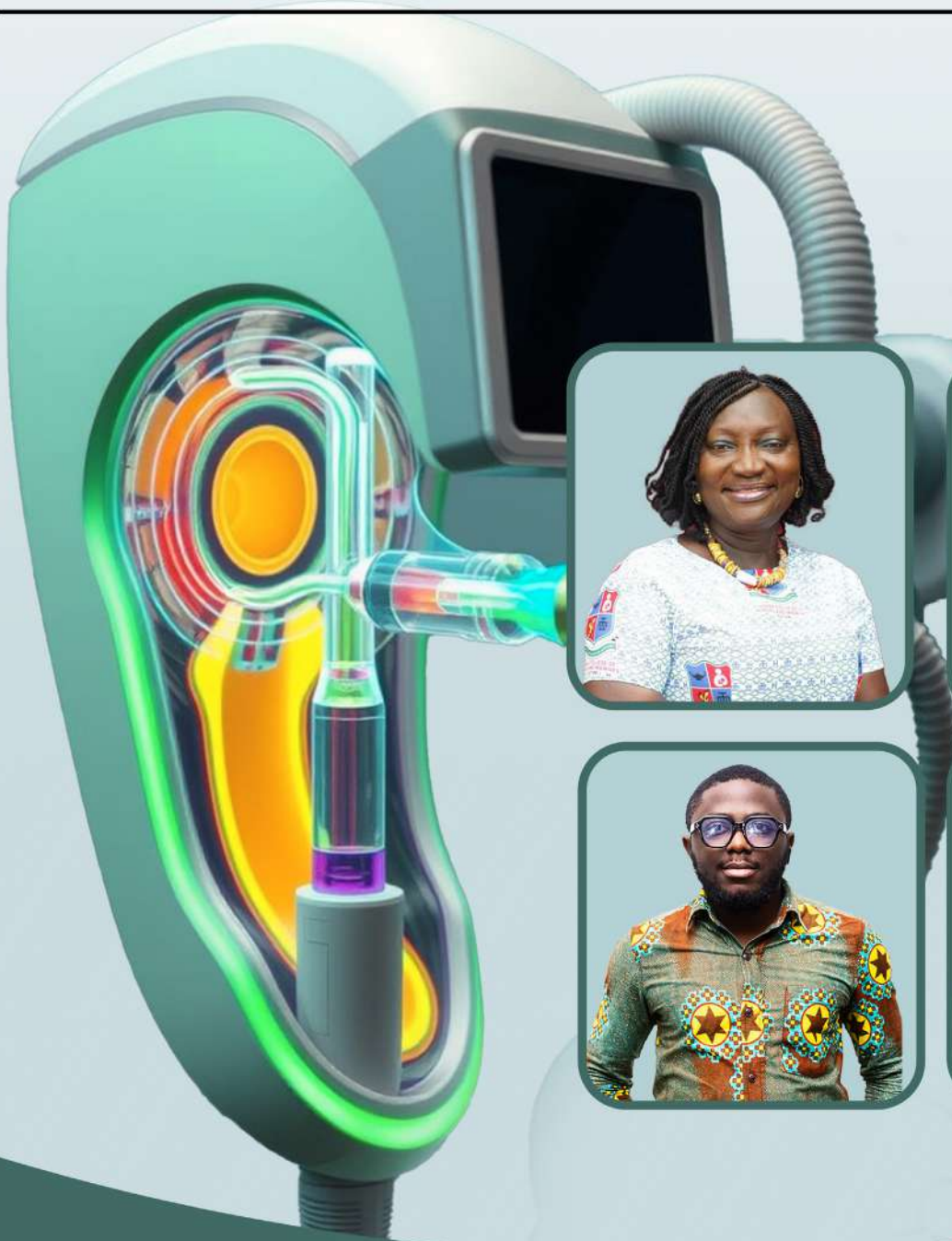


Health Pulse magazine

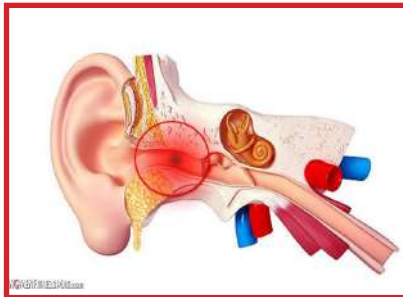


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HCOWAA: Advancing Healthcare Standards in West Africa

