MEDICAL MINDSCAPE

A PUBLICATION OF NILE UNIVERSITY MEDICAL STUDENTS ASSOCIATION

HOT TOPIC:

THE RELATIONSHIP BETWEEN CHOLESTEROL LEVELS AND OBESITY: Emphasizing the Importance of Monitoring Lipid Profile for Optimal Health

- Dr Mba.

Obesity & Mental Health

THE CONNECTION BETWEEN BODY AND MIND

NEONATAL JAUNDICE

The importance of prompt medical intervention

- Dr Tahir

A-Z OF LIFE

A Collection of Key Phrases Picked Up Over The Years

- Dr Sotimehin

SICKLE CELL ANAEMIA

Sickle Cell Anaemia in Nigeria, Burden and Importance of Genotype Screening

- Dr Sanni

ENYOATA BOR

Age: **23 years old**
Level: **600level**
Tribe: **Igala**
Religion: **Christian**
Height: **5’7FT**
Favorite color: **pink**
Favorite food: **Asun jollof rice**
Favorite brand: **@Penielsfitrtw**
Favorite quote: **“If God is all you have, you have all you need”**
Favorite course: **Obstetrics and Gynecology**
Favorite lecturer: **Dr. Alu Francis**
Future ambition: **A Medical Doctor**
social media: **@Pweshus_zee**

Numsa Sun Girl

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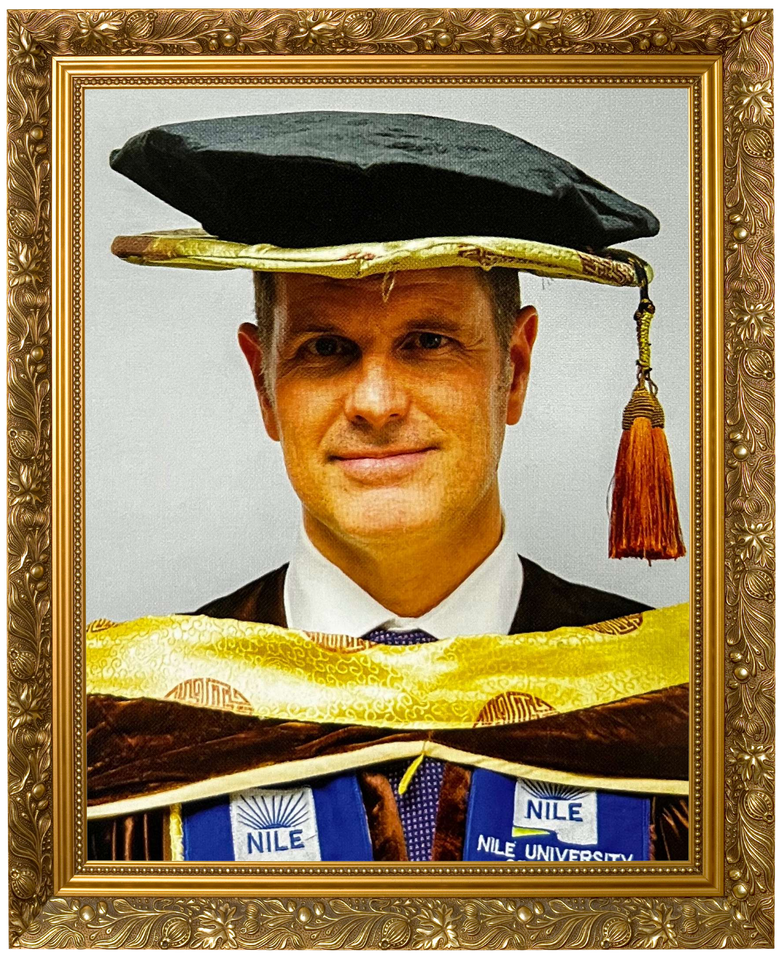

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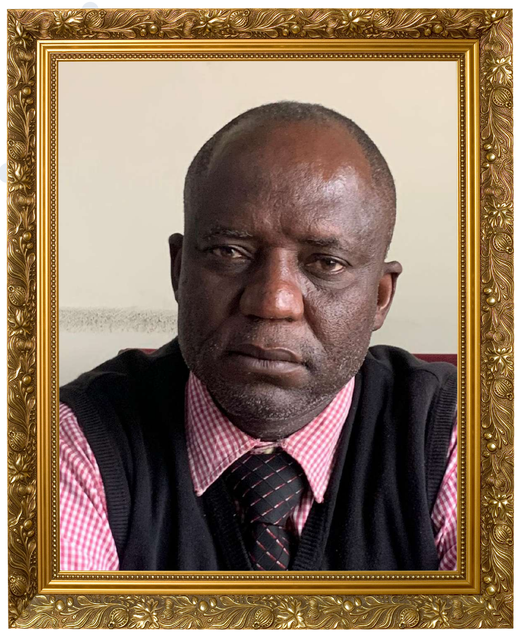

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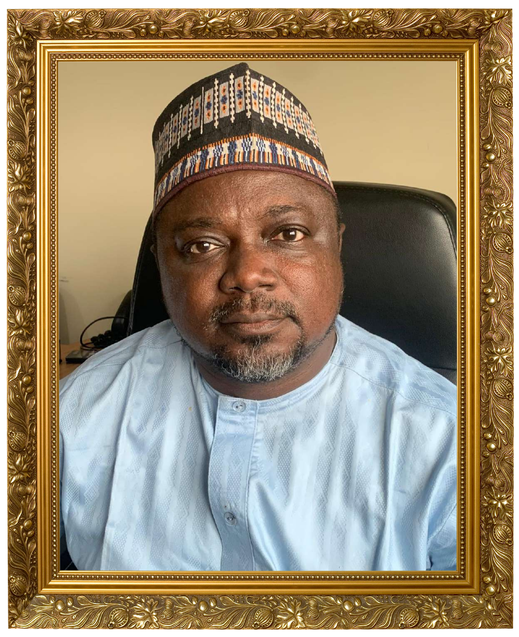

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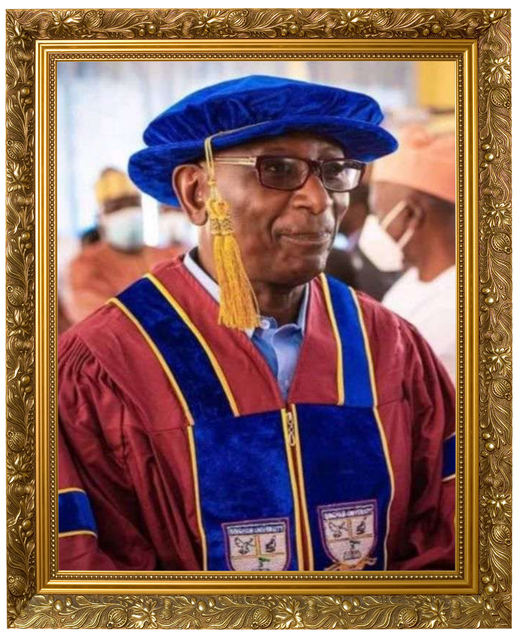

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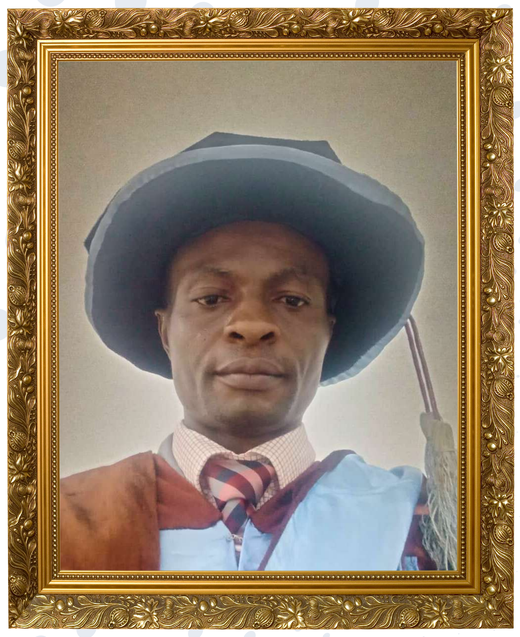

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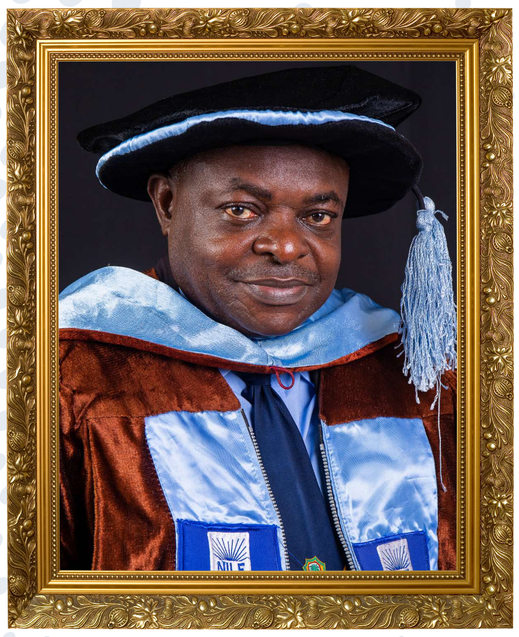

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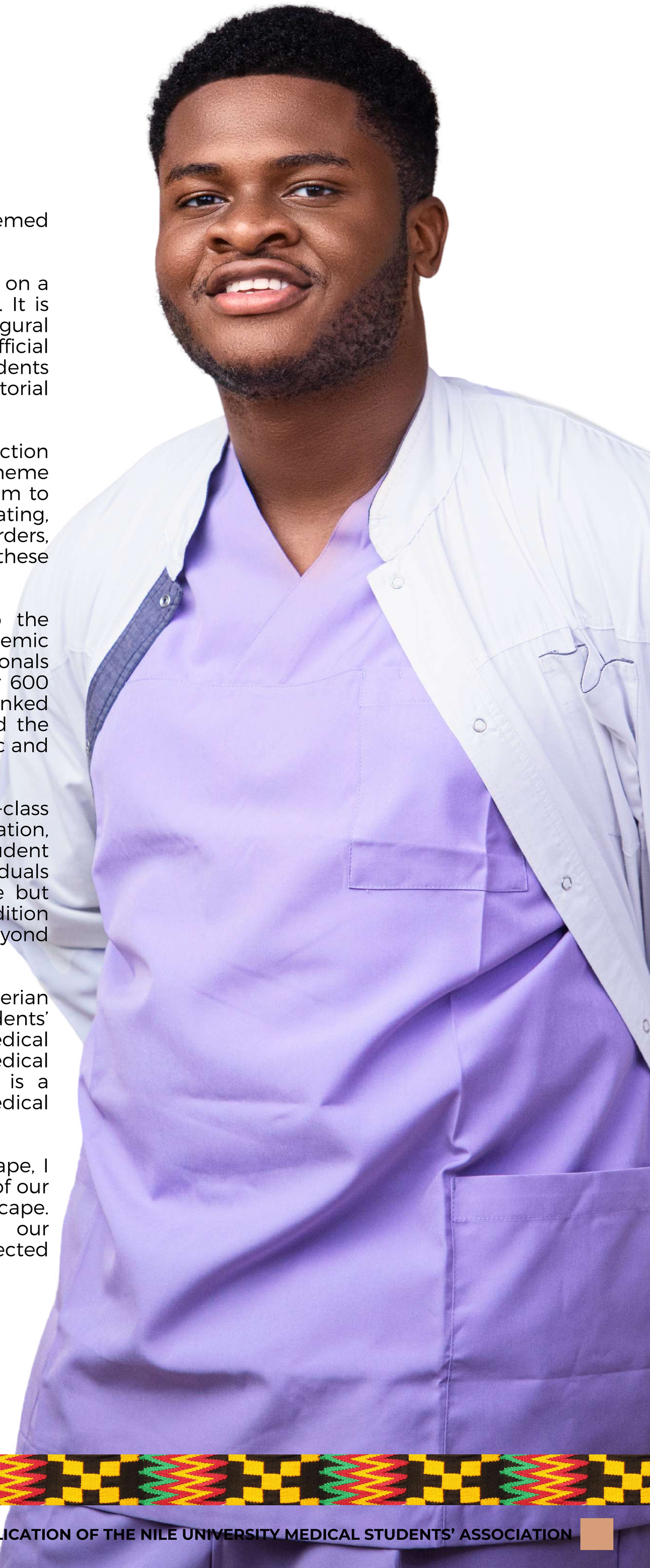

Dear Distinguished Colleagues, Respected and Esteemed Faculty, and Honored Guests,

I extend warm greetings to each of you as we embark on a new academic year at Nile University Medical School. It is with great pleasure that I welcome you to the inaugural launch of The Medical Mindscape Magazine, an official publication of the Nile University Medical Students Association (NUMSA) presented by The NUMSA Editorial Team,

In this edition, we delve into the intricate connection between body and mind, exploring the overarching theme for the year 2023 – "Obesity and Mental Health." We aim to unravel the complexities surrounding emotional eating, stress, depression, body image, self-esteem, eating disorders, bullying, and stigmatization, and to understand how these elements interplay in shaping our holistic well-being.

The Medical Mindscape stands as a testament to the relentless pursuit of healthcare excellence and academic prowess exhibited by the future healthcare professionals within NUMSA. As an association, NUMSA unites over 600 medical students from diverse backgrounds and is ranked among the top 45 medical institutions in Nigeria and the Federal Capital Territory. It serves as a pillar of academic and ethical standards.

At its core, NUMSA is committed to producing world-class medical doctors and fostering research, cooperation, discipline, integrity, and professionalism among its student body. We take pride in nurturing well-rounded individuals who contribute not only to the academic landscape but also to the cultural and social fabric of society. This edition reflects NUMSA's mission – a mission that extends beyond our institution to reach out globally.

Affiliated with esteemed organizations such as the Nigerian Medical Association (NMA), Nigerian Medical Students' Association (NiMSA), International Federation of Medical Students' Association (IFMSA), Federation of African Medical Students' Association (FAMSA), and others, NUMSA is a beacon of collaboration and progress in the medical community.

As you flip through the pages of The Medical Mindscape, I invite you to join us in exploring the profound impact of our theme and subthemes on the healthcare landscape. Together, let's unravel the complexities, enhance our understanding, and strive for a healthier, more connected future.

Happy reading!

ORANWUSI,
EMMANUEL UCHENNA

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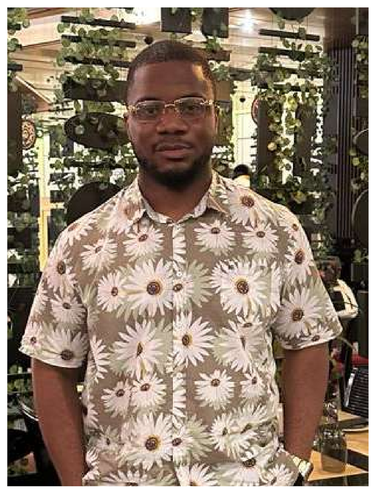

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HISTORY OF THE COLLEGE

Aligned with the overarching vision and mission of Nile University of Nigeria, the establishment of the College of Health Sciences was a strategic move aimed at significantly contributing to the enhancement of Nigeria's human resources for health, particularly by producing exceptional medical practitioners. Our goal is to produce graduates who embody the ethos of research and evidence-based medicine, coupled with compassion and dedication.

Formally approved by the National Universities Commission in 2016, the College admitted its inaugural cohort of students during the 2016/2017 Academic Session. Under the leadership of Associate Professor Melih Engin Erkan as the first Provost, the foundational structure of the Faculty of Basic Medical Sciences was laid.

In 2018, Professor Dilli Dogo was enlisted to provide strategic direction to the nascent College. Commencing his tenure as Provost in January 2019, Professor Dogo orchestrated the consolidation of available resources, bolstered the Faculty of Basic Medical Sciences, finalized and outfitted the Basic Clinical Sciences, and meticulously crafted the implementation plan of the Memorandum of Understanding (MoU) signed with the Federal Capital Territory Administration (FCTA). This concerted effort culminated in the establishment of Clinical Sections in pivotal hospitals such as Nizamiye Hospital, Asokoro District Hospital, and Wuse District Hospital, leading to the successful accreditation of our Basic Medical Sciences aspect by the Medical and Dental Council of Nigeria (MDCN) in May 2019. Consequently, the path was paved for our pioneer students to sit for their First Professional Examinations in June 2019. Notably, the College has garnered full accreditation from both the NUC and MDCN.

The landmark induction of our pioneer set into the medical profession in May 2023 marked a significant milestone, with these graduates now actively engaged in their housemanship training across the nation.

Our Second set of students have completed their Final Professional MBBS Examinations awaiting to be inducted into the Medical Profession.

Since its inception, the College has undergone remarkable infrastructural and academic expansion. Presently, we boast a state-of-the-art Faculty of Basic Medical Sciences within the Nile University Campus, complemented by the Faculty of Basic Clinical Sciences situated in Nizamiye Hospital and the Faculty of Clinical Sciences in Asokoro District Hospital. Our Basic Clinical Sciences laboratories are fully equipped, supplemented by comprehensive e-library facilities.

Furthermore, the Clinical Sciences building, fondly referred to as "Prof. Dilli Dogo House," alongside the Clinical Students hostel, finds its home in the Asokoro District Hospital. Additionally, we have established Urban and Rural Primary Health Care centers at Kuchingoro and Gwagwa, respectively, both fully furnished to cater to community health needs.
Clinical postings for our students are conducted across our designated hospitals, namely, Nizamiye Hospital, Asokoro District Hospital, and Wuse District Hospital, all situated within Abuja, ensuring comprehensive clinical exposure and practical experience.

The expansion of the Volta block to accommodate the new Faculty of Allied Health Sciences with a state-of-the-art Medical Simulation Center, the first of its kind in West Africa, is underway.

Nile University presently prides itself on hosting one of the most sought-after Medical Schools in the nation, evidenced by the overwhelming volume of admission applications received. This remarkable achievement is attributed to our substantial investment in infrastructure and the caliber of our esteemed faculty members within the College.

Mr. Faruk M. Abdullahi
COLLEGE SECRETARY

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GOOD WILL MESSAGE

On behalf of the College of Health Sciences, Nile University of Nigeria, I am thrilled to extend my heartfelt congratulations on the launch of the maidenl edition of your association's magazine aptly titled “Medical Mindscape”.

Choosing "Obesity and Mental Health: The Connection Between Body and Mind" as your theme demonstrates a commendable understanding of the critical and often-overlooked link between physical and mental well-being. This topic is highly relevant in today's world, and your decision to explore it through this magazine signifies a commitment to fostering a well-rounded approach to healthcare among your peers.

