textbooks, they come from experience, empathy, and evidence. Whether it’s a mother asking about medicine, or a teenager curious about vaccines, the role of the pharmacist is clear: guide with grace and grounded knowledge.

And when we don’t know something? We ask, research, refer, and return because learning never ends.

Still Curious? Submit Your Question for the Next Edition!

We want to hear from you. What health questions have been on your mind? Drop them via our website, email, or WhatsApp, and your query might be featured in our next Experts’ Corner with answers from leading professionals across Africa and beyond.



AUGUST HEALTH IQ TEST

“AWARENESS ISN’T JUST KNOWING — IT’S UNDERSTANDING ENOUGH TO ACT.”

Welcome to the **NAFTraPh Digest August Health IQ Challenge** a playful yet powerful way to test how much you’ve learned from this edition. Whether you’re a pharmacist, a student, or a curious reader, this quiz is designed to stretch your thinking and reinforce essential facts across our featured topics. So, are you ready to check your awareness level?

Grab a pen, keep score, and let’s go!

Pick the correct answer for each question below:

1. Which nutrient is especially beneficial for reducing inflammation in the body?

- A. Refined sugar
- B. Omega-3 fatty acids
- C. Saturated fats
- D. Trans fats

2. Which of the following is a common sign of gastroparesis?

- A. Sudden weight gain
- B. Night blindness
- C. Delayed stomach emptying
- D. Frequent urination

3. What does the term “functional foods” mean?

- A. Foods that require cooking
- B. Foods eaten on special occasions
- C. Foods that provide additional health benefits beyond basic nutrition
- D. Foods that are imported

4. Which eye condition is commonly screened for in children?

- A. Psoriasis
- B. Amblyopia (Lazy Eye)
- C. Gout
- D. Alzheimer’s

5. True or False:

Breastfeeding has no benefit for mothers, only the baby.

- A. True
- B. False

6. Which group is most vulnerable if vaccination rates decline?

- A. Athletes
- B. Celebrities
- C. The elderly, babies, and immunocompromised people
- D. People who exercise regularly



7. Which is a major contributor to Nigeria's rising diabetes and hypertension cases?

- A. Excess rainfall
- B. Fast food culture and poor dietary habits
- C. Frequent exercise
- D. Low salt intake

8. What is the goal of Overdose Awareness Day?

- A. To celebrate prescription drugs
- B. To promote self-medication
- C. To remember lives lost to overdose and promote harm reduction
- D. To encourage drug use

9. Which disease is characterized by abnormal cell growth in the lungs?

- A. Psoriasis
- B. Asthma
- C. Lung cancer
- D. Scoliosis

10. What's the most effective way to prevent vaccine-preventable diseases?

- A. Avoiding crowds
- B. Drinking water
- C. Regular immunization
- D. Taking antibiotics daily

11. Which vaccine-preventable disease can cause paralysis?

- A. Measles
- B. Tetanus
- C. Polio
- D. Hepatitis B

12. What dietary element is emphasized in 'fibermaxxing'?

- A. Protein
- B. Fat
- C. Fiber
- D. Sugar

13. What is one reason lung cancer is often diagnosed late?

- A. It presents with loud, obvious symptoms
- B. It is only found in children
- C. Early symptoms are often silent or mistaken for minor issues
- D. Patients don't cough

14. Which food is considered anti-inflammatory according to the eDII?

- A. White bread
- B. Soft drinks
- C. Leafy green vegetables
- D. Processed meat

Section B: True or False

15. Immunization only protects the person who receives the vaccine.

16. Overdose awareness includes recognizing both intentional and accidental drug misuse.

17. Breast cancer only affects women.

18. Spinal Muscular Atrophy (SMA) can show signs in early infancy.

19. Pharmacists are not expected to educate patients about nutrition.

Section C: Fill in the Blanks

20. The _____ is a scoring system that ranks diets based on their inflammatory potential.

21. Functional foods provide health benefits beyond _____.


22. Nigeria's fast food growth is contributing to increased rates of _____ and _____.

23. A pharmacist can help prevent overdose by encouraging safe _____ and _____ of medications.


24. A person who experiences repeated chest infections and persistent cough may need screening for _____ cancer.

25. Breastfeeding provides not only nutrition but also essential _____ that strengthen a baby's immune system.

Scoring & Awareness Level

 **25–20 correct: *Health Hero!***

You're clearly rooted in care and empowerment your awareness can inspire action in others.