The Health Community of West Africa Association (HCOWAA), based in Ghana, is a non-governmental organization dedicated to advancing healthcare across West Africa. Addressing the uneven distribution of medical resources, HCOWAA advocates for regional cooperation through a Health Alliance that unites healthcare stakeholders to create a cohesive health community.

With a mission to improve health outcomes in West Africa, HCOWAA facilitates collaboration, innovation, and research among professionals, leveraging collective resources to enhance healthcare services, policies, and access. HCOWAA envisions a resilient West African healthcare system where institutions and professionals lead groundbreaking research, foster innovation, and influence policies that elevate regional healthcare.

Through initiatives like establishing a regional healthcare database, launching research projects, and hosting policy roundtables, HCOWAA builds strong networks to drive healthcare advancements. Advocacy efforts focus on equitable access, supporting vulnerable populations, and addressing healthcare disparities. The organization's objectives include fostering research and innovation, supporting health policy reforms, and integrating medical equipment manufacturers with healthcare facilities.

HCOWAA also facilitates training programs, academic exchanges, and research grants, ensuring members are equipped with knowledge and skills to address regional health challenges effectively. Networking events like the HCOWAA Medical and Health Industry Investment Summit & Expo connect professionals, offering a platform for partnership and knowledge sharing.

HCOWAA's commitment extends to partnerships with international health organizations and academic institutions, which amplify its impact by introducing global best practices and strengthening West African healthcare infrastructure. Collaborative efforts with international partners promote training, research, and infrastructure upgrades for health facilities, pharmaceutical establishments, and clinics.

In addition, HCOWAA's magazine partnerships, including an MoU with Health Pulse Magazine, provide platforms to publish relevant content, share insights, and enhance visibility for ongoing initiatives. Through these combined efforts, HCOWAA aims to foster a collaborative healthcare environment that not only addresses urgent health challenges but also builds a sustainable, inclusive healthcare future for West Africa.

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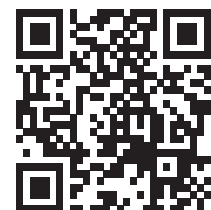
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The Cost Of Silence:

Why Hearing Health Can No Longer Wait!

Hearing loss is fast becoming one of Africa's most overlooked public health emergencies. Today, an estimated 40 million people across the continent live with hearing loss. By 2030, that number could rise to 54 million if urgent action is not taken, according to a recent report by the World Health Organization. This is not just a health issue—it is a social, educational, and economic crisis costing Africa an estimated US\$27 billion every year.

The burden of hearing loss falls heaviest on the poor and most vulnerable, deepening existing health inequalities. For children, untreated hearing loss can delay language development, undermine learning, and limit future opportunities. For adults, it often leads to isolation, loneliness, depression, and an increased risk of dementia. Entire families and communities feel the impact when communication breaks down.

Yet, this crisis is largely preventable and manageable. The WHO report, launched during the African Summit on Hearing Impairment in Nairobi, exposes deep systemic gaps. More than half of African countries have just one ear, nose, and throat specialist per million people, compared to about 50 per million in Europe. Audiologists and speech therapists are even scarcer. Although 33 million Africans could benefit from hearing aids, only about 10% can access them—

mainly due to cost and weak financing.

Perhaps most concerning is that ear and hearing care services remain concentrated at tertiary hospitals, far from where most people live. Primary healthcare systems—where prevention and early intervention should happen—are largely excluded, despite the fact that up to 75% of childhood hearing loss in low- and middle-income countries is preventable through simple measures. Newborn hearing screening, school-based programmes, and occupational health interventions are still the exception rather than the rule.