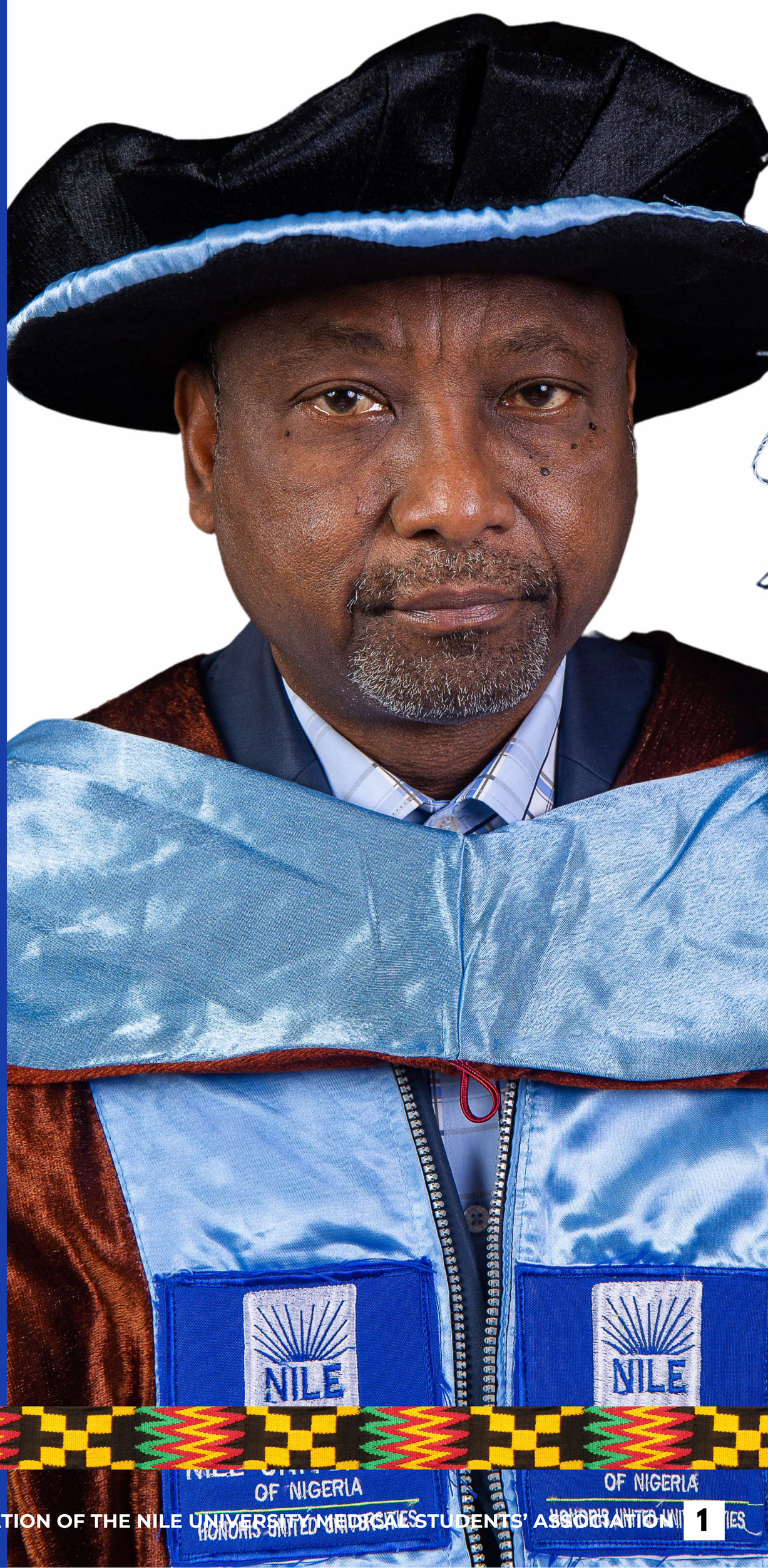
The launch of this magazine is a significant milestone for your association. It represents the culmination of dedication, hard work, and a collective passion for healthcare. I am confident that this publication will serve as a valuable platform for medical students of Nile University and beyond to share knowledge, engage in critical discussions, and contribute to a deeper understanding of this crucial aspect of human health.

The College of Health Sciences is proud to support such initiatives that promote intellectual growth and professional development. I encourage all medical students to actively engage with this magazine, contribute future articles, and utilize it as a springboard for meaningful dialogue.

As aspiring healthcare professionals, it is imperative for youto prioritize your studies while engaging in other social activities. While extracurricular pursuits offer valuable opportunities for personal growth and networking, they should never overshadow the core responsibilities of academic excellence and professional development.

Once again, congratulations on this remarkable achievement. I eagerly await reading the insightful content within the pages of your maiden edition. The future of healthcare is bright with such a passionate and engaged student body.

Warm regards



Assoc. Prof. Aminu MAI

MD, FMCS, FACS, FICS

PROVOST,
COLLEGE OF HEALTH SCIENCES,
NILE UNIVERSITY OF NIGERIA.

The President's address

Esteemed Colleagues, Respected Faculty, and Honored Guests,

In the auspicious year of 2022, I undertook a momentous transition as a transfer student from Abia State University to join Nile University Medical School at the distinguished 400 level. The initial adjustment to this refined academic milieu presented challenges, yet it revealed Nile University's unparalleled superiority in terms of infrastructure. The pedagogical commitment demonstrated by our esteemed lecturers is truly exemplary. Contrary to my initial perception of Nile University as an institution catering solely to the elite, where material wealth supersedes intellectual prowess, my misconceptions were swiftly dispelled by the institution's robust curriculum and meticulously structured academic calendar.

Nile University has not only been a beacon of academic enlightenment but also a facilitator of a lifestyle that eases the rigors of student life. The provision of conducive hostels with 24-hour electricity, laundry services, and the thoughtful inclusion of breakfast and dinner services for hostel students has markedly improved my daily living experience. This commitment to enhancing the quality of life for students is noteworthy and deserves commendation. While recognizing that there is always room for improvement, it is undeniable that Nile University's amenities are miles ahead of many other universities, setting a standard of comfort that positively impacts our overall well-being.

Upon my enrollment at Nile University, I witnessed a temporary hindrance faced by the Nile University Medical School Association (NUMSA). However, after a brief interlude, this obstacle was efficiently addressed by the school authorities. I promptly immersed myself in the rectification process, witnessing firsthand the administration's commitment to supporting student initiatives. The encouragement and cooperation received during this challenging period further reinforced my confidence in Nile University's commitment to nurturing student leadership and fostering a conducive learning environment.

In the pursuit of academic and extracurricular excellence, I am grateful for the opportunity to form enduring connections and friendships. Nile University has not only been a hub for academic enlightenment but has also facilitated the forging of lifelong relationships. The camaraderie and collaborative spirit among students have enriched my academic experience, turning colleagues into companions and classmates into lifelong friends.

The creation of this magazine stands as a testament to the collective effort invested by a dedicated team, a testament to the collaborative spirit that defines our institution. I extend my heartfelt gratitude to all contributors who played a pivotal role in bringing this vision to fruition. As we celebrate this accomplishment, my fervent hope is that our collective efforts serve as a beacon for future achievements, symbolizing the potential that lies within the student body.

Assuming leadership of this new administration, our collective aspiration is to resurrect our association from any past challenges and propel it toward a future characterized by progress and excellence. Our agenda remains rooted in the enhancement of capacities for all NUMSAites, ensuring the sustained growth of our association even in our absence. Together, we strive to elevate our association to greatness and contribute to the venerable reputation of Nile University.

In conclusion, I express profound appreciation to each individual who contributed to the creation of this magazine, the school administration for their unwavering support, and my fellow students for making Nile University not just an institution of learning but a community that fosters enduring friendships. With optimism and unity, we endeavor to bring glory not only to our association but also to Nile University as a whole.

Yours Sincerely,

EMMANUEL ORANWUSI
President, NUMSA

from the desk of

NUMSA SECRETARY - GENERAL

Dear Esteemed Readers,

It is with great honor and enthusiasm that I address you as the Secretary General of the Nile University Medical students' Association (NUMSA). As we stand at the threshold of 2024, I reflect upon the remarkable journey of our young medical school and the evolution of NUMSA alongside it.

In 2016, Nile University Medical School emerged, a beacon of hope for aspiring medical professionals. Alongside it, NUMSA was born, initially dormant as the significance of a Medical Students' Association (MSA) eluded us. The nascent stages were marked by a lack of activity and understanding, hindering our fellow medical students from the complete medical school experience they deserved.

Frankly, as a new medical school, our collective inexperience prevented us from recognizing the untapped potential residing within our association. We failed to grasp the transformative power that lay in our hands as students to shape our narrative and contribute to the enhancement of our educational journey. Fast forward to the present, and I am proud to announce a monumental achievement – the release of NUMSA's inaugural magazine. This publication is more than ink on paper; it symbolizes a significant stepping stone towards greatness, underscoring the remarkable growth and resilience of our association. The pages within this magazine echo the voices of dedicated individuals who worked tirelessly to propel NUMSA to its current stature.

In the spirit of recognizing the dedicated individuals behind this momentous achievement, I must commend the exceptional team that worked tirelessly to bring our inaugural magazine to fruition. Their unwavering commitment, collaborative spirit, and sheer determination have resulted in a work of art that stands as a testament to NUMSA's collective prowess. Through meticulous planning and countless hours of hard work, they have built a reliable team that not only understands the importance of our association but has also showcased their passion for excellence. This magazine is not just a publication; it is a testament to the creativity, dedication, and collective synergy that defines our team. We owe a debt of gratitude to each member who contributed their unique skills and perspectives, transforming a vision into the outstanding reality that now graces your hands. Their efforts have not only enriched NUMSA but have set a precedent for future endeavors, reinforcing our commitment to excellence and innovation.

Our magazine is a testament to the collective efforts that have reshaped NUMSA into a dynamic force within our medical community. It serves as a repository of knowledge, experiences, and aspirations, providing a platform for students to connect, innovate, and foster professional development.

As we embark on this journey, we owe a debt of gratitude to those who paved the way before us, setting the pace and instilling in us the realization that we possess the ability to become something extraordinary. Their dedication and foresight have brought us to this pivotal moment, and we carry their legacy forward with a profound sense of responsibility.

The release of our magazine is not merely a celebration of our past achievements but a proclamation of our commitment to scaling greater heights in the future. NUMSA envisions becoming a beacon of excellence, promoting collaboration, innovation, and community engagement.

The year 2024 marks the dawn of a new era for NUMSA – an era defined by our collective vision, tenacity, and the pursuit of excellence. As we navigate this exciting chapter, we invite each member of our medical community to join hands in shaping the narrative of our association and, by extension, the future of medical education at Nile University.

In conclusion, I extend my deepest gratitude to all who have contributed to the success of NUMSA, and I invite each of you to embark on this journey of growth and transformation alongside us. Together, let us propel NUMSA to unprecedented heights, solidifying its place as an exemplar of student-led initiatives in the realm of medical education.

With unwavering commitment,

OLUWASEGUN O. ODUNLADE
Secretary General, NUMSA

Nizamiye HOSPITAL

GOOD WILL MESSAGE

To our dear Medical Students,

I want to first, extend my heartfelt encouragement to each of you in your journey through medical education. The path you've chosen is both noble and demanding, requiring dedication, compassion, and a thirst for knowledge.

In the field of medicine, humility is not just a virtue; it's a necessity. We must always remember that we are lifelong learners, constantly evolving in our understanding and practice. As you have also delved into an aspect of organization, as an association, I congratulate you and encourage you to embrace each other and each experience with humility and openness.

Nizamiye Hospital as a multispecialty hospital has always had its doors open to you, as a first-hand learning environment. With a dedicated team of professionals committed to excellence in patient care, education, and research, we offer robust learning opportunities for aspiring medical professionals like yourselves. Within our hospital walls, you will also experience the collaborative spirit that defines modern healthcare.

In conclusion, as you continue your journey in medicine, never lose sight of the profound impact you can have on the lives of others, and approach each day with humility, empathy, and a relentless pursuit of excellence.

Warm regards,

Prof. Dr Ibrahim Yanmis
Professor of Orthopedic Surgery
Medical Director Nizamiye Hospital

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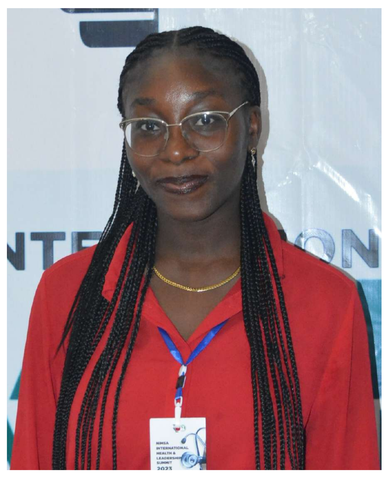

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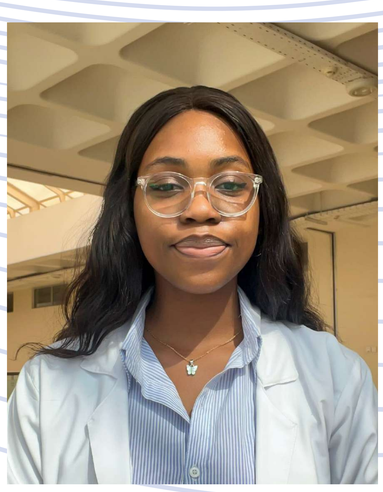

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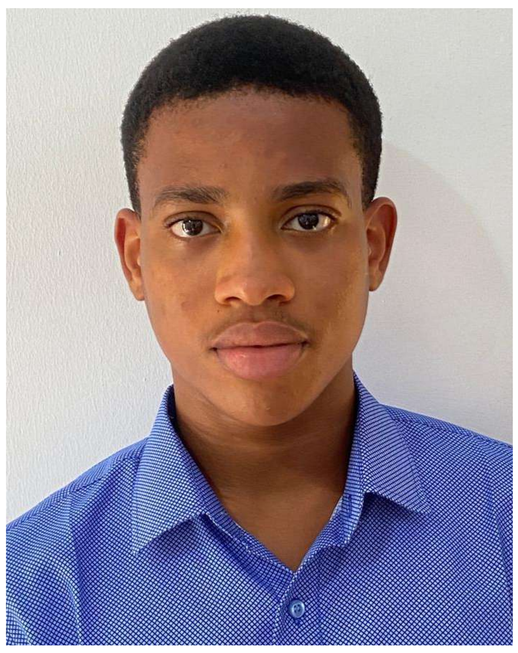

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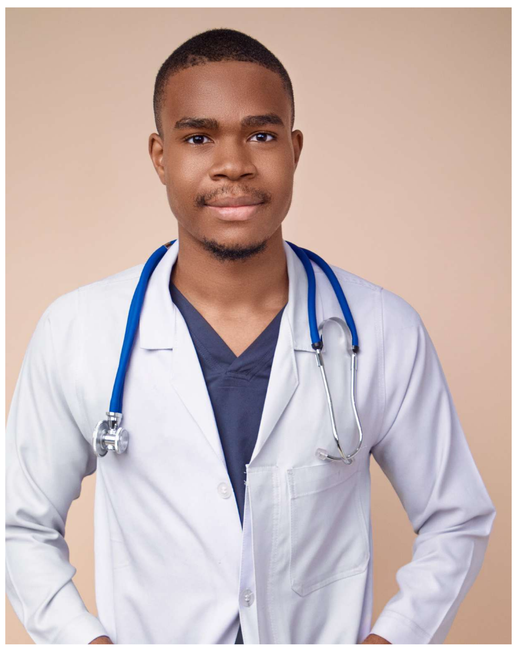
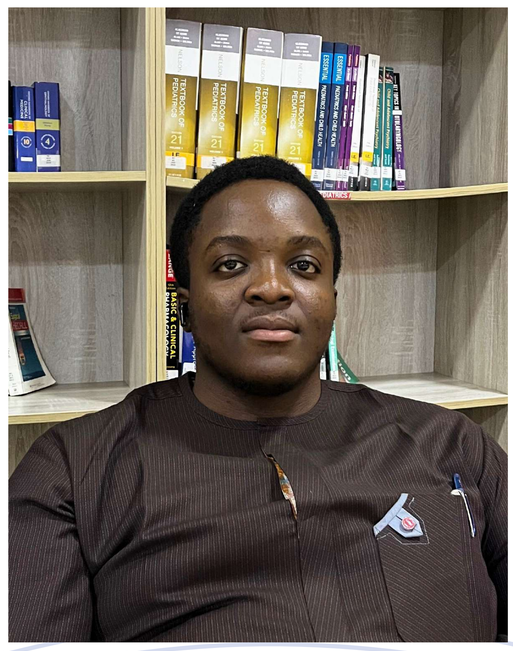


AbdulAzeez Olugbenga Ibrahim
500 Level



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NAVIGATING THE COMPLEX TERRAIN OF EATING DISORDERS: UNDERSTANDING THE MIND-BODY CONNECTION

- by ZAKARIYAH RUQAYYA BASHEER

Eating disorders are complex mental health conditions that affect millions of individuals worldwide. These disorders go beyond a mere concern for physical appearance; they represent a profound struggle between the mind and the body. Despite increased awareness and understanding, eating disorders continue to be a pervasive issue, impacting individuals of all ages, genders, and backgrounds. This article explores the intricate relationship between the mind and the body in the context of eating disorders, shedding light on the challenges faced by those grappling with these conditions.

Understanding Eating Disorders

Eating disorders encompass a range of mental health conditions characterized by abnormal eating habits that negatively impact an individual's physical and mental well-being. The most prevalent types include anorexia nervosa, bulimia nervosa, and binge-eating disorder. These disorders often arise from a combination of genetic, psychological, and environmental factors, making them complex and challenging to address.

The Mind's Influence

The mind plays a central role in the development and perpetuation of eating disorders. Often rooted in issues of self-esteem, body image, and control, these disorders reflect a distorted perception of one's body and an obsessive desire to attain an unrealistic ideal. In the case of anorexia nervosa, individuals may harbour an intense fear of gaining weight, leading to extreme restrictions on food intake. Bulimia nervosa is characterized by cycles of binge eating followed by compensatory behaviours, such as vomiting or excessive exercise, driven by a fear of weight gain. Binge-eating disorder involves consuming large amounts of food in a short period, often accompanied by feelings of guilt and shame.

The Body's Response

The physical consequences of eating disorders can be severe and, in some cases, life-threatening. Malnutrition, electrolyte imbalances, cardiac issues, and gastrointestinal complications are just a few of the potential health risks associated with these conditions. As the body is deprived of essential nutrients, its ability to function properly is compromised, leading to a cascade of physical and physiological consequences. Despite the evident harm, individuals with eating disorders often struggle to break free from the destructive cycle, as the mind maintains a powerful grip on their perceptions and behaviours.