 **19–15 correct: *Wellness Warrior***

You're knowledgeable, but there's room to grow. Keep reading, learning, and advocating.

14–10 correct: Curious Caregiver

You've got the passion—now deepen the knowledge. Use this magazine as your springboard.

0–9 correct: New Navigator

No worries—this is your chance to explore the world of health awareness. Reread, reflect, and rise.

✓ Answer Key

1. **B**
2. **C**
3. **C**
4. **B**
5. **B**
6. **C**
7. **B**
8. **C**
9. **C**
10. **C**
11. **B**
12. **C**
13. **C**
14. **C**
15. **False**
16. **True**
17. **False**
18. **True**
19. **False**
20. **Empirical Dietary Inflammatory Index (eDII)**
21. **Nutrition**
22. **Hypertension, diabetes**
23. **Storage, disposal**
24. **Lung**
25. **Antibodies**



Knowledge is powerful but **applied knowledge** changes lives.

Challenge your friends, your team, or your pharmacy staff with this quiz. Let's make health literacy contagious in the best way possible.



NIGERIAN ASSOCIATION OF FOREIGN TRAINED PHARMACISTS

FUNDRAISING FOR THE

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
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Venue:
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FINAL THOUGHTS

From Awareness to Advocacy – It Starts With You

August has been a journey through conversations about childhood vision, the healing power of food, and the science behind hope. Every story, every stat, every section of this edition has pointed to one central truth: **health awareness without action is a missed opportunity.**

But when awareness leads to advocacy, when pharmacists educate, when families ask questions, when patients demand better care **everything changes.**

P – PUNCTUALITY
H – HUMANITY
A – ACCEPTABILITY
R – RELIABILITY
M – MORALITY
A – ABILITY
C – CORDIALITY
I – INTEGRITY
S – SINCERITY
T – TOLERANCE

ROOTED IN CARE AND EMPOWERMENT

This month's theme wasn't chosen lightly. **Being rooted** means we don't just react to disease we commit to **building systems of prevention, support, and education.** It means we understand the health landscape not as spectators, but as **cultivators of change.**

And **empowerment** is more than a buzzword. It's equipping people with:

- Knowledge that's clear
- Resources that are accessible
- Services that are respectful
- Support that is consistent

From pharmacists on the frontline to parents, patients, and policy leaders **healthcare becomes powerful when it's participatory.**

WHAT CAN YOU DO STARTING TODAY?

- ✓ **Talk more:** Whether at your pharmacy, clinic, school, or place of worship start the conversations no one else is having.
- ✓ **Teach something:** A single post on social media about overdose signs or functional foods can save a life.
- ✓ **Model it:** Let your health choose what you eat, how you move, what you question—be your quiet form of advocacy.
- ✓ **Join a cause:** Whether it's breast cancer walks, immunization drives, or mentoring student pharmacists, your presence matters.
- ✓ **Stay informed:** Read, learn, share and pass this magazine along. Empowerment is contagious. Let this issue of *NAFTraPh Digest* be your reminder: **you're not just part of the system—you are a pillar of it.**

The power of change lies not in the hands of a few, but in the hearts of many. **And it starts with you.**

Until next month,

Stay rooted. Stay empowered. Stay well.

DIGEST

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Your Partner in Wellness and Knowledge



NAFTraPh Digest

Your Partner in Wellness and Knowledge

ONELOOK at a Time

 **Let's hear from you!**
Share your thoughts, ideas, or stories for our upcoming editions:

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