The path forward is clear. Governments must elevate ear and hearing care as a national priority, backed by strong policies, dedicated budgets, and integration into existing health programmes. Public-private partnerships can help expand access to affordable technologies, while investment in training will strengthen the health workforce. Most importantly, hearing care must move closer to communities.

Africa cannot afford to remain silent on hearing loss. Addressing it is not only a sound health investment—it is a commitment to inclusion, dignity, and equal opportunity for millions.



The Human Ear

By Priscilla Akorfa Fomevor

The human ear is a complex and delicate organ that serves as the body's gateway for sound and a center for spatial awareness. Often mistakenly thought of as just the visible part on the side of the head, the ear is actually a much deeper and more intricate structure. It is housed partly within the hardest bone of the skull and is divided into three distinct sections that work in perfect sequence.

The first section is the **outer ear**, which includes the visible, curved pinna and the **ear canal**. This part acts as a natural funnel, collecting sound from the environment. At the end of the canal lies the eardrum, a thin, tight membrane that marks the entrance to the middle ear. The **middle ear** is a small, air-filled cavity containing the three smallest bones in the human body, known collectively as the **ossicles**. These bones form a delicate chain that bridges the gap between the eardrum and the inner ear. The

inner ear is the most complex region, consisting of the cochlea, a structure shaped like a snail's shell, and a network of fluid-filled tubes and chambers known as the vestibular system. Together, these parts form an organ of remarkable precision and sensitivity.

The ear performs two primary and essential functions for the human body.

The first and most well-known function is **hearing**. The ear is responsible for capturing physical sound waves from the air and transforming them into electrical signals that the brain can interpret. The outer ear collects these waves and channels them inward. The middle ear amplifies the resulting vibrations, and the inner ear converts them into nerve impulses. This entire process happens continuously and instantaneously, allowing us to communicate, enjoy

music, and stay aware of our surroundings.

The second major function of the ear is to **maintain balance**. Located in the inner ear, the vestibular system constantly monitors the position and movement of the head. As the head moves, fluid inside these structures shifts, sending signals to the brain about the body's orientation in space. This function works

automatically to keep us upright, steady, and coordinated, whether we are standing still, walking, or turning quickly. In essence, the ear not only connects us to the world of sound but also grounds us physically to the world beneath our feet.

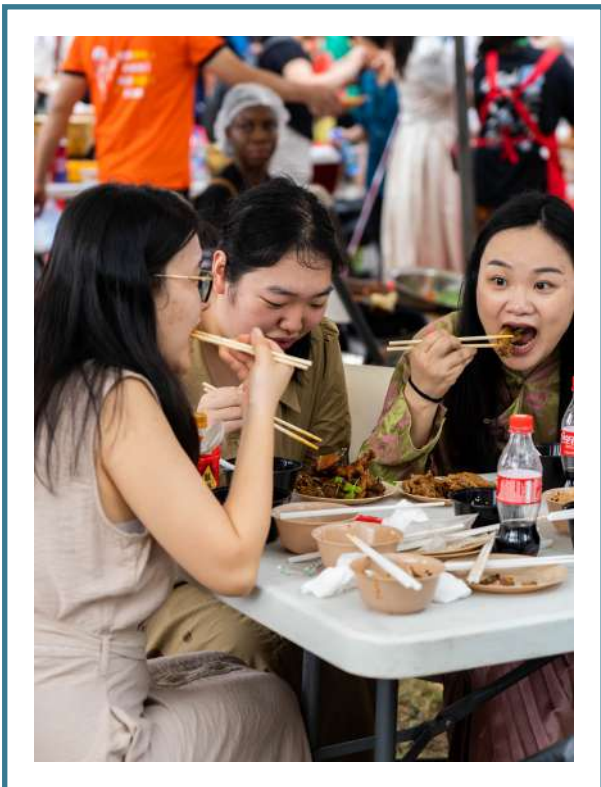


Health Community of West Africa Association Welcomes the Year of the Horse

"The Health Community of West Africa Association marked the Chinese New Year with a vibrant celebration of culture, cuisine, and shared goodwill. The event featured a colourful display of traditional performances, authentic Chinese dishes, and moments of merrymaking that reflected the spirit of

cross-cultural unity. This year's celebration ushered in the Year of the Horse, a powerful symbol of strength, passion, and bold determination values that resonate strongly with the Association's commitment to progress, resilience, and collaboration." _News Desk