The Vicious Cycle

Eating disorders perpetuate a vicious cycle wherein the mind's distorted beliefs fuel harmful behaviours, which, in turn, exacerbate physical and mental distress. The desire for control, often a central theme in eating disorders, becomes a double-edged sword, as attempts to exert control over food intake spiral into a loss of control over overall health. Breaking free from this cycle requires a comprehensive and multidimensional approach that addresses both the mental and physical aspects of the disorder. Eating disorders can strain relationships, affecting both the individual and their loved ones. The preoccupation with food, body image, and rituals around eating can lead to isolation and communication breakdown. Family and friends may feel helpless or frustrated, exacerbating the emotional toll. Understanding the relational impact is crucial for comprehensive support and fostering an environment conducive to recovery. Media ideals also profoundly impact eating disorders. Unrealistic beauty standards perpetuate negative body image, fostering a detrimental link between self-worth and physical appearance. Recognizing and challenging these influences is crucial for promoting a healthier and more compassionate societal perspective.

Treatment Approaches

Treatment for eating disorders typically involves a combination of psychotherapy, medical intervention, and nutritional counselling. Cognitive-behavioural therapy (CBT) has shown efficacy in helping individuals challenge and change distorted thought patterns related to body image and food. Medical professionals may also be involved in addressing the physical consequences of the disorder, requiring a collaborative effort to promote overall well-being. Eating disorders have the highest mortality rate of any mental health condition, underscoring the severity of these disorders and the urgent need for effective treatment. They often coexist with other mental health conditions such as depression, anxiety, and substance abuse, highlighting the interconnected nature of mental health.

Eating disorders represent a formidable battle between the mind and the body, with far-reaching consequences for individuals who grapple with these conditions. Recognizing the intricate relationship between mental and physical well-being is crucial in developing effective strategies for prevention and treatment. As awareness continues to grow, it is essential to foster a compassionate understanding of eating disorders and to advocate for comprehensive approaches that address both the mind and the body in the journey toward recovery.

NEONATAL JAUNDICE

The importance of prompt medical intervention

Jaundice is a clinical description of the yellowish discoloration of the sclera, skin and mucous membranes due to elevated serum bilirubin levels and deposition of bilirubin in the skin and subcutaneous tissues. Jaundice occurring in the first 28 days of life, is known as neonatal jaundice (NNJ) and it is a common problem worldwide.It is observed during the first week of life in 60% of term and 80% of preterm babies, and this is often physiological.

Pathological jaundice is however a common cause of neonatal morbidity and mortality in developing countries, including Nigeria. It is also of public health importance because of its potential to cause irreversible brain damage. It may also be an indicator of other underlying diseases like hypothyroidism, sepsis, neonatal hepatitis and galactosemia.

It is paramount to pay attention to neonatal jaundice because it is very common, it is a cause of significant morbidity and mortality, yet it can be prevented or treated to avoid the deleterious effects. Neonatal jaundice could constitute a legal fit fall, if undiagnosed or poor handled. There are a lot of misconceptions about NNJ and sometimes harmful traditional practices in an attempt to treat it. In some traditions there are misconceptions about the causes of neonatal jaundice, e.g. some believe it is a result of mothers' exposure to sunlight before conception or during pregnancy.

When red blood cells are broken down, hemoglobin is released and this is processed to form bilirubin which is fat soluble (unconjugated bilirubin). The liver converts the fat-soluble bilirubin to water-soluble (conjugated bilirubin), which is excreted in the urine and stool. It is the unconjugated bilirubin that is dangerous to the newborn brain cells.

The following are the main causes of neonatal jaundice:

1. **Blood group incompatibility**
   - ABO blood group incompatibility: the mother is an ''O'' blood group while the baby is in either an "A", "B'' or "AB" blood group.
   - Rhesus incompatibility: Mother is Rh negative while the baby is Rh positive. The mother must have been sensitized to produce antibodies to fight the baby's red blood cells.
   - Other minor blood group incompatibility.

2. Enzyme abnormalities: Enzymes are chemicals that are needed to maintain normal functions.
- Glucose-6-phosphate dehydrogenase (G6PD) is a very common cause of severe neonatal jaundice
- The conjugation enzyme, UDPG-T, may be partially or deficient
- Others e.g. pyruvate kinase

3. Infections: Either congenital (which occurs before birth) or acquired (which occurs during or after birth) can cause jaundice.

4. **Prematurity**: Babies born before 37 weeks of gestation are highly at risk of jaundice
5. **Drugs and chemicals**: Ceftriaxone, cotrimoxazole, menthol-containing baby powders, Camphor, etc.
6. Extravasated blood (leaked blood from a vessel into tissues surrounding it), as a result of birth injury.
7. Inadequate breastfeeding (breastfeeding jaundice). Some women may have some chemicals in their breast milk which can cause what is called breast milk jaundice.
8. Intestinal obstruction
9. **Metabolic diseases** e.g. galactosemia, hypothyroidism (low thyroid hormone)
10. Liver diseases, gall bladder diseases

There are also misleading traditional practices in the treatment of neonatal jaundice, e.g. giving a jaundiced baby unripe pawpaw water, or early morning sunlight exposure. These practices delay seeking appropriate intervention, which is potentially dangerous. In a study of filtered sunlight phototherapy in Nigerian neonates by Slusher et al, the effective phototherapy level was documented around midday (12 noon to 1 pm). This indicates the fallacy of early morning sunlight therapy. In the study, the bilirubin levels of the neonates were essentially within physiologic range. Note that physiologic jaundice will resolve without any treatment and will not cause any problems; this is the reason why traditional interventions may seem to have worked.

The main treatment of jaundice is phototherapy (blue light treatment). The light converts the bilirubin from fat-soluble to water-soluble form, which is excreted in the gut and urine. In severe jaundice, exchange blood transfusion may be needed to quickly reduce the bilirubin level. Some medications may also be used as adjuvants (e.g. Albumin) or to treat underlying (e.g. antibiotics) causes.

Some forms of neonatal jaundice can be prevented:
1. **Rhesus blood group incompatibility** – Rh-negative mothers can be given Rhogam (anti-D) which will prevent sensitization and thus prevent jaundice.
2. **Infection control**- delivery in a safe clean environment and appropriate umbilical cord care will reduce risk of infection and reduce risk of jaundice.
3. Ensuring adequate breastfeeding prevents breastfeeding jaundice
4. **Avoiding** menthol-containing baby powders, menthol, camphor and drugs like cotrimoxazole reduces risk of jaundice.
5. Early identification of jaundice, early presentation and early appropriate treatment of jaundice prevent the complications of jaundice.

Conclusion:
Neonatal jaundice is a very common problem in the newborn babies with potential to kill or permanently damage baby's brain. With appropriate knowledge and intervention the impact can be significant reduced in the society.

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CONSULTANT PAEDIATRICIAN

EATING DISORDERS:
WHEN THE MIND BATTLES THE BODY

It's ironic how much eating disorders are not actually about food. Eating disorders are complex mental health conditions that affect individuals regardless of socioeconomic status, race, shape, gender, ethnicity, and sexual orientation. They are a group of related conditions but each disorder has unique symptoms, and diagnosis criteria, some of the most common eating disorders are Anorexia nervosa, Bulimia nervosa, Avoidant restrictive food intake disorder (ARFID), Binge eating disorder, Pica and Rumination disorder etc. The complex relationship between the mind and body in individuals makes these conditions challenging to understand as there are different influences and no real cause, some of these causes include Body image dissatisfaction, low self-esteem, perfectionism, emotional distress, Trauma, environmental influence, genetic component, and biological vulnerability.

Cultural influences play a significant role in shaping our perception of beauty, food, and body Image. In today's digital age, social media platforms have a significant impact on body image and self-esteem. The constant trends that go by of how one should look to be considered conventionally attractive, create a false sense of an ideal body type. This image causes low self-esteem in an individual, leading to unhealthy ways of coping usually by having an unhealthy relationship with food to alter one's body image. What do the minds of most individuals with eating disorders have in common? A false sense of control, followed by a voice that's preoccupied with thoughts of food, calories, shape, appearance, and weight. The following conversation is carried out between Kiera and her therapist by an award-winning short social realist drama-Tom Smith Films which follows Kiera as she struggles to live her daily life with an eating disorder.

'I made myself sick last night' Kiera said.
'How did that make you feel?' The therapist asked.
'I tried not to...after I felt in control' Kiera ranted.
'In control of what? 'The therapist asked.
'I don't know, just in control, I can't explain it' Kiera replied.

A popular British singer and songwriter called Zayn Malik said "I didn't feel like I had control over anything else in my life, but food was something I could control, so I did" in his interview with Sunday Times Style magazine.

All these utterances have one thing in common 'control'. How do all these create an influence? It all starts when the mind battles the body. The mind is merely a product of the brain's activity. For instance, an individual's brain with anorexia goes into a starved state which causes the brain to not receive enough nutrients. As a result, the brain goes into 'survival mode' to conserve energy and adapt to the limited fuel supply. Which can cause difficulty in sleeping, concentration, and attention.

Without proper nutrition to fuel our brains, our brain is left vulnerable.

The brain undergoes various changes that can impact cognitive function, mood, and overall well-being. These changes are all interconnected with the mind influencing how we think, feel, and experience life. In 1944, the Minnesota starvation experiment was conducted to demonstrate how the body and mind are intertwined in the context of eating disorders. Physically, the Participant experienced malnutrition, reduced physical strength, a decline in body weight, muscle mass, and metabolic rate. Psychologically,
the participants displayed changes in mood, cognition, and behavior. They became obsessed with food, experienced increased anxiety, depression, and irritability, and showed signs of disordered eating patterns. Each of these eating disorders causes several reactions/emotions which affect individuals' mental health. Each mental state has a physiology associated with it. for instance, irritation causes physiological reactions like heavy breathing and muscle tightening. Fear/worry causes leg aches and tiredness. Anger causes clenched muscles constipation etc.

When we think, our mind often creates a voice in our head. That voice becomes an enemy to individuals with eating disorders. The voice causes comparison which leads to body dysmorphia, low self-esteem, and self-hate which then all leads to mental health problems like depression and anxiety. A common misconception is that "eating disorders are caused because of unfair expectations on people about being thin" and that oversimplification is such an injustice. Individuals with an eating disorder see the disorder as a 'bestie'. They don't want to give it up, become very protective and defensive, and resist getting treatment because the voice convinces them they don't have an eating disorder. Eating disorders aren't logical or rational. "Why are they doing that?" you might ask. They aren't, it's the eating disorders. It is also not a phase where one will just grow out of without treatment. Eating disorders like anorexia can't be solved with the willpower to eat. It doesn't only affect the mind and body but also affects interpersonal relationships.

An individual with an eating disorder can recover with the help of therapies like cognitive behavioral therapy, somatic therapy, yoga and meditation, animal-assisted therapy, art therapy, mindfulness, nutrition, and food given specifically by a professional. As an individual how can you help those with eating disorders? Patience, support, and also trying to understand the disorder. Remember you can't rationalize an eating disorder

- by **Amina Abdullahi Anate**

DEAR SOCIETY

Dear you
I bought a new mirror today.
And you might be wondering what happened to the other one I got last week.
I shattered it, into a thousand pieces.
In the mirror's gaze I saw a distorted view,
A never-ending battle between body and mind.
To start with, the proportion of my nose on my face looked like Pythagoras theorem solved by a toddler,
It was all wrong.

I ate only dinner for a month.
That aunty kept repeating it like a broken record "You've gained some weight, look at your tummy".
Then she whispered to my mum "shouldn't she be getting married by now".
The invisible chains of acquiescence engulfed me.
"No, I'm not hungry" I responded to the other aunty serving food.

My neck looked too thin in that mirror,
The gown I wore didn't quite fit my shape it seems.
Staring back at me was the creation of society,
A girl judged by the unrealistic beauty standards of a few,
Only it's not a few it's the whole damn world.
So yes, dear I bought a new mirror.

This mirror shows my silent battles and the scars unseen.
In the quiet chambers of my heart resilience blooms.
This body is not a canvas of flaws but that of possibilities.
No longer a prisoner to perception's cruel games I'm breaking from society's narrow views.
For every curve, line and peculiar bump,
I'm no longer held captive by body dysmorphia's whispers of shame.

MARYAM JIBRIN WUNTI
500 LEVEL

MEDIA'S ROLE IN SHAPING BODY IMAGE AND MENTAL HEALTH

- BY DR. USIFO ANTHONIA

THE MEDIA'S ROLE IN SHAPING BODY IMAGE AND MENTAL HEALTH"

Social media usage has increased during the past ten years, mostly among teenagers and young people. It can significantly affect one's perception of their body, both positively and negatively. On one hand, it can offer a forum for body positivity, support, and motivational content related to health and fitness. however, it can also fuel unhealthy comparisons and inflated beauty standards. The disparity originates from how it is used by the consumer.

During adolescence, a developmental stage marked by heightened perception of one's physique, the effects of social media on body image become more pronounced. Adolescents' anxieties about body image and physical appearance can manifest as disordered eating, which occurs when a person uses abnormal eating patterns to try to change their weight or shape, or body dissatisfaction. Many young people are falling prey to the unrealistic body standards set by the media. They are constantly bombarded with images of 'perfect' bodies, leading to feelings of inadequacy, self-esteem issues, and even severe mental health conditions.

The media plays a powerful role in shaping our perceptions of body image. It sets unrealistic standards, often showcasing bodies that are achieved through extreme diets, intense workout routines, or even digital manipulation. These images create a distorted view of what a 'normal' body should look like, leading to unhealthy behaviours and mental health issues among impressionable minds. One such mental health disorder is body dysmorphia, where a person obsesses over perceived flaws in appearance often invisible to others. People who struggle with body image issues may resort to drastic measures, such as dangerous surgery or steroid misuse, in an attempt to conform to the ever-evolving ideal of beauty. By altering and filtering photos before posting them on social media, teenagers can manage the way they present themselves online. Photo manipulation has the potential to encourage self-objectification and social comparison.

Cyberbullying on social media is just as bad—if not worse—than bullying that occurs in person. Young people are increasingly using social media, which puts them at risk of harassment from strangers they may never even meet in person. Teens who experience cyberbullying on social media are more likely to experience anxiety and sadness. They may experience low self-esteem, social isolation, or substance abuse as a coping mechanism for the negative effects of cyberbullying. Suicidal thoughts and self-harming activities can also result from social media bullying.

Since young people use social media for extended periods, it's critical to identify strategies for minimizing any negative effects it might have on their well-being. It might not be beneficial to advise people to completely give up using social media because it is so embedded in our culture, yet cutting back on usage could be beneficial. It would be beneficial to implement media literacy programs in schools to teach young people how to use social media responsibly and to raise awareness that social media does not always accurately reflect reality. The goal of these programs is to help students acquire critical thinking abilities that they may use in their daily lives, particularly when using social media. Aside from appearance comparisons, identifying triggering versus inspirational content is another crucial subject taught in educational programs.

In summary, one's perception of their body image is greatly influenced by the media. Determining which profiles and platforms best promote one's well-being may be made easier by having an understanding of how specific content might impact one's relationship with their body. It's also critical to keep in mind that you should focus more on your abilities and ideals and less on how you look, especially when it comes to the unchangeable aspects of who you are.

EGBUKA IZUCHUKWU

THE EMOTIONAL ROLLERCOASTER:
HOW STRESS AND DEPRESSION IMPACT YOUR WEIGHT

MMM'23

In today's fast-paced and demanding world, stress and depression have become pervasive, affecting not only our mental well-being but also exerting a profound impact on our physical health, including weight. This article aims to shed light on the intricate relationship between stress, depression, and weight, offering insights into managing these emotional challenges for overall better health.

Defining Stress and Depression:

Stress, a complex psychological and physiological response, arises when individuals perceive a threat or challenge to their well-being, equilibrium, or sense of control. It encompasses cognitive, emotional, and behavioral reactions triggered by the interplay between external stressors and internal coping mechanisms.

Depression, on the other hand, is a persistent and pervasive mental health disorder characterized by emotional, cognitive, and physical symptoms that significantly impact mood, thoughts, behaviors, and overall functioning. It goes beyond occasional sadness, representing a profound disruption to emotional well-being and quality of life.

Stress and Weight Gain:

When confronted with stress, our bodies release cortisol, often termed the "stress hormone," which plays a crucial role in regulating the body's response to stress. While the stress response is typically self-limiting, chronic exposure to stressors can lead to prolonged activation of the stress response system. This prolonged exposure can disrupt various bodily processes, putting individuals at a higher risk of health issues such as anxiety, depression, gastrointestinal diseases, headache, muscle tension, heart disease, high blood pressure, insomnia, and, notably, weight gain.

The long-term activation of the stress response system, combined with elevated cortisol levels, contributes to disruptions in the body's processes. Stress-induced emotional eating further exacerbates the issue, as individuals turn to food, especially high-calorie and comfort foods, as a coping mechanism. This emotional eating not only leads to excess calorie consumption but also contributes to weight gain over time. Additionally, stress can disturb sleep patterns, resulting in fatigue and reduced motivation for physical activity, further contributing to weight gain.

Depression and Weight Fluctuations:

Depression, characterized by persistent feelings of sadness, loss of interest, and a lack of motivation, can manifest differently in individuals concerning weight. Some may experience weight gain due to overeating and a sedentary lifestyle, as food becomes a source of comfort and pleasure. In contrast, others may undergo weight loss due to a loss of appetite and decreased interest in food.

The relationship between depression and weight is intricate and varies from person to person. For some, depression leads to increased calorie intake and a lack of motivation for physical activity, contributing to weight gain. Conversely, others may experience weight loss due to changes in appetite, decreased interest in food, and alterations in the body's metabolism, making weight loss more challenging.

Managing Stress and Depression for Healthy Weight:

Breaking the cycle of stress and depression influencing weight necessitates proactive strategies for holistic well-being:

1. Prioritize Self-Care:
Making time for activities that bring joy, relaxation, and fulfillment is crucial. Adequate sleep, a balanced diet, regular physical activity, and prioritizing oneself are essential components of maintaining mental and physical well-being.

2. Seek Professional Help:
Chronic stress or depression requires professional intervention. Health professionals can provide guidance, support, and tailored treatment options to address individual needs.

3. Stay Hydrated:
Differentiating between thirst and hunger is vital. Dehydration can lead to confusion between these signals, prompting overeating. Drinking water before reaching for a snack can help discern true hunger.

4. Develop Healthy Coping Mechanisms:
Instead of resorting to emotional eating, exploring alternative stress management techniques such as exercise, meditation, journaling, or spending time with loved ones can be effective.

5. Practice Mindful Eating:
Being mindful of eating habits and emotions surrounding food can prevent emotional eating. Focusing on the sensations and flavors of food promotes healthier choices.

Stress and depression, beyond their emotional toll, significantly impact overall health, including weight. Recognizing the influence of these challenges, seeking professional help, and adopting healthy coping mechanisms are crucial steps toward breaking the cycle and maintaining a healthy weight. Self-care and self-compassion are indispensable components of a holistic approach to well-being. By addressing the intricate relationship between stress, depression, and weight, individuals can embark on a journey towards improved mental and physical health.

In conclusion, this comprehensive exploration underscores the need for a holistic approach to well-being, emphasizing the interplay between emotional challenges and physical health.

Hafsat Bello Mohammed
100 Level

"you pray for rain, you have to deal with the mud too, that's part of it"

-Denzel Washington

MICHELLE WINTER

Assistant Public Relations Officer, NUMSA

Kindly introduce yourself, your year of study, and an intro bio.

Hello, my name is **Michelle Winter**, I'm a 200-level medical student at Nile University and when I'm not busy memorizing the origin and insertions of the forearm muscles, I paint and on better days sell those paintings. I'm 19, a Christian and in case I didn't mention it before, I'm a student of medicine.

When did you make up your mind to study medicine and what were the circumstances that played out?

I believe I made up my mind to study medicine in 4th grade when I started wearing glasses and getting "you look like a small doctor" comments. I never had a career choice epiphany it's just something that I've always wanted to do and be a part of, though my parents had a fair part to play in the decision with their well-orchestrated passive indulgence, like buying the human body encyclopedias instead of the pringles I'd ask for after school.

What year did you apply for Nile University and what motivated you to come to Nile?

I applied to Nile University in 2022 and got my admission to study medicine soon after. However, I graduated secondary school in 2021, so why didn't I apply fresh off the boat then? Funny story, I missed jamb that year because my school bus [I went to a boarding school] got us to the jamb center 2 hours late and we were chased away scolded, and posted on Facebook, but all things certainly work together for good because that left me with a compulsory gap year to apply home and abroad and realize that plane tickets are truly overpriced and with the decision to study medicine under an MBBS degree right here and save myself the trouble trying to hop to Europe. The gap year truly was needed to holistically realign my life in ways that cannot be overstated.
Why Nile? Good reports, accreditation, landscape, and of course without the feeling of being secondary school 2.0 and having to wear a long skirt and all-back hairstyle at all times. The top of the list for me would be the quality of education and accessibility.

When you arrived at Nile on the First Day as a Newbie what were your experiences?

Arriving at Nile New was nothing too memorable, but I remember being confused and not knowing where I was expected to be, a similar experience for the people I soon found out were my classmates

So far what can you say about Nile University?

Something that stands out to me about Nile, is the Lecturer's accessibility, friendly relations with all the lecturers I've interacted with genuine care about the academics of the students, and shockingly even mental health. Outside the classroom setting, I'd say the school is calm, truthfully I don't move out of my block that much nor do I stay on campus, but so far it lacks the excitement I don't crave so I'm good.

In terms of extracurriculars and career activities specifically for my department it has certainly been lacking but yours truly [Assistant Public Relations Officer] and the rest of NUMSA Excos are making the necessary moves.

If you can go back in time, what will you change about your stay here?

If I could go back in time, I'd change that 100-level situations, in case you mean academically however, I would go back to the long holiday before the 200 level and do myself the favor of studying upper and lower limbs.

Why do you like Nile University?

I like Nile University because I can study medicine here, being a medical student is part of my character profile, and I'd feel incomplete without the opportunity to be a medic.

What is your advice to anyone applying for Nile University to those who just gained admission and to your immediate junior colleagues?

My advice to new students is, if you come from home, pack your lunch, lunch boxes are cool, but mini mart staff are not and the food court is not wallet-friendly. And to my junior colleagues, with the right mindset and with the right people, this medicine is sure for us.

Who is your favorite lecturer and why?

My favorite lecturer is Dr. Paul A. Odey, I enjoy his classes and get a high yield from how he teaches, he brings the details with the clinical scenarios he's been in, and is overall super cheerful.

Which is the hardest course you've taken so far and what do you think is the proper solution to guide your incoming or direct junior colleagues?

I guess the hardest course I've taken so far is biochemistry, that may just be due to my affinity for chemistry and its cousins but overall all the courses are regularly tedious due to time management but not impossible or skull crunching. My advice is simply to not lose those stray hours to unproductivity, and if you cannot mentally get yourself in a position to open textbooks, PowerPoint slides, and PDFs, watch medical tutors on YouTube [this is me putting you on Medicosis perfectionist, Ninja nerd, and Anatomy zone, don't say I've never done anything for you.]

How bright is your future using other medical schools as a yardstick based on your career as a medical student?

My future is bright I'm shining. Using other medical schools as a yardstick, Nile University has the academic accolades to get me to where I want to be in regards to the level playing field, any more brightness depends on me. Although, Nile is very much the newbie in terms of years and MSA recognition, that's not permanent, it is a work in progress.

Aim for excellence in all that you do; desire it! **Attitude determines your Altitude**. It is true that all fingers are not equal, but you can always **ASPIRE** to be the middle finger.

Believe in yourself. As a man thinketh in his heart, so is he. **No one is smarter or better than you!** You may not know one thing, but you know another. **Believe in yourself.** Each person is unique.

Choose – The journey of life is full of choices. Every action you take is a product of your choice. Choose positively. Choose wisely. Make choices that will make you proud of yourself, and will make your loved ones proud of you. Remember, **your choice of today will determine your future tomorrow. Commit and be committed**. Commit your plans to God; acknowledge Him and He will direct your paths. Trust in Him with all your heart. Be committed to the task at hand.

Dream big and big things will come to you. **Dare to dream** and hold on to your dream. **Dare to be different**. Be **disciplined**. You need to **discipline** yourself to achieve your dreams. **Without self-discipline, it will be difficult to be your best**.

Expect good always, no matter the situation. Thoughts rule the world. You are what you think you are. You can become what you think you can become. **Have positive expectations always. All things work together for good for those who love God**. There is **evil** in this world. Recognize it, avoid it. Flee from all appearances of it. **Evil association corrupts good manners.**

Focus! Remain **focused** and committed to whatever goal you seek to achieve. **If you run after two rabbits, you will not catch any. Failure is not the end of the world,** it's just an event, a setback, and an opportunity to try again and do things better. It's just another step to success. Don't allow it to distract you. **Remain focused.**

Goals! Set **goals** for yourself. Give yourself a target, and work towards it. Always have something you are working towards. Setting goals gives your life direction. Big goals create a fear of failure, but lack of goals guarantees it.
Give - **Givers never lack.** Give to people what you would like people to give to you. **What you give is what you get.** Make giving a life style…time, effort, love, care, assistance, a smile, a word of encouragement… **Develop a relationship with God**. **Those that know their God will be strong and do exploits. Without God all things are permissible, but with God all things are possible.**

Happiness comes from the **ability to sacrifice what you want now, so you can have what you want later.** Take control of your life. Choose to be **happy. Choose also to be hopeful**.

Hope is the foundational quality of all change. Without hope there is no action. The hopeless person doesn't try. **When the going gets tough, the hopeful keep going**. Never lose hope. Keep hope alive.

IMPROVE - In life, there is always room for **improvement**, always seek to **improve yourself** and your situation. The day you stop improving, is the day you start wasting. **Integrity** is a proactive choice. The book of Proverbs says **"The man of integrity walks securely, but he who takes crooked paths will soon be found out".** Be perfectly honest in everything you do and, in every transaction, and activity. Your character is the most important asset that you will develop in your entire life.

Be absolutely honest with yourself and others. A good name is better than riches. Guard your reputation jealously. **It's not easy to do this in Nigeria, but one must try**. The future of this country depends on you. **Idleness** is the refusal to use ones potentials. It is the second twin of laziness. **Avoid idleness at all costs**. Always find "something" useful to do. No skill is wasted.

Do not be **jealous** of any one. Everyone has his/her own time. Keep striving and putting in your best. Your own time will come. **Judge not, so that thou will not be judged**. Things are not always what they appear to be.

Knowledge is like a farm, if it is not cultivated, it cannot be harvested. So seek knowledge. Study. Learn every detail of your business or course. Ask questions and be on top of your game. But remember, **knowledge is only potential power**. It will not become useful until it is organized and applied. **Apply the knowledge you acquire to achieve your dreams.**

Love is not just a feeling. **Loveis a verb, an action word**. Love is being something, doing something. Find out what the verb "**to love**" entails. Learn to love yourself. You must love yourself, before others can love you, and before you can love others. Let love be the basis of your actions. **Be loving**. Love conquers all and never fails.

Money is important and valuable. But it's just a tool. Learn how to get it. Invest it, use it, and put it to work for your good and the good of others. **Do not worship money. The love of money is the root of all evil.**

Learn to say **"No"**. It's a very powerful word. Say "**No**" to drugs; they will destroy you. Say "**No**" to cultism, it will consume you. Say "**No**" to sex, it will distract you. Say "**No**" to oppression, it will enslave you. Say "**No**" to laziness, it will finish you. Learn to say "**No**" and take control of your life.

Be **Optimistic**. Choose to see the bright side of any situation. Recognize and take advantage of **opportunities** when they come your way. **Every call to serve is an opportunity for greatness**, an opportunity to impact on peoples' lives, an opportunity to make a difference to people in your circle of influence.' **Obedience** indicates respect for authority. You must respect authority before you can expect others to respect you. **Obey now so you can command later.**

Plan! Plan! Plan! Success doesn't just happen, you plan for it, you **prepare** towards it. Take time to plan, and don't be disappointed when you do not get immediate results. Be **patient** and **persistent** and you will reach your goals. Prioritize. Arrange your goals in order of importance. Put your needs before your wants. **Do important things first.**

Always aim for **quality**. Pay attention to detail. What is worth doing is worth doing well. **Quality** is what differentiates **DSTV** from **GOTV**. "Q" also stands for "Quit". You have heard it said that **"winners don't quit". To be successful, you must never give up your dream**. You have also heard it said that **"quitters don't win."** These statements are relative though. In the journey of life, we may lose our way, we lose our bearing, and we start running someone else's race. When that happens "**quitting**" is the beginning of positive change.

A COLLECTION OF KEY PHRASES PICKED UP OVER THE YEARS - SOTIMEHIN S.A.

. I say **"It's never too late to quit."** Sometimes, in life, you have to let go of the "bird in hand" to "get the better birds".

Do not be afraid to accept responsibility. Responsibility makes you relevant. **Relevance** gives you self-esteem. In life, you need to have self-esteem. If you don't know who you are, people will tell you who you are not. Do not allow anyone to define you. **Respect** everybody, because all human beings deserve **respect. Never look down on those that are less privileged than you. No condition or position is permanent.** Make **relationships** count. No man is an island. **You need people** to help you get to your destination. Remember, **when sticks are in a bundle, they are unbreakable. You also need God, remember "If God is for you, who can be against you?"**

Start where you are, and do not despise small beginnings. **Start NOW**. Use what you have. **You don't have to be great to start, but you have to start to be great**. Avoid **shortcuts** in your life. Shortcuts to your goal now can cause great pain and embarrassment later. **Success has a price**, and if you want it to last, you must pay your dues. Wherever you are, be a **solution** provider. Remember, **if you're not part of the solution, you are part of the problem. Service** to others brings great reward. According to Zig Ziglar, you can get everything you want in life, if you help other people get what they want.

Time is more valuable than money, because lost money can be recovered, but lost time is gone forever. Wasting time is a waste of life. Spend time well. Don't waste it. Develop a reputation for speed and a sense of urgency. **Trust in God** with all your heart and lean not on your own understanding. **Truth** can be denied, but it cannot be avoided. **Be true to yourself and others.**

Seek to **understand**. Ask questions. Read. Talk to others. Get information. There are always different perspectives to every situation. Remember, **many roads lead into to the market. Understanding** is the key to being your best.

Add **value** to yourself and your environment. **Don't wait for recognition or commendation.** Remember, **a diamond doesn't lose its value from lack of admiration.**

Work does not kill, lack does. Poverty and insufficiency do. Work harder and longer. **The harder you work, the luckier you get.... W** is also for **wisdom**. **The fear of God is the beginning of wisdom. Fear GOD.** Be wise.

X-ray your priorities, examine your situation from time to time. At intervals, take stock of your life. Take steps to get to where you want to be. Don't be afraid to change course if necessary. Don't wait until you feel like taking a positive action. Take the action and then the feeling will come.

You – You are unique. **Be your own person. Believe in yourself.**

Z is for zeal, another word for "passion". Be **zealous** in your activities. **Have passion for what you do**. According to Donald Trump **"without zeal, you don't have energy, and without energy, you have nothing. Nothing great in this world has been accomplished without zeal."** We all know that "energy is the ability to do work". So without energy, you have "no ability". People without arms or legs are doing amazing things that many haven't ever dreamt of doing. That's because they have zeal. Zeal is what makes ordinary people accomplish extraordinary feats.

Be **zealous. All of you have seeds of greatness in you.** Cultivate them and become the best that you can be.

God bless you all.

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THE RELATIONSHIP BETWEEN CHOLESTEROL LEVELS AND OBESITY:

EMPHASIZING THE IMPORTANCE OF MONITORING LIPID PROFILE FOR OPTIMAL HEALTH

INTRODUCTION

In the domain of preventive healthcare, the intricate interplay between cholesterol levels and obesity takes center stage for both medical professionals and individuals. This exploration delves into the nuanced connection between these two health indicators, highlighting the pivotal importance of monitoring lipid profiles for optimal health. As we navigate through various aspects of this relationship, our aim is to illuminate how comprehension, early detection, and education play pivotal roles in fostering a proactive approach to health.

Global Trends in Obesity

In 2020, it was estimated that nearly 38 percent of the world's population aged five years and older were grappling with the challenges of being overweight or obese. Disturbingly, projections for the year 2035 indicate that this figure is expected to soar to an alarming 51 percent. The burgeoning prevalence of obesity serves as a red flag, as it is associated with a myriad of health problems, including dyslipidemia, type 2 diabetes mellitus, hypertension, heart diseases, stroke, and cancer. Hence, the imperative for lifestyle changes becomes increasingly evident.

Understanding How Obesity Impacts Lipid Metabolism

Obesity, characterized by an excess accumulation of body fat, transcends its visible manifestations, deeply influencing lipid metabolism. Adipose tissue, especially in cases of abdominal obesity, metamorphoses from a mere storage unit into an active endocrine organ. This transformation prompts the secretion of hormones and cytokines, giving rise to a state known as dyslipidemia.

In the realm of dyslipidemia, the delicate balance between low-density lipoprotein (LDL) and high-density lipoprotein (HDL) is disrupted. Individuals grappling with obesity often showcase elevated levels of LDL cholesterol, commonly recognized as "bad" cholesterol, coupled with diminished levels of HDL cholesterol, often deemed "good" cholesterol. This imbalance significantly heightens the risk of cardiovascular diseases, necessitating a deeper understanding of the biochemical interplay at hand.

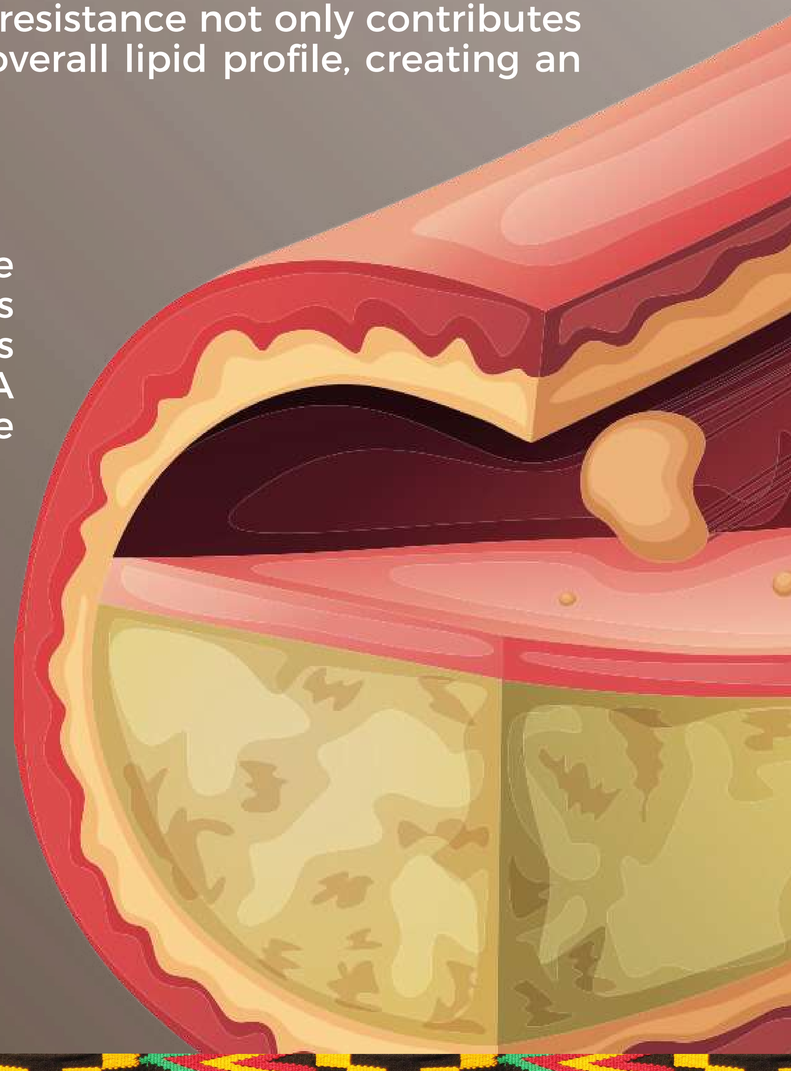
Insulin resistance, commonly linked to obesity, further complicates lipid metabolism. Cells exhibit reduced responsiveness to insulin, a hormone pivotal in glucose and lipid metabolism. This resistance not only contributes to heightened triglyceride levels but also exerts an overarching influence on the overall lipid profile, creating an environment conducive to atherosclerosis.

Lifestyle Factors and Lipid Profiles: The Influence of Diet and Physical Activity

While biochemical processes within the body wield considerable influence, lifestyle choices also play a formidable role in shaping lipid profiles. Dietary habits emerge as pivotal determinants of cholesterol levels, with the types of fats consumed, such as saturated and trans fats, directly impacting the body's cholesterol composition. A diet rich in these unhealthy fats escalates LDL cholesterol levels, intensifying the risks associated with obesity.

Conversely, adopting a heart-healthy diet featuring unsaturated fats, fiber, and antioxidants can positively shape lipid profiles. The incorporation of regular physical activity into one's routine not only aids in weight management but also contributes to refining the equilibrium between LDL and HDL cholesterol.

In the realm of medical practice, a comprehensive understanding of these lifestyle factors is imperative for providing targeted advice to individuals at risk of obesity-related dyslipidemia. Medical professionals, including medical students, play a crucial role in advocating for dietary education and encouraging routine physical activity to mitigate the adverse effects of obesity on lipid metabolism.

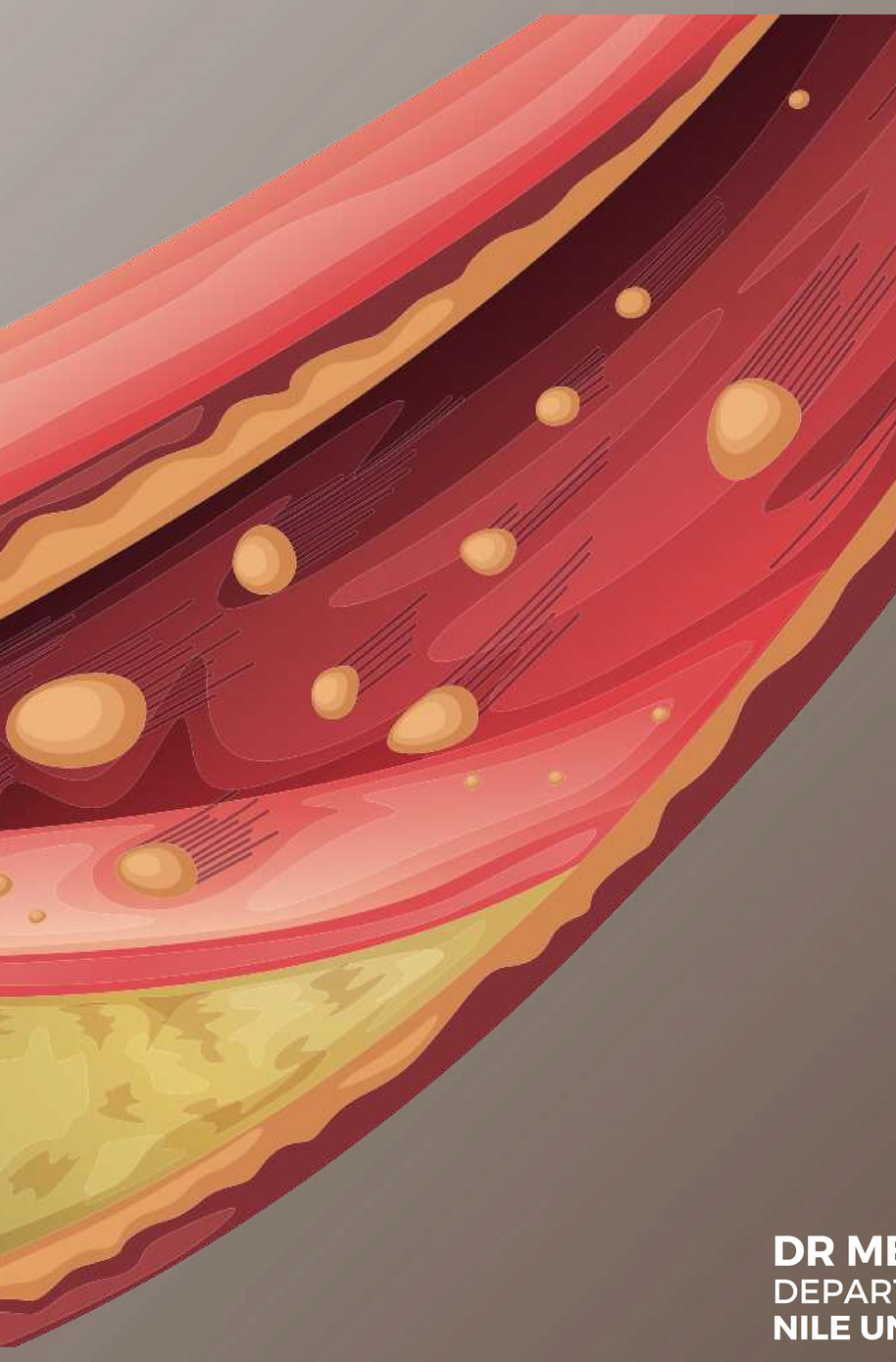


Treatment modalities for individuals with obesity often commence with diet modifications, health education, and, when necessary, pharmaceutical interventions. Recommended dietary adjustments encompass a high intake of plant-based foods, such as fruits, vegetables, nuts, whole grain cereals, and whole grains. The incorporation of fresh, locally sourced ingredients, the use of olive oil as a primary fat source, and controlled consumption of red wine, fresh fish, seafood, dairy products, poultry, eggs, and limited red meat and processed products are integral components of a health-promoting diet. Additionally, minimizing the consumption of fatty foods further contributes to a holistic approach to managing obesity and dyslipidemia.

The interplay between hypocholesterolemia and fiber reveals that fiber possesses the capability to bind bile acids, reducing serum cholesterol. Moreover, fermentation of fiber in the large intestine yields acetate, propionate, and butyrate, which inhibit cholesterol synthesis. Encouragingly, high fiber consumption sourced from whole grains, legumes, vegetables, and fruits emerge as a practical strategy to reduce cholesterol absorption and enhance the lipid profile.

Early Detection and Intervention: The Role of Lipid Profile Monitoring in Preventive Healthcare

At the heart of preventive healthcare lies the pivotal role of early detection and intervention. Monitoring lipid profiles serves as a valuable window into an individual's cardiovascular health, offering crucial insights into the risk of developing heart-related conditions. A comprehensive lipid profile typically encompasses measurements of total cholesterol, LDL cholesterol, HDL cholesterol, and triglycerides.



Regular monitoring empowers healthcare providers to promptly identify abnormalities in lipid levels. Elevated LDL cholesterol and triglycerides, coupled with low HDL cholesterol, act as early indicators of obesity-related dyslipidemia. Equipped with this information, healthcare professionals can tailor interventions to address specific lipid imbalances and implement targeted strategies for cardiovascular risk reduction.

Interventions may span lifestyle modifications, such as dietary changes and increased physical activity, to pharmacological interventions when deemed necessary. The value of early detection extends beyond timely interventions; it empowers individuals to actively engage in managing their health. This proactive approach resonates with the principles of personalized medicine, recognizing that each individual may necessitate a unique combination of interventions based on their lipid profile and overall health status.

Educational Initiatives: Empowering Individuals to Take Control of Their Lipid Health

In the realm of preventive healthcare, education emerges as a potent tool, especially for medical professionals, aspiring physicians, and medical students. Empowering individuals with knowledge about the intricate relationship between cholesterol levels and obesity instills a sense of responsibility for one's health. Educational initiatives should strive to convey the link between lifestyle choices, obesity, and lipid profiles in an easily comprehensible manner.

Healthcare providers can actively engage in community outreach programs, workshops, and informational campaigns to raise awareness about the profound impact of obesity on cardiovascular health. Emphasizing the significance of routine check-ups that encompass lipid profile monitoring serves as a catalyst, encouraging individuals to adopt a proactive stance toward their health.

In the era of digital health, leveraging technology for educational purposes becomes imperative. Creating accessible online resources, hosting webinars, and developing interactive platforms ensure a broader outreach, equipping individuals from diverse backgrounds with the tools to make informed decisions about their lipid health.

Conclusion

In conclusion, the intricate relationship between cholesterol levels and obesity unfolds as a multifaceted puzzle within the expansive landscape of preventive healthcare. Understanding how obesity intricately influences lipid metabolism, acknowledging the profound impact of lifestyle choices, emphasizing early detection through lipid profile monitoring, and promoting educational initiatives emerge as integral components of a comprehensive approach to optimal health.

Medical professionals, particularly those in training, possess a unique opportunity to contribute to this holistic approach. Through the dissemination of knowledge, the fostering of awareness, and active participation in preventive healthcare strategies, the medical community can pave the way for a future where individuals are not merely recipients of healthcare but active participants in preserving and enhancing their well-being. As the intricate web of cholesterol and obesity is navigated, the path to optimal health becomes clearer, one informed choice at a time.

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THE COMPLEX RELATIONSHIP BETWEEN EMOTIONAL EATING, STRESS, AND DEPRESSION: IMPACT ON BODY WEIGHT

– by YUSRAA ASHRAF, 300 Level, Pre-clinical class

From the dawn of time food has been associated with different emotions and expressions. The aroma of a well-cooked meal is enough to lighten up a once torn mood and put a smile on one's face. In fact, most of us have custom food items to go with different occasions.

In essence, food can create a sense of comfort and happiness, however there are situations where this connection of reaching for food to find comfort when hit with sudden surge of emotions can go wrong.

This article aims towards shedding light on what emotional eating is and how stress and depression can play a role in affecting body weight.

Let's begin by understanding what emotional eating is; Emotional eating is basically the consumption of food substances to combat difficult emotions or in response to stress instead of satisfying physical hunger. For example, when sad and blue a bucket of ice-cream can be a hearty bestie, it is not aimed to satisfy your tummy rather it pleases your emotional hunger.

Seldom we all face emotional eating, I for one recall munching down numerous snacks while preparing for my last exam fueled by unexplained craving to just chew on something.

Occasional emotional eating is not considered a threat, however if it persists and becomes a habit or a coping mechanism, it has the potential to develop into eating disorders and there begin health complications. It is easy to overlook the complications of the situation at initial stages, but when circumstances get extreme it leads to feeling of regret and more chaotic emotions play in.

You might be wondering why food though? One of the reasons is due to the release of dopamine after eating. Dopamine aka happy hormone is released by the brain giving us the feeling of pleasure, satisfaction, and motivation. This in turn gives you that momentary satisfaction and joy after consumption, sadly it doesn't solve the problem you may have at hand, but it sometimes can improve your thinking space, so you tackle them with a new and improved state of mind.

There are various factors that can initiate emotional eating, among these are health issues, stress, depression, relationship complications, inability to process or describe emotions, dieting or restrictive diets and even ineffective cortisol response to stress. In this article we are more concerned with the relationship of stress and depression to emotional eating.

Stress is defined by Oxford dictionary to be "a state of mental or emotional strain or tension resulting from adverse or demanding circumstances." For a student having classes back to back, swamped with reports and assignments, test and exams approaching every few weeks and the constant need to keep up to date with studies and balance out health, it is easy to feel frustrated and overwhelmed by everything around you, in such scenarios it is not out of bound to find many students coping to the increasing stress with tasty treats and fast-food meals. Alas if these cravings and mental burdens are not addressed in time, they can progress to troublesome scenarios. Stress comes accompanied by heavy emotions which can cause unchecked emotional eating and if sustained for a long period of time can cause weight gain and further complications. Wallowing in worries can also progress to feeling depressed.

Depression is a disorder of the mood, it causes persistent sadness, loss of interest and affects a person's ability to think and behave. Depression can push one to isolate themselves in a personal bubble not wanting to do or involve their selves in any activities they would normally participate in. The symptoms of this condition are peculiar to every individual, for some people effects may be obvious and bold while others may be miserable and suffering alone unnoticed. Some of the symptoms include memory difficulties, insomnia, anxiety, agitation, restlessness, personality changes, fatigue, changes in appetite, avoiding socialization, silence, lack of enthusiasm or will, and suicidal thoughts.

How does depression affect weight? Due to changes in appetite, reduction in appetite causes weight loss in some individuals while overconsumption of unhealthy substances or increased cravings leads to weight gain in others. Also, due the lack of enthusiasm and reduced activity it is easier to gain calories that are not being used up at the end of the day, this increases the risk of unhealthy weight gain and predisposes individuals to obese nature.

In conclusion emotional eating, stress and depression are complicated conditions that intertwine forming a complex relationship that in the long run has heavy impact on body weight. The situation may sound scary and does require your attention, but fear not! With adequate awareness and more concern to these factors, adverse effects can be greatly reduced and those affected can receive proper information, intervention and be directed towards needed healthcare facilities.

Exclusive INTERVIEW

• with Prof. Senol

What inspired you to pursue a career in basic medical sciences and eventually become the Dean of the College?

In the first years of my student life, I loved Physiology as a branch of science. I always wanted to be a scientist. When I graduated, I saw a physiology professor receiving a science award on television. I was obsessed with being his student. Indeed, I became that teacher's assistant and the Physiology adventure began.

Can you provide an overview of the history and evolution of the Faculty of Basic Medical Sciences, highlighting key milestones and achievements?

I came to Nigeria in 2017 to work at this university. The then VC of the university, Prof. Dr. Hüseyin Sert invited me. He was a student of mine who knew me well. I was appointed first as the Head of the Department and then as the Dean by the current VC Prof Dilli Dogo, who was the Provost at that time. We have made great efforts to ensure quality in the recruitment of academic staff at the faculty of basic sciences. We brought successful scientists such as Prof Welcome, head of the Department of Physiology, to the faculty. In our first year, we held our first student congress, and approximately 10 articles presented at the congress were published in an SCI journal. Although we are a young faculty, I believe that we are successful and train skilled physicians. Our departments, especially Physiology, have prepared a Lab Manual. The Physiology Lab Manual became an exemplary study manual not only for Nigeria but also for the world.

How has the field of basic medical sciences evolved during your tenure, and what role has the College played in shaping these advancements?

Our primary goal was to have qualified academic staff and complete laboratory infrastructure and equipment. As a result of the improvements in the academic staff, it was possible to receive full marks in accreditation to train more qualified physicians and healthcare professionals for Nigeria and the world at large, and as a result, to increase the number of college students and open new programs. We felt the full support of the Provost and the VC on this issue.

As the Dean, what initiatives have you implemented to enhance the academic and research environment within the College?

I am a man who devoted my life and youth to university education and science. In this sense, I can say that I am self-propelled. However, the contributions of my superiors were also unforgettable. At the very beginning, I talked a lot with my first students about establishing NUMSA and convinced them. We talked a lot about the issue with Dr. Ummi Dambatta and we were successful. We later held our first successful scientific congress under this association.

Can you share insights into the collaboration between different departments within the College and its impact on interdisciplinary research and education?

I can be considered quite experienced on this subject. The fact that my department is physiology made this possible. We have jointly published publications with friends from every branch of medicine, from internal medicine to surgery, from psychiatry to dermatology. Apart from this, we did the same thing with close health sciences such as dentistry, and pharmacy nursing. I recommend this scientific collaboration to everyone.

In what ways has the College contributed to the broader community, both locally and globally, through its programs and initiatives?

Since our faculty is still young, it is difficult to expect great success in this regard. However, the scientific studies carried out by our academics have made many important contributions in this regard. Our friends even had books published by international publishing institutions such as Elsevier.

As a renowned professor, can you shed light on any groundbreaking research or projects currently underway within the College?

Of course, I can. I have always been excited to succeed in this regard. If we provide financial support to our young and successful friends in our faculty, we can achieve great success in this regard.

What challenges and opportunities do you see for the future of basic medical sciences, and how is the College preparing for these changes?

The best research and publications in the world are made in the fields of genetics and molecular biology. This requires a lot of financial support. Generally, such successful studies are not possible without government support. We need to get over this. Our research staff, laboratory infrastructure, and animal laboratory are ready.

NOW, TRANSITIONING TO THE THEME OF THE MAGAZINE ON OBESITY AND MENTAL HEALTH:

Obesity is a growing concern globally. How is the College addressing this issue through research, education, or community engagement?

I think that malnutrition is as important a problem as obesity worldwide. Even in rich developed countries, vitamin deficiencies can occur due to a lack of nutritional knowledge. I think that basic information on obesity is given completely in both basic medical sciences (Physiology and Biochemistry) and Basic Clinical and Clinical sciences.

From a medical sciences perspective, what role does the College play in understanding and tackling the complex relationship between obesity and mental health?

This point is very important. I must admit that I do not remember any prominent work of our friends on this subject. We need to research this subject as soon as possible.

Can you discuss any specific research projects or collaborations within the College that focus on the intersection of obesity and mental health?

We can do this. If such an initiative occurs, I am ready to provide all kinds of support.

How does the College integrate mental health awareness and education into its medical curriculum, considering the impact on overall patient well-being?

I have published nearly 200 international papers on neurophysiology, psychophysiology, and partially related exercise and sports physiology. I received around 5000 citations for these publications. I think this subject is adequately included in our curriculum.

In your opinion, what are the most pressing challenges in addressing both obesity and mental health issues, and how can the medical community contribute to overcoming these challenges?

It can be stated that obesity is an illness and a leading cause of preventable death and chronic disease. Obesity is extensively associated with mental illness in especially developed countries. Obesity and mental health problems decrease the quality of life and are associated with an increase in disability, morbidity, and mortality. If they occur together, these adverse health outcomes are usually greater in magnitude. The most pressing challenge is that despite educational campaigns, increased awareness, and improved treatment options, the high prevalence of mental illness and comorbid obesity remains a serious problem.

Are there any innovative approaches or programs within the College aimed at promoting mental health and preventing or managing obesity?

I know that there are many studies on this subject in our faculty. However, these studies should be carefully analyzed by the university administration. In particular, studies on fast food consumption and its effects on mental health should be carefully monitored and supported.

As a leader in basic medical sciences, how do you see the role of research and education in influencing public perceptions and policies related to obesity and mental health?

This subject is very important. On this issue, all layers of society should be reached through conferences, and popular publications such as newspapers, radio, and television enlightenment.

Prof. Dr. Senol **DANE**
Dean of Basic Medical Scienes

THE WELLINGTON CLINICS ABUJA

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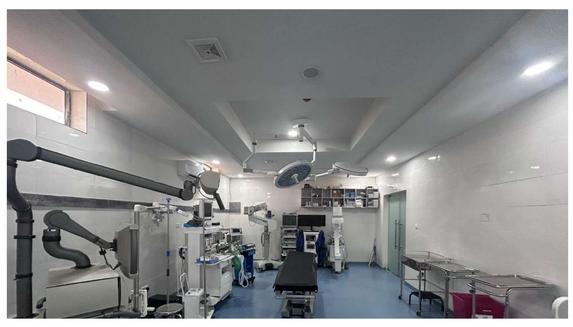
- Medical and Genetic Counselling
- Optometry/Ophthalmology



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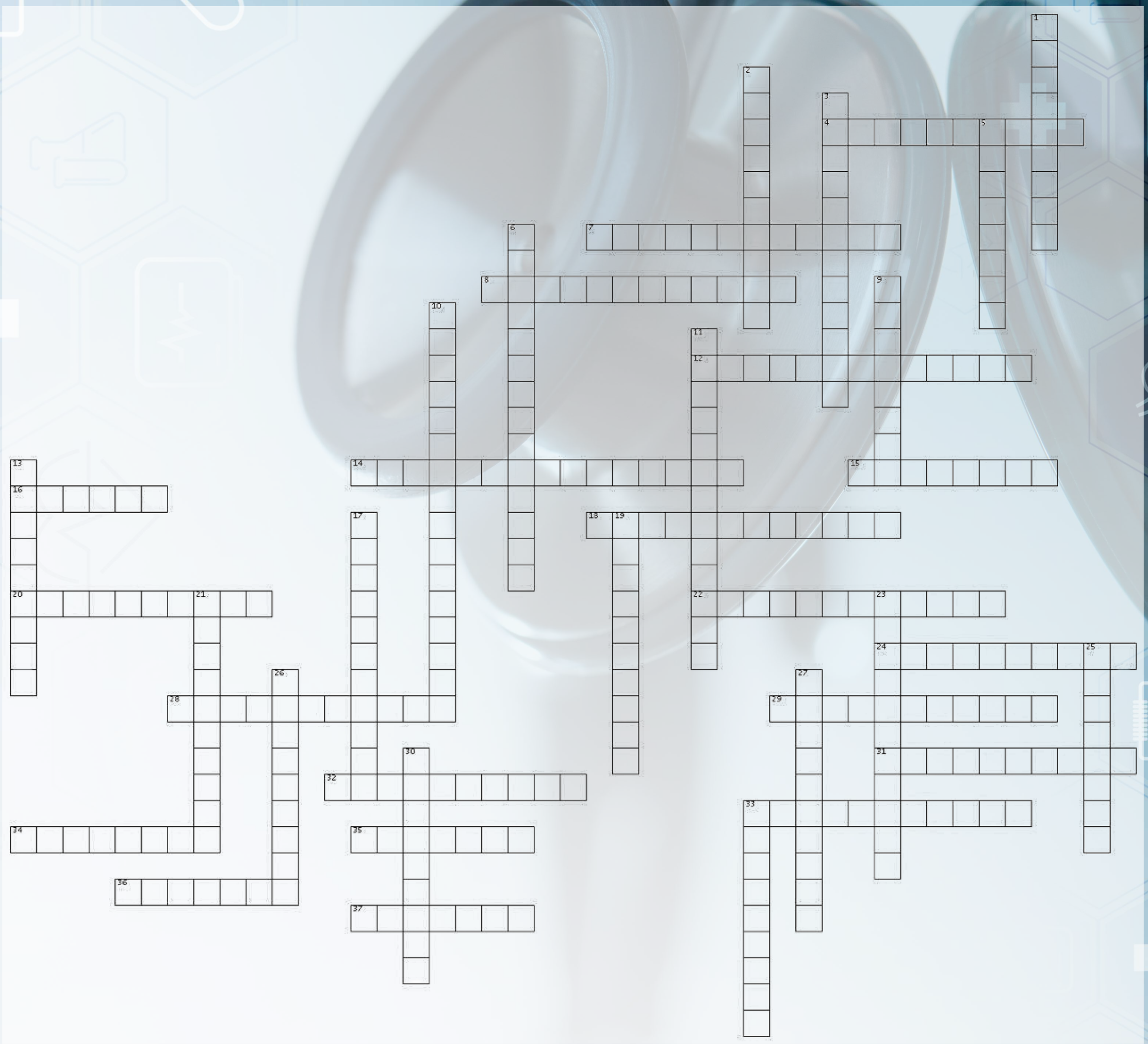
Email: info@wellingtonclinicsabuja.com,
Website: www.wellingtlonclinicsabuja.com,
For Enquiries: 08168704327, 0901568774, 09068106802, 09051095645

Criss-Cross!



ACROSS

4. The muscular tissue of the heart.
7. Rapid, irregular, and uncoordinated contraction of muscle fibers.
8. The branch of medicine that deals with the study and treatment of rheumatic diseases.
12. Relating to the influence of the mind on the body.
14. Relating to the brain and blood vessels.
15. Excessive outward curvature of the spine, causing a hunchback appearance.
16. A condition characterized by a deficiency of red blood cells.
18. The branch of medicine concerned with the uses, effects, and modes of action of drugs.
20. The branch of medicine that deals with the physiology and diseases of the kidneys.
22. The branch of dentistry dealing with the prevention and correction of irregular teeth.
24. The branch of biology that deals with the functions and activities of living organisms.
28. The branch of medicine concerned with the skin and its diseases.
29. Examination of the stomach with a gastroscope.
31. The branch of medicine dealing with medical care of infants, children, and adolescents.
32. The branch of medicine that deals with the health of the female reproductive system.
33. The branch of medicine dealing with the care and diseases of newborn infants.
34. Inflammation of the urinary bladder.
35. The study of the structure of living organisms.
36. The branch of medicine that deals with the study and treatment of disorders of the urinary system.
37. Situated in an abnormal position or place.

DOWN

1. A contagious respiratory infection commonly known as the flu.
2. The branch of medicine that deals with the study of blood and blood-forming tissues.
3. The process of making a person immune to infection.
5. A substance that promotes the production of urine.
6. A test that uses sound waves to produce live images of the heart.
9. The branch of medicine dealing with the study and treatment of tumors.
10. The branch of medicine that deals with disorders of the stomach and intestines.
11. The branch of medicine that deals with the anatomy, functions, and diseases of the eye.
13. A type of cancer that starts in cells lining organs or tissues.
17. The branch of medicine dealing with diseases of the respiratory system.
19. Excessive bleeding, either internally or externally.
21. The branch of medicine that deals with childbirth and the care of women giving birth.
23. Disease of the kidneys.
25. A group of eye conditions that damage the optic nerve.
26. The study of the causes and effects of diseases.
27. The branch of medicine that deals with the study and treatment of disorders of the heart.
30. Inflammation of the liver.
33. The branch of medicine that deals with disorders of the nervous system.

Use the clues to fill in the words above.
Words can go across or down.
Letters are shared when the words intersect.

38 of 38 words placed.

INTERVENTIONS AND THERAPIES:

Exploring Psychological Interventions And Therapies Designed To Address The Connection Between Obesity And Mental Health, Including Cognitive-Behavioral Therapy, Acceptance And Commitment Therapy, And Mindfulness-Based Approaches

In recent years, the intricate connection between obesity and mental health has come under the spotlight within the medical community. Beyond the physical implications of obesity, researchers and clinicians are increasingly recognizing its profound impact on mental well-being. This article delves into various psychological interventions and therapies, including cognitive-behavioral therapy (CBT), acceptance and commitment therapy (ACT), and mindfulness-based approaches to address the complex interplay between obesity and mental health.

OBESITY'S IMPACT ON MENTAL HEALTH

Before delving into interventions, it is essential to understand the intricate relationship between obesity and mental health. Individuals grappling with obesity often face societal stigma, discrimination, and negative self-perceptions, leading to a cascade of mental health challenges. Conditions such as depression, anxiety, and low self-esteem frequently accompany obesity, creating a cyclical pattern where mental health struggles contribute to weight gain and vice versa.

PSYCHOLOGICAL INTERVENTIONS AND THERAPIES

1. Cognitive-Behavioral Therapy (CBT)

CBT stands as a cornerstone in the realm of psychological interventions for obesity-related mental health challenges. This evidence-based therapy focuses on identifying and restructuring maladaptive thought patterns and behaviors. In the context of obesity, CBT addresses distorted body image, unhealthy eating habits, and negative self-talk that can exacerbate mental health issues.

A key aspect of CBT for obesity is exploring the cognitive distortions associated with body weight and shape. Individuals often hold unrealistic beliefs about their bodies, perpetuating a cycle of negative emotions and behaviors. Through guided sessions, therapists help clients challenge and reframe these thoughts, fostering a more balanced and realistic view of their bodies.
Moreover, CBT equips individuals with practical tools to manage stressors and emotions without resorting to unhealthy coping mechanisms like overeating. By developing healthier coping strategies, individuals can break the cycle of emotional eating, fostering both mental well-being and weight management.

2. Acceptance and Commitment Therapy (ACT)

ACT, a mindfulness-based therapeutic approach, is gaining prominence in the treatment of obesity-related mental health issues. This intervention encourages individuals to accept their thoughts and feelings without judgment while committing to values-aligned actions. For those struggling with obesity, ACT addresses the emotional barriers that often accompany weight management.

One central tenet of ACT is mindfulness, cultivating an awareness of the present moment without attachment to judgment. This proves invaluable in managing emotional eating and fostering a healthier relationship with food. Individuals learn to recognize and accept negative thoughts and emotions, preventing them from becoming destructive.

Furthermore, ACT emphasizes value clarification, helping individuals align their actions with long-term goals and values. This can be particularly powerful in the context of obesity, as individuals develop a deeper understanding of the importance of health and well-being. By fostering a commitment to positive actions, ACT empowers individuals to make sustainable lifestyle changes.

3. Mindfulness-Based Approaches

Mindfulness, rooted in ancient contemplative practices, has emerged as a promising approach in the treatment of obesity-related mental health challenges. Mindfulness-based interventions, such as Mindfulness-Based Stress Reduction (MBSR) and Mindful Eating, emphasize cultivating present-moment awareness and non-judgmental attention to one's experiences.

In the context of obesity, mindfulness can be a powerful tool to address emotional eating and promote mindful, intuitive eating. By bringing attention to the sensory experience of eating, individuals become more attuned to hunger and satiety cues, reducing the likelihood of overeating driven by emotional triggers.

Mindfulness-based interventions also contribute to stress reduction, a crucial element in managing obesity-related mental health issues. Chronic stress can lead to hormonal imbalances that contribute to weight gain, creating a vicious cycle. Mindfulness practices help individuals break this cycle by promoting relaxation and resilience in the face of stressors.

CONCLUSION

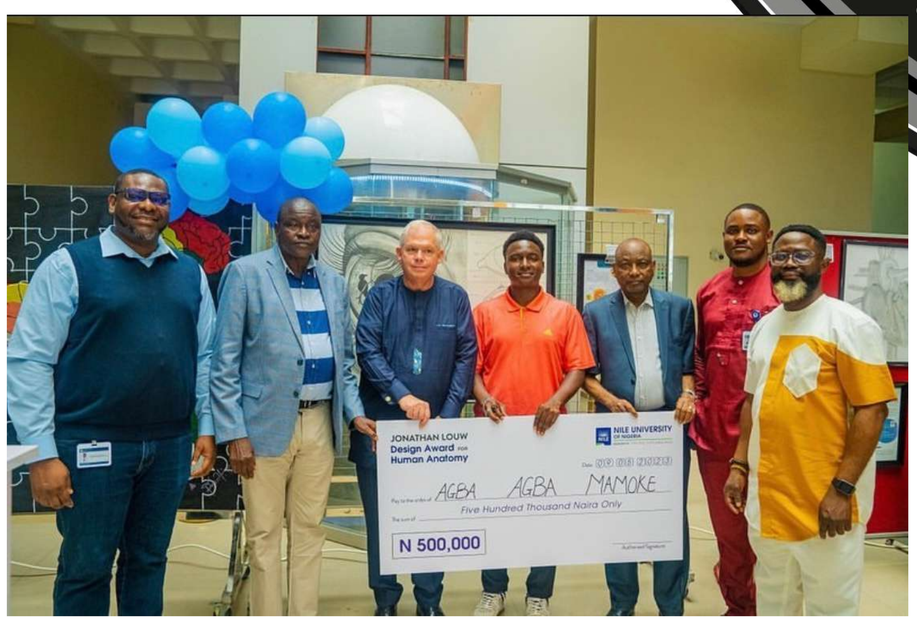
The link between obesity and mental health is a multifaceted challenge that requires comprehensive and targeted interventions. Psychological approaches, such as cognitive-behavioral therapy, acceptance and commitment therapy, and mindfulness-based interventions, offer valuable tools to address the intricate interplay between physical health and mental well-being.

As clinicians and researchers continue to explore the most effective interventions, it is crucial to recognize the individualized nature of obesity and mental health. Tailoring interventions to each individual's unique needs and experiences ensures a more personalized and successful approach.

In the journey towards holistic health, integrating psychological interventions into the treatment paradigm for obesity is not only essential but holds the potential to break the cycle of physical and mental health challenges, fostering lasting well-being.

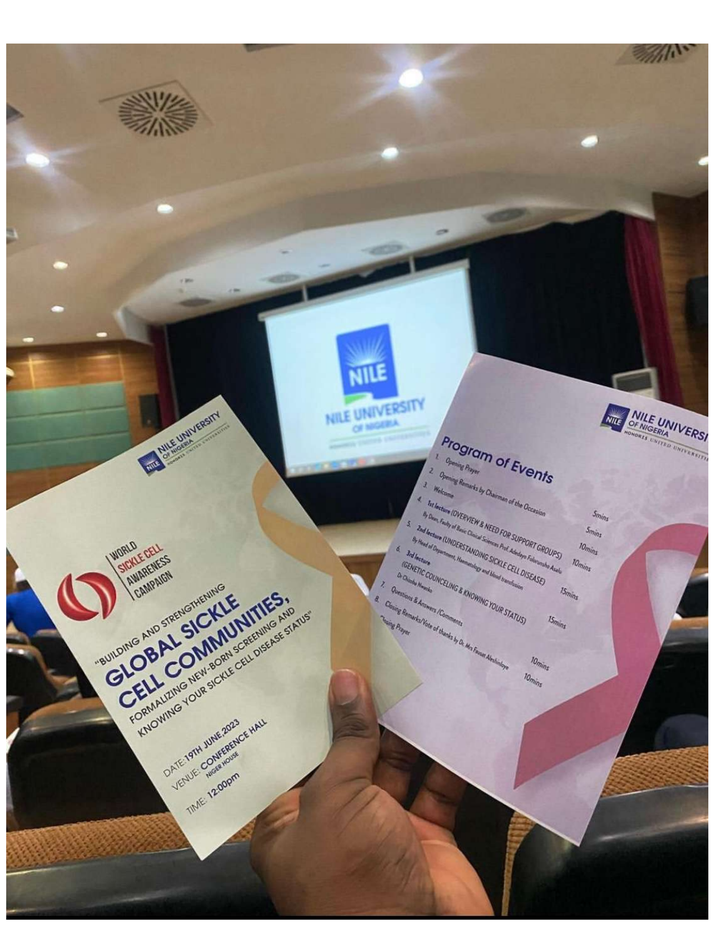
• **EMMANUEL ORANWUSI**

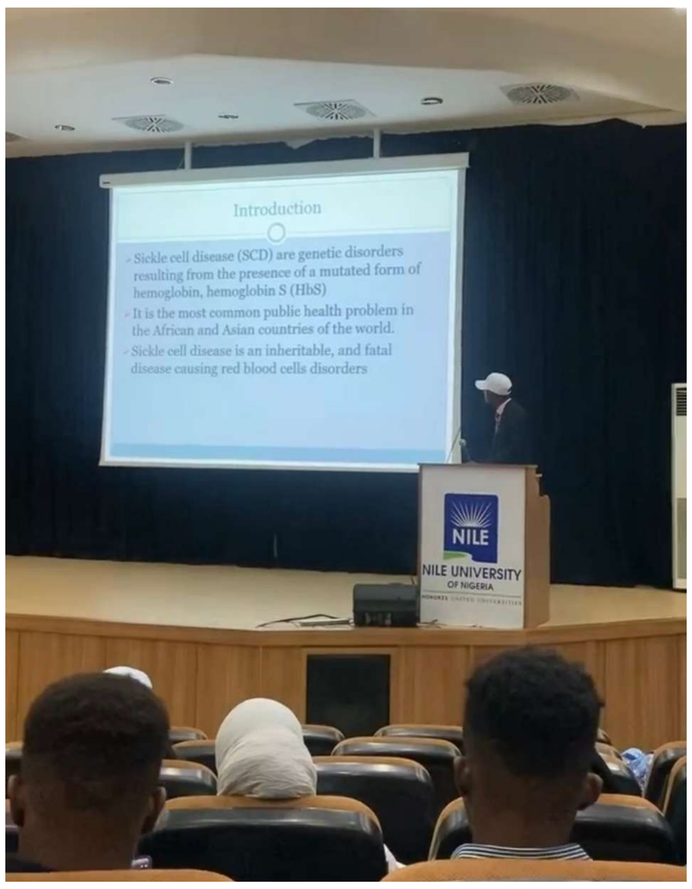
Jonathan LOUW **Design Competition 2023**



Jonathan LOUW **Design Competition 2023**

COMMEMORATION OF WORLD SICKLE CELL DAY- JUNE 19, 2023





SPORTING EVENT – **HIKING** (@ Lugbe Highlands)

COMMUNITY MEDICINE POSTING AT **AN ABATTOIR**

NUMSAites at the **Association of Resident Doctor's (ARD) Conference**

COURTESY VISIT TO **NIGERIAN MEDICAL ASSOCIATION CHAIRMEN**

NMA CHAIRMAN **LAGOS**
- DR BENJAMIN OLUWATOSIN

NMA CHAIRMAN **FCT**
- DR CHARLES UGWUANYI

NUMSAites at the **44TH NiMSA INTERNATIONAL HEALTH CONFERENCE**

PICTURE EXCERPTS OF **THE FIRST-EVER NUMSA LEAGUE** (HILLARY'S CUP)

PICTURE EXCERPTS OF **THE 44TH NiMSA IHC DINNER, 2023**

L–R
- THE NUMSA PRESIDENT
- THE IMMEDIATE PAST NUMSA PRESIDENT
- THE VICE PRESIDENT EXTERNAL, NUMSA

L–R
- THE AHMADU BELLO UNIVERSITY MSA PRESIDENT
- THE NUMSA PRESIDENT
- THE IMMEDIATE PAST NUMSA PRESIDENT
- THE UNIVERSITY OF BENIN MSA PRESIDENT

L–R
- THE NUMSA PRESIDENT
- THE 44TH NiMSA PRESIDENT
- THE IMMEDIATE PAST NUMSA PRESIDENT

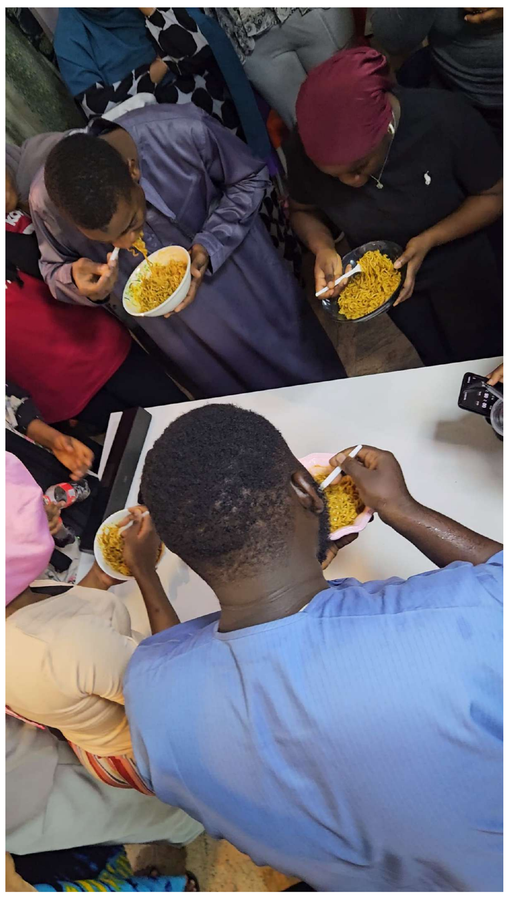
INAUGURAL **NUMSA DINNER**

THE PIONEER GRADUATING CLASS OF **NILE MEDICAL STUDENTS** (MBBS CERTIFIED)

Best graduating student
– **Dr. Ummi Sani Danbatta**

ZOOM LENS

NUMSA GAMES NIGHT AT ASOKORO HOSTEL



0'28 MBBS CLASS SELF-SPONSORED GET-TOGETHER

"My induction into the world of basketball transpired during my A-level years when a friend imparted the fundamentals of the sport. The pinnacle of my intrigue manifested upon joining the school's team. Despite being relegated to the bench for the majority of competitions—understandably, considering my recent introduction to the game—I used those setbacks as fuel to intensify my training. In a matter of months, the fruits of my dedication became unmistakably apparent, thus validating the adage, 'You can do whatever you put your mind to.'

Fast-forwarding to my academic pursuits in Ukraine, I assumed the role of captain for the university's men's basketball team. This leadership position culminated in triumph as we secured victory in the Darnitskyi District championship, a few months preceding my relocation to Nile University prompted by the onset of war.

Presently at Nile University, my unwavering commitment to the field of medicine remains steadfast. Throughout my academic journey, I have consistently prioritized academic endeavors over extracurricular pursuits, underscoring the paramount importance of maintaining this balance.

In conclusion, if you're reading this and think you can win in a 1v1 game against me, just pick a time. The campus court is always open!

STEPHEN ZIRANGEY

400 LEVEL

INTERVIEW

with Umemmuo

My experience as a medical student at Nile University;

Being a medical student at a private university that was just starting their medical college with my class being the third set surely made me a bit apprehensive. With the 1st set at the time awaiting accreditation from the Medical and Dental Council of Nigeria (MDCN) to write their 2nd MBBS professional exams, it brought some bit of doubt to me. I asked myself some questions; "Will Nile University be able to get accreditation in time?" "Is my medical education going to be delayed due to no accreditation?" From the news I heard from other schools and how accreditation was a big issue for them, I was surely a bit hopeful and doubtful at the same time. Thanks to the gallant efforts of our provost at the time and other staff, our college was able to get accreditation in little to no time.

Going from the easy-going nature of 100lvl to the game-changing nature of 200lvl (changing from biology to biochemistry amongst others) to the tiring nature of 300lvl to the intense nature of 400lv and the clinical nature of 500lvl, I would say that my experience as a medical student at Nile University has been full circle. It has been a rollercoaster of emotions that have been demanding, stressful, impactful, and enriching, to say the least.

From the lectures to the ward rounds and postings to the short nights, long days, and endless cycles of the same schedule, it has been formative to my life as a person. Nile University has formed me into the best version of myself thanks to its curriculum and top-notch lecturers who are ever ready to help.

My reasons for embarking on this journey;

In my naïve mind as a young, growing child, I saw my mum who is a medical doctor as a superhero who saves life and I wanted to be like her and save lives too in the way that she did. I also saw the joy and appreciation from the patients that she treated and was encouraged by her to be like her in the future and help people as much as possible. It is safe to say; that I am one of those people who decided to do medicine due to their admiration of their parents who are in the medical field. I am thankful that I was not forced or coerced into embarking on this journey and I am ever grateful for the support from my family towards my medical career. I also honestly did not see myself fitting into any other course so medicine was my only shot.

My Challenges;

The challenges of studying in any medical school are enormous. It is even more peculiar to a medical college in its infancy. From the constant bombardment of lectures and slides to the stressful nature of clinical studies, it is not easy to embark on and be successful in this field. Even as a medical student, you are already expected to perform at a superhuman level compared to your counterparts in other departments. No one is willing to consider the fact that you are a human being in need of rest and recuperation. You are typically expected to read everything you have been taught, be ever-present for postings and night calls when need be, read what the lecturer is yet to teach, and read textbooks all in 24 hours of the day, day in, day out. It is safe to say there are high expectations for anyone studying medicine, especially at Nile University.

My pickups;

In any situation I find myself, including the struggles of medicine as a course, God has always been a stronghold for me. Encouragement and prayers from family and friends have also kept me going in medicine as sometimes a little encouragement from people can push a person to keep going.I would also like to thank my lecturers; present and past lecturers as their words of encouragement have kept me on track since embarking on this journey. Having a hobby has also helped me to "distress". Hobbies including playing games, football, and other recreational activities have helped me in relieving the stress of the medical course.

Advice to other students at Nile University;

Being a medical student is not always easy. My advice to other students is that you tackle everything step by step. Do not allow yourself to be overwhelmed by the course. Try and be up-to-date academically such that it does not accumulate and you do not have to embark on the famous "crash course."

The popular advice of **studying wise never fails.** Ensure you study with past questions as this helps to evaluate what you have studied. My lecturers always said that we should form study groups and this is a good idea. For those who it will help, form study groups, as the reality is that study groups may not help everyone.

For the clinical students, try your best to be present and active during postings as this will help you excel in clinical exams as the exams are based on clinical knowledge aside from what was taught during lectures

- Francis Odira Umemmuo

SICKLE CELL ANAEMIA:

Sickle cell anemia in Nigeria, burden & importance of genotype screening

Sickle cell disease is an inheritable, genetic and, fatal disease causing red blood cell disorders. It is the most common public health problem in the African and Asian countries of the world. Sickle cell disease (SCD) is a group of hemoglobin disorders in which the sickle βeta -globin gene is inherited. The homozygous state is referred to as sickle cell anemia (HbSS). It has been estimated that around 5% of the global population carry sickle cell trait genes.

Sickle cell anemia is an autosomal recessive genetic disorder of red blood cells that is transferable from parent carriers [(AS father) and (AS mother)] to their offspring. It is a very common hemoglobinopathy of public health importance globally. Sickle cell anemia is caused by a point mutation of the nucleotide responsible for the synthesis of glutamic acid resulting in the substitution for valine at the sixth amino acid position of the beta-globin.

In the deoxygenated state, the sickle red blood cell becomes sticky and loses the physiological properties of an ideal red blood cell, leading to a cascade of problems that may give rise to sickle cell crises and complications.

About 50 million people are living with SCD globally and Nigeria is the epicenter zone with about 4-6 million people living with the disease (1 in every 4 Nigerians has a sickle cell trait).
Annually, about 300,000 newly diagnosed SCD children are born worldwide. Sub-Saharan Africa contributes about 75% of the number.

Nigeria accounts for 100,000-150,000 newborns living with SCD annually (33% of the global burden of SCD). Therefore, Nigeria occupies a strategic position in the epidemiology of SCD from a global perspective. The prevalence of SCD within the states in Nigeria ranges from 1%-3%. Hb-SS is the predominant ´hemoglobin variant found in Nigeria while Hb-SC occurs sporadically, especially in south-western Nigeria. Nigeria, Africa's most populous country with a population of 206 million, is probably the country with the world's largest population of individuals with sickle cell disease. Healthcare access is often inadequate, with the costs of healthcare borne by individuals. Health insurance coverage is about 3% and is employee-based.

Childhood mortality among SCD patients is highest between 6 months and 3 years of age and it is estimated that 75% of all babies born with SCD are born in Africa where the Immune function in pediatric SCD patients is impaired for a variety of reasons, including deficient splenic clearance of opsonized encapsulated bacteria. This results in a propensity to infection by encapsulated bacteria such as Streptococcus pneumoniae, Haemophilus influenzae, Salmonella typhi and non-typhi, and Meningococcal species. In sub-Saharan Africa, one-half of patients with SCD die from infection before the age of 5, and children with SCD are >50 times more likely to suffer from invasive pneumococcal disease.

The impaired leucocyte function and humoral and cell-mediated immunity loss have been reported to account for the immunocompromised state in patients with sickle cell disease. The SCD patients being immune compromised are more prone to recurrent chest infections. The major causes of mortality in patients with SCD are acute chest syndrome, pneumonia, and acute respiratory distress syndrome. The mortality rate for children under 5 is estimated to exceed 50%.

It is estimated that 240,000 children are born annually in sub-Saharan Africa.

Nigeria has the highest number of homozygous cases in the world with a prevalence of sickle cell anemia ranging between 1.5-3.1% (Average 2%).

There are about 2-3 million homozygous cases (HbSS) and up to 40 million sickle cell trait (HbAS). The mortality is quite high as 50-80% of infants born with SCD in Africa die before the age of 5 years
Genotype screening can help prevent sickle cell anemia and pre-conception genotype screening is important.

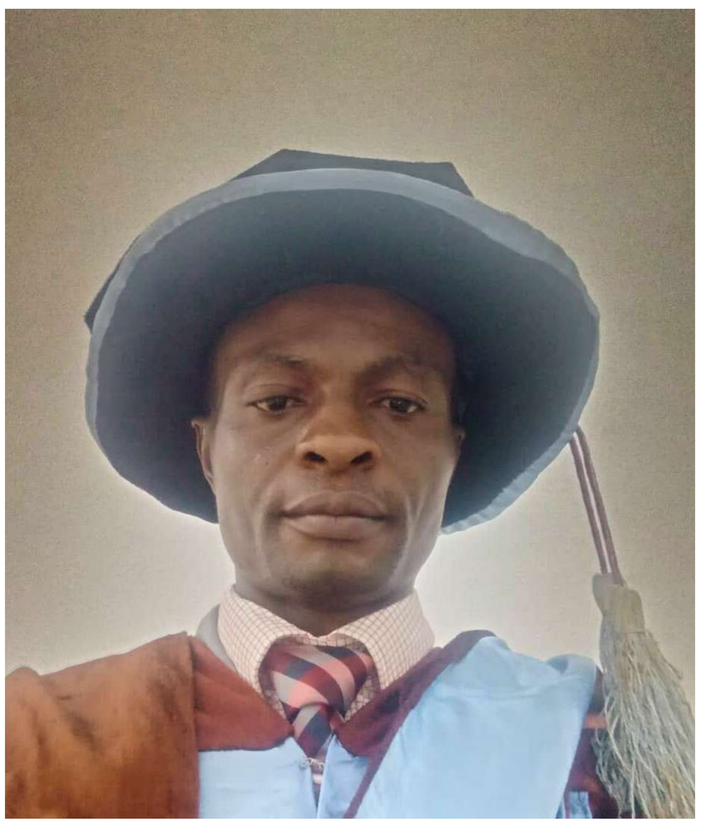
Newborns can receive screening for sickle cell anemia at birth. The test uses the same blood samples used for other newborn tests. Early diagnosis is very important because complications from the disease can arise early in life.
Using genetic testing, doctors can now diagnose sickle cell disease even before birth, as early as 10 weeks into pregnancy.
Not knowing their or their partner's sickle cell status, or believing that it is different from the true status, makes it difficult to inform adults of their risk of having a child with sickle cell disease.

Knowledge of personal sickle cell status, community awareness of how sickle cell disease is inherited, and the health and reproductive impact of both of these remain inadequate and a barrier to better treatment and care.

In Nigeria, premarital genetic Counselling is voluntary, however, premarital screening for the sickle cell gene is considered one of the methods of preventing new births of children with Sickle cell anemia. Sickle cell anemia is preventable, especially among young unmarried adults who may start procreation soonest. However, due to a lack of knowledge of sickle cell anemia, and unwillingness to undergo premarital screening for sickle cell anemia, the prevalence of sickle cell anemia might be on the increase.

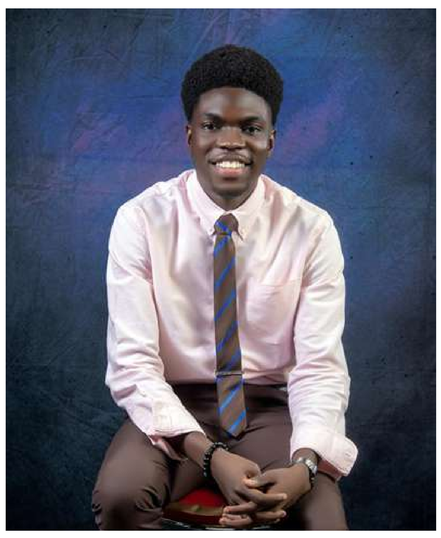
Several tests are used when screening for sickle cell disease and other abnormal hemoglobinopathies. The most common tests used today are: Hemoglobin electrophoresis, high-performance liquid chromatography (HPLC), and deoxyribonucleic acid (DNA) testing

Dr. Sanni Emmanuel Oladipo
HOD, HEMATOLOGY



Congratulations!

0'23 CLASS



Dr. Cornelius Ojieagha Braimoh

Dr. Joseph Kennedy Barsisa

Dr. Oluchi Audrey Eke

Dr. Nafisa Misbahu Zubair

Dr. Wahida Suleiman

Dr. Zara Fatima Bukar Ali

Dr. Victoria Ochanya Ali

Dr. Khairat Dalhatu

Dr. Victoria Samuel Duke

Dr. Chris Okpeh Onaji

Dr. Koyinsola E. Anthonia Usifo

Dr. Aina'u Musa Shehu

Dr. Ibrahim Khalil Yahaya

Dr. Iniemem Edet Jacob

Dr. Zulaihat Yakubu Maishanu

Dr. Murjanatu Babayo Ibrahim

Congratulations!

0'23 CLASS

Dr. Faizat Fadeke Adeniran

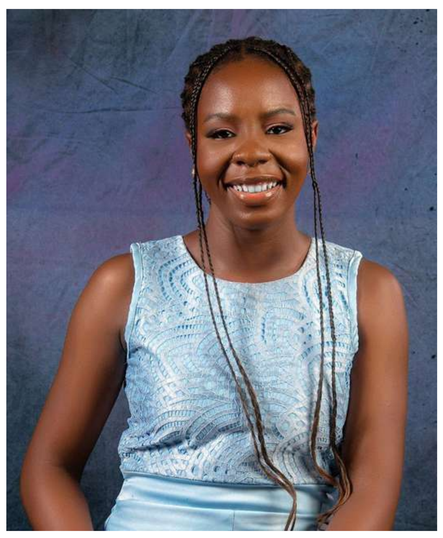
Dr. Adonijah Oshioselaga Airede

Dr. Marcelline Nkechinyere Ogbonnaya

Dr. Hafsah Jamil Sarham

Dr. Saratu Abdulmutalib

Dr. Amira Suleiman



Dr. Sylvia Chidinma Ijeh

- Dr. Jamila Adamu
- Dr. Aisha Sufyan Aminu
- Dr. Zainab Mangal Dahiru
- Dr. Hauwa Nnani Halilu
- Dr. Simi Abigail Dusu
- Dr. Nabila Soba Musa
- Dr. Ramatu Zubair Tijjani
- Dr. Amina Tahir Abdurrahman
- Dr. Hawwa Tinuola Mustapha
- Dr. Zahriyya Abdulmumin Ibrahim
- Dr. Ellen Chidinma Obianozie
- Dr. Khairat Muhammad Makusidi
- Dr. Franca Chioma Wonwu
- Dr. Maryam Garima Abubakar
- Dr. Atta Oumarou Dicko
- Dr. Kilima Munir
- Dr. Cherish Idubamo Perepuighe
- Dr. Falmata Magu Ibrahim
- Dr. Chisom Amarachi Ezedozie
- Dr. Hadiza Rufa'i
- Dr. Sa'adah Gambo Ibrahim
- Dr. Oluwamayokun Maria Timothy
- Dr. Fatima Sadiq Alkali
- Dr. Shafa'un Idah Idris
- Dr. Jemimah Sharon Akabe

• by Maryjane C. Johnpedro, et Joseph Kennedy

SUSTAINABLE DEVELOPMENT GOALS

Unless we act now, the 2030 Agenda will become an epitaph for a world that might have been. - Antonio Guterres, Secretary-General, United Nations.

AN ENLIGHTENMENT ON THE UNITED NATIONS SUSTAINABLE DEVELOPMENT GOALS- THE 2030 AGENDA "BUILDING BRIDGES TO TRANSFORMATION: DIGNIFYING LIVES AND NURTURING A PLANET FOR A SUSTAINABLE FUTURE"

Sustainable development goals or otherwise known as Global goals are a set of seventeen interlinked transformative universal objectives adopted by the United Nations since the year 2015, that aim to reshape our world now and into the future. They serve as a call of action to tackle several vices that have plagued our world these include poverty, inequality, hunger and so many others for the purpose of ensuring that every individual on the planet enjoys good health, justice, and prosperity. At the year of its inception, 25 September 2015 all the 193 member states of the United Nations espoused these objectives also termed the 2030 Agenda for Sustainable Development in order to construct a new global development framework, replacing the Millenium Development Goals, which were established in the year 2000 and completed in the year 2015. Furthermore, these SDGs emphasize interconnected environmental, social and economic aspects of sustainable development and aim for its accomplishment. These goals include:

At the heart of the **SDGs** is the lofty objective of eradicating poverty in all forms. It is more than just a statistic; it demonstrates our hope that a poverty-free society is within reach. Nations can create a masterpiece of inclusivity and shared prosperity by implementing creative social policies, promoting equitable economic growth,
and ensuring no one falls behind.

From the sustainable development perspective, **SDG 2** envisions a world in which hunger is a distant memory. The cultivation of sustainable agriculture, investment in rural areas, and adopting of technical advancements all point to an abundant harvest. Countries can create a landscape in which no one goes to bed hungry. The fruits of the Earth are distributed equitably by sowing the seeds of food security and cultivating resilient farming techniques.

This goal aims to make health a universal tune. As we face global health issues, this aim is to show dedication to ensuring access to vital healthcare services, promoting mental health, and combating infectious diseases. The culmination of a healthy world is realized by investing in quality healthcare infrastructure, encouraging medical innovation, and respecting the dignity of human life.

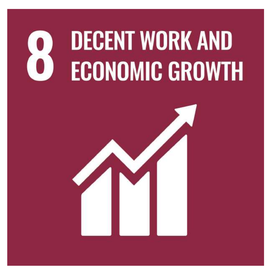
In the gallery of development, education is the illumination of minds and the architect of a better tomorrow. **SDG 4** envisions a world where quality education is a right, not a privilege. By creating inclusive learning environments and encouraging digital literacy, Nations can ensure that all people have access to information by empowering educators. This dedication to education becomes the meal that creates energy on which each individual can contribute to global progress.

SDG 5 presents a platter of gender equality, realizing that a world of happy community requires full involvement from all voices. As said, we need to stop talking about gender equality and start funding gender equality.Countries can contribute by breaking down boundaries, challenging preconceptions, and establishing an environment where everyone can thrive.

SDG 6 is committed to protecting our most valuable resource: water. Countries can construct an animation of a world where rivers run clear and where everyone is fortunate to prosper by promoting sustainable water management, protecting water ecosystems, and ensuring universal access to clean water and sanitation.

The masterpiece of sustainable development necessitates a bright energy supply, and **SDG 7** envisions a symphony of sustainable power. Countries can conserve our planet's delicate balance by adopting renewable energy, boosting energy efficiency, and assuring access to modern energy services.

SDG 8 is supporting decent work and economic progress. Countries may contribute to a more equal and prosperous society by promoting full and productive employment, providing fair salaries, and encouraging inclusive economic development.



SDG 9 makes its mark on the canvas by calling for sustainable infrastructure and innovation. Countries can build a future in which progress aligns with environmental stewardship and technology advancements benefit everyone by investing in resilient infrastructure, encouraging innovation, and promoting sustainable industrialization.

SDG 10 adds a hue of eliminating inequality, realizing that a world of true harmony necessitates equal opportunity for all. Countries can positively contribute by removing institutional barriers, increasing social inclusion, and fostering policies that address income disparity.

SDG 11 stands out among the SDGs as a builder of sustainable cities and communities. Countries can create thriving landscapes with echoes of development in every corner by investing in resilient infrastructure, encouraging equitable urban design, and fostering green areas.

SDG 12-15: Symbiosis with the Earth

The ecological sphere takes shape as SDGs 12-15 come to life, representing the ideas of responsible consumption, climate action, life below water, and life on land. Countries can ensure that our world remains a thriving habitat for all living beings by implementing sustainable production methods, climate resilience techniques, and conservation activities.

SDG 16 appears as the protector of peace and justice. Countries may set the groundwork for a world where development is sustained through peace and fairness by supporting inclusive and just societies, ensuring access to justice for everyone, and establishing effective and accountable institutions.

As we near the end of this symphony of sustainability, **SDG 17** emerges as the conductor, orchestrating global collaboration. Countries can increase their effect and synchronize efforts to achieve the SDGs by building partnerships, exchanging expertise, and mobilizing resources.

Each of these goals have certain specific targets and indicators to measure their progress on how they aim to achieve said goal by 2030. Each goal has about 8-12 targets they aim to accomplish. These targets can then be further categorized into two; outcome targets and means of implementation targets, that assess the circumstances to be attained and to address the concern of some Member States about how the SDGs were to be achieved respectively. The United Nations Statistics Division (UNSD) website provides a current official indicator list as well as with all the respective outcome targets and means of implementation targets that can easily be assessed. There have been certain challenges that have presented themselves over the years that have slightly hindered the progress towards the success of the goals and these challenges include:

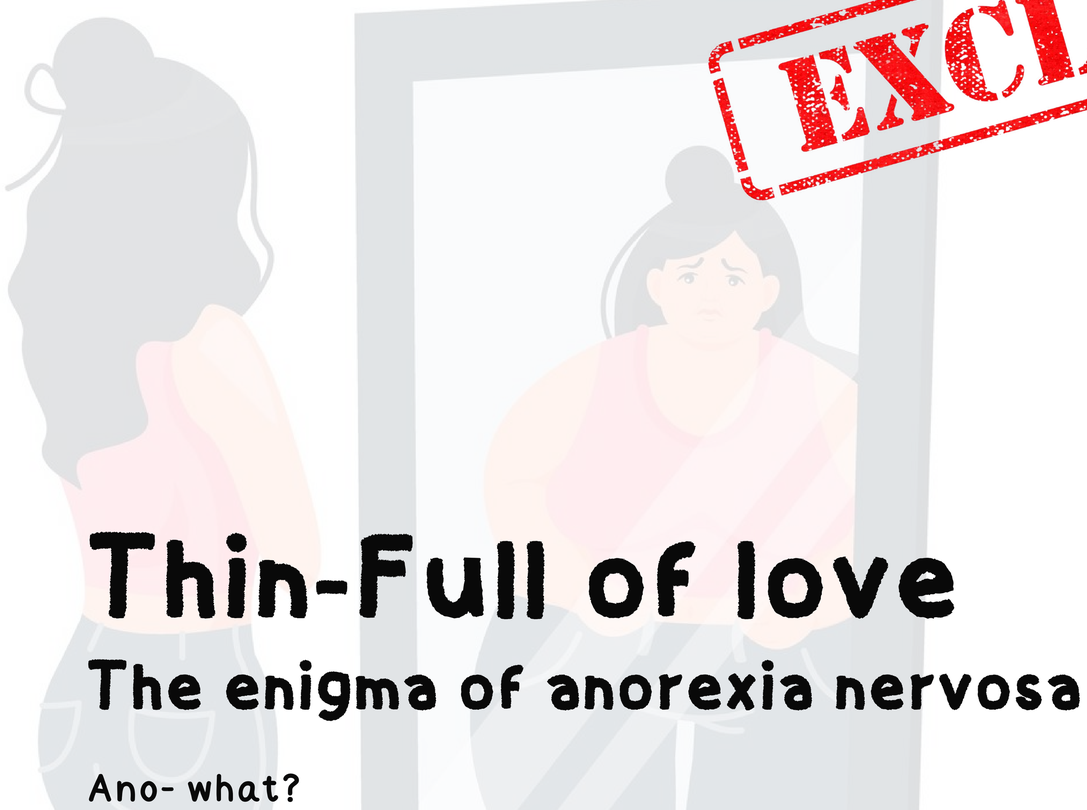
1. War and instability: when there is disorder and war between nations, it stands to reason that sustainable development cannot occur.

For example, the war in Ukraine has had an immense impact on sustainable development. In fact, one of the biggest issues that has affected countries outside of Ukraine are issues surrounding food sustainability since Ukraine and Russia are big producers of wheat and barley. As a result of the war, it is difficult to maintain a civil society and the well-being of people when there is war or threat of conflict over a country.

2. COVID-19 pandemic: The COVID-19 pandemic has had a profound impact on the mental and physical wellbeing of communities around the world. The COVID-19 pandemic slowed progress towards achieving the SDGs especially because the COVID-19 pandemic was felt by poorer segments of the population of the world.

3.Governmental issues: they relate to what initiatives Governments may want to sign-up to, and how keen they are on sustainable development. Most governments sign up to issues surrounding global warming and other climate issues, but not always. In some cases, there is a political initiative to reject environmental issues and sustainable development goals to instead address the immediate needs of their country or populous. For example – promoting and supporting legacy fossil fuel industries because they play a big part in supporting deprived local communities and areas. Closing certain industries without replacing them can lead to certain communities suffering job losses and poverty. In these locations many governments are resistant to change related to sustainable development programmes.

In conclusion, these SDGs are revolutionary to the positive growth of the entirety of the world and in the absence of these challenges there will be a global transformation that will ensure that every individual on the planet enjoys good health, justice, and prosperity.



Thin-Full of love

The enigma of anorexia nervosa

Ano- what?
No, I am just without appetite, and when it returns, I'll eat
I'll eat to my heart's content, I'll devour my meal like a lion delving into a zebra,
so, if I puke right after, please do not give me that look.
If you're searching for a reason it's simple,
Like ant love honey I have fallen in love with the feeling of an empty stomach.

You told me, "The body is a person's home, so it should be respected and loved."
Oh, how I wish you had stopped there instead of whispering harshly "But with all due respect, this your home is far too big to be loved."
My bad, you were smiling when you said it,
Therefore, it is all my fault I took it so seriously,

And so, the next day I decided that since this home was too big to fit into these jeans, it wouldn't fit into my heart, which makes sense because my heart is much, much smaller
Once it reaches the right size, it will fit.
It would fit in my jeans, my heart, and most importantly, it would fit you.
It then would finally get all the respect and love it deserves

Somewhere in between, I realized all that my home deserves could not come from me, and I accepted it as collateral damage.
What you would give me will be more than enough.
After all, my heart has so many other things to love
This is just one of the many things.

So please explain to me why I did this all for you and you dare to call me names
If I am ano- anything, you made me.
You will have to accept me this way. My home does need love and respect
Not yours, but mine
I refuse to be left alone with a home that I cannot love and a home that can't stand me.

FATIMA TIJJANI MATO

500 LEVEL

EXCLUSIVE

'Body Image and Self Esteem in the age of photo shop: The role of digital Image manipulation'

A writing for young audience

In the quietude of self-reflection, Nana questioned her existence, an album of untold stories waiting to be flipped. "As you gasped the air into your lungs for the first time," whispered the gentle breeze, "You embody perfection, embracing every imperfection."

Yet, the grip of self-confidence, once firm, had loosened over time. Nana found herself entangled in the labyrinth of societal expectations and self-imposed phantasm. "Perfection is all she desires" as she embarked on a journey of self-growth, fabricating a reality with no room for mistakes.

A wise sage appeared, presenting a telescope into the unseen future. "Dive into its depths and unravel its mysteries," the sage beckoned. "Isn't it amusing how your whispers torture you?" Nana, though hesitant, began to accept the undeniable truth - her authentic beauty lay within.

Perfection, an inaccessible desire, taunted Nana's aspirations. "It's sad, but no human can be perfect," echoed the sage's comforting words. The mirage of digital perfection failed to capture the essence of Nana's profound authenticity – scars, wrinkles, and flaws, an unwavering part of her beauty.

"Hold your inner standards up high, like a trophy," the sage advised. "Let go of the rattling taunts; do it for the gram, get a life, stop dulling, and so on. The whispers of societal norms echoed, but now resolute, she took a stand against the buzzing sound of body criticism.

Amidst the thousand voices that sought to let Nana down, she embraced the truth: "You are not defined by social media norms nor digital applause. You are a jewel, a work of art."

In her simplicity, in her natural self, in her virtuous character, lay an unfolded beauty. Nana realized the high standard that beat the superficial phantasm of perfection. As she stood before the mirror of self-acceptance, Nana smiled, for she had unveiled the jewel within – an album filled with pages of authenticity and the frames of resilience.

MARYJANE C. JOHNPEDRO

500 LEVEL MEDICAL STUDENT

INTERVIEW with Zayyan

kindly introduce yourself, your year of study, and an intro bio.

Muhammad Zayyan, a 600lvl med student Nile University

When did you make up your mind to study medicine and what were the circumstances that played out?

I made the great decision to commit to a career in medicine in my final year in sec school, my family was a huge reason why I chose to study medicine, my father and sisters inspired me with their commitment and selfless attitude toward helping people

What year did you apply for Nile University and what motivated you to come to Nile?

I applied to join Nile in 2018, I was in awe of the beauty of the Nile University campus and the warm reception the staff gave me when I went on a tour of the school

When you arrived at Nile on the First Day as a Newbie what were your experiences?

When I first arrived in the Nile, I tried to maintain a low profile, but my love for football meant I made a lot of friends quickly and I became known as the " med student who watches ball".
Overall I had a lot of pleasant experiences in my early days at the Nile

So far what can you say about Nile University?

Nile University is a great institution young institution, so I know not perfect. There are some flaws, but I commend the way the institution has stuck to the founding values of the university, which is to provide the highest quality of education it comes to the standard of teaching and optimized curriculums, but also provide a different type of experience to provide a complete experience to students not just inside the classroom, but also those that help you grow as a person to achieve your full potential as an individual

If you can go back in time, what will you change about your stay here?

Not much, my stay here has been enjoyable and productive, perhaps I would try and make more friends

Why do you like Nile University?

I like Nile because I trust the school, simply, I know they give me the best chance of achieving my goals

Are you proud to be a product of Nile University?
Incredibly proud to be part of Nile.

What are the things you feel, you would want Nile University to change?

I would like a return to the simplistic payment methods for hostel

What is your advice to anyone applying for Nile University to those who just gained admission and to your immediate junior colleagues?

My advice is simple, try to make every day an adventure, try and help your friends if they need it, and don't forget your morals

Who is your favorite lecturer and why?

My favorite lecturer was prof eat Koksal, who has sadly left the school, he had a special way of connecting with students and made a subject that looked insanely difficult, fun to learn

Which is the hardest course you've taken so far and what do you think is the proper solution to guide your incoming or direct junior colleagues?

The hardest course I've encountered was pharmacology, I was spooked by the difficulty of the course by my seniors and had a bad approach to learning it, the best way to approach said difficult courses is to try and enjoy learning it, no course is difficult, it's all about the approach towards the challenge

How bright is your future using other medical schools as a yardstick based on your career as a medical student?

I'm excited for the future, I'm yet to decide which field of medicine I want to specialize in but whatever I choose, I'm hopeful for a long and bright career

Your favorite quote?

I don't like quotes

UNREALISTIC BEAUTY STANDARDS IN MEDIA: INVESTIGATING THE LINK TO EATING DISORDERS

Seconds, minutes, and hours spent scrolling on social media has an unrealistic beauty standard emblazoned into the minds of children, adolescent and most importantly young adults, by constantly exposing them to a so called " ideal body type" leading them to make a constant comparison of themselves to these unrealistic standards. Studies done by the Illinois state university have found a correlation between time spent on social media and a negative body image, which, in turn can lead to unhealthy eating behaviors and disordered eating habits.

The American National Eating Disorder Association considers mass media an "influential context for people to learn about body ideals and the value placed on being attractive", these ideals are often placed on both genders. on social media, you often see beauty standards that revolve around having a slim and toned physique, flawless skin, a defined jawline, and an hourglass figure for women, and a an over muscular build for men. These standards can vary across different countries cultures, timelines and trends, however, the emphasis on attaining physical perfection remains a prevalent theme in social media beauty standards. social media users are bombarded with pictures and videos of people that fit into these standard, videos and pictures that are usually photoshopped.

In other to fit into the slim standard portrayed by the media, individuals develop eating disorder like Anorexia, also called Anorexia nervosa, a life-threatening eating disorder. It includes an unhealthy low body weight, intense fear of gaining weight in a view of weight and shape that is not realistic, anorexia may include severely limiting calories or cutting out certain kinds of food groups, thus, limiting the nutrients intake.

It may involve other methods to lose weight, such as exercising too much, using laxatives or diet aids, or deliberately inducing vomit, a means of purging food from their body. these efforts to reduce body weight can cause severe health problems.

Another eating disorder developed to fit into the beauty standard include Bulimia, also called bulimia nervosa, which is a serious, sometimes life-threatening eating disorder. Bulimia includes episodes of bingeing, commonly followed by episodes of purging. Sometimes bulimia also includes severely limiting eating for periods of time. This often leads to stronger urges to binge eat and then purge. Bingeing involves eating food — sometimes an extremely large amount — in a short period of time. During bingeing, people feel like they have no control over their eating and that they can't stop. After eating, due to guilt, shame or an intense fear of weight gain, purging is done to get rid of calories. Purging can include vomiting, exercising too much, not eating for a period of time, or using other methods, such as taking laxatives. Some people change medicine doses, such as changing insulin amounts, to try to lose weight. Bulimia also involves being preoccupied with weight and body shape, with severe and harsh self-judgment of personal appearance

A study was carried out by Adebimpe Oluwafisayo Adenike and AO Oyewole of Ladoke Akintola university of technology and Stephen Ishola Babatunde of Obafemi Awolowo university, this study determined the prevalence of eating disorder and types of eating disorders common among female undergraduates in Obafemi Awolowo University, Ile-Ife. Using a descriptive survey design, 1000 female undergraduates aged 18-40years were selected through the stratified random sampling technique.

Data were collected on socio-demographic variables such as age and religion, height and weight while, The Eating Attitudes Test (EAT) was used to measure eating disorders. Data was analyzed using descriptive and inferential statistical techniques. One hundred and seventy-one (171) respondents were classified as highly at risk for eating disorders. The prevalence of eating disorder among the study population was 17.1%. The results revealed that 205 (20.5%) of the respondents were at risk for anorexia nervosa, 170 (17.0%) for bulimia nervosa and 168 (16.8%) for obesity. The study concluded that eating disorder is common among young adults in Nigeria. This goes to prove that eating disorders are evident in every society and I think the media which is widely used by the youth is undoubtedly the cause of it.

In a world of filters and photoshop, the media's Beauty standard rise, as confidence deteriorates, digitally altered images, immaculate and pristine, leaving us feeling less than adequate, worthiness unseen. Trying to fit into unrealistic standard, a burden we shoulder, eating disorders, a battle silently endured, Together, lets shed light on this, and remember, dear friend, feel free to ask for help when dealing with these, always embrace your uniqueness, quirks and imperfections, for in that acceptance, lies the true and ultimate perfection.

NAME : FATIMA BUKAR GEIDAM
LEVEL: 200LEVEL

Word Search

MMM'23

A Z K T S M C S E O M N M X T G T D Y M S D S J A C R A S I T I L U C S A V B S
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Acromegaly Amyloidosis Arrhythmia Arthralgia Atherosclerosis Barotrauma Blepharospasm Bradypnea Bronchitis Bursitis Cholecystitis Chondrosarcoma Cyanosis Cystic DeCciency Dermatophytosis Diplopia Dysphagia Dysuria Ecchymosis Emphysema Epistaxis Erythematosus Exophthalmos Fibroadenoma Fibromyalgia Fibrosis Fistula Gastritis Gastrointestinal Glioma Glomerulonephritis Goiter Gravis Hemangioma Hematoma Hematuria Hemoptysis Hepatitis Hypotension Ichthyosis Icterus Ileus Infarction Iritis Ischemia Jaundice Juxtacapillary Juxtaglomerular Kaposi Keratosis Kinetosis Kyphosis Lactase Leukocytosis Lumbago Lupus Lymphadenopathy Meningocele Myasthenia Myocardial Myositis Nail Nephrolithiasis Neutropenia Nyctalopia Nystagmus Oliguria Ophthalmoplegia Orthostatic Osteoarthritis Osteoporosis Palpitation Pancreatitis Paresthesia Polydipsia Quadriplegia Querulent Quinsy Rhabdomyolysis Rhabdomyoma Rhinorrhea Sarcoma Sarcoma Scleroderma Sepsis Sialadenitis Syndrome Syndrome Tachypnea Tinnitus Tinnitus Tracheostomy Uremia Urolithiasis Urticaria Uveitis Varicella Varicose Vasculitis Veins Viral Wheal Xanthoma Xanthopsia Xeroderma Xerostomia Yaws Yellow Zellweger Zoonosis Zoster

Find the word in the puzzle. Words can go in any direction. Words can share letters as they cross over each other. 112 of 112 words placed

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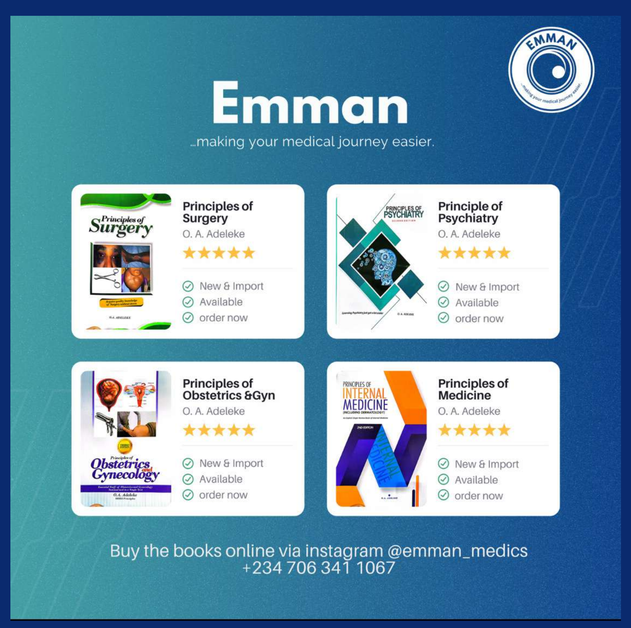

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- **HIPPOCRATES**