Hormonal Influences on Otolaryngological Symptoms Across the Female Lifespan: Implications for Nursing, Midwifery, and ENT Practice.

Hormones shape far more than reproduction. Across a woman's life—from menstruation to pregnancy and menopause—fluctuations in estrogen and progesterone quietly influence the ears, nose, throat, and balance system. Yet many of these symptoms are often mistaken for allergies, infections, stress, or simply aging. Recognizing the hormonal link behind certain ENT complaints can improve diagnosis, reduce unnecessary medication, and strengthen patient care.

During the menstrual cycle, some women experience nasal congestion, sinus pressure, or postnasal drip just before their period. Estrogen increases blood flow to the nasal lining and promotes swelling, while progesterone contributes to fluid retention. The result can feel like a mild cold without infection. These symptoms typically resolve once menstruation begins, highlighting their cyclical nature. Awareness of this pattern prevents repeated courses of antihistamines or antibiotics that may not be needed.

Hormonal shifts can also affect the voice. Estrogen helps maintain hydration and flexibility of the vocal folds, supporting clarity and range. As progesterone rises before menstruation, some women notice hoarseness, vocal fatigue, or difficulty reaching higher notes. For professional voice users such as teachers and singers, these changes can be particularly disruptive. Identifying premenstrual voice changes allows for reassurance and simple voice care strategies rather than unnecessary investigations.

Hearing may also fluctuate with hormonal changes. Some women report temporary hearing sensitivity or ringing in the ears during certain phases of their cycle. These symptoms are thought to relate to hormonal effects on inner ear fluid balance and circulation. While usually short-lived, persistent hearing loss or ongoing tinnitus should be formally evaluated to rule out underlying disease.

Pregnancy brings more pronounced ENT changes. Rhinitis of pregnancy, marked by nasal congestion lasting several weeks without infection or allergy, is common. Elevated estrogen increases nasal blood flow and glandular activity, leading many expectant mothers to feel constantly blocked. Though uncomfortable, the condition is generally harmless and responds to supportive measures. Rarely, benign vascular growths may appear in the nasal cavity during pregnancy. Despite their alarming

appearance, these hormonally driven lesions often shrink after delivery.

Menopause introduces another phase of transition. Estrogen plays a protective role in the inner ear, supporting hearing and balance. As levels decline, some women experience increased risk of age-related hearing loss. Dizziness and vertigo also become more common and may contribute to falls. Early assessment, safety counseling, and appropriate referral are important in reducing complications during this stage.

Oral and throat symptoms can also emerge during menopause. Burning mouth sensations or persistent dryness may occur even when examination appears normal. Reduced estrogen contributes to thinning of mucosal tissues and decreased saliva production, while stress and sleep disturbances may intensify discomfort. Management focuses on reassurance and symptom relief.

Across every stage of life, hormonal transitions leave subtle but meaningful effects on ENT health. Viewing these symptoms within a hormonal context promotes accurate diagnosis and compassionate, patient-centered care. In many cases, what seems like illness may simply reflect the natural rhythm of the female body adapting to change.



By Dr. Susana Somuah
Director, Academics, GCNM



The Hidden Threat to Newborn Hearing: Why a Mother's 'Flu' Demands ENT Attention

A recent clinical case published in Healio underscores a vital message: a seemingly mild, flu-like illness in a pregnant woman can pose a significant risk to her unborn child, particularly regarding ear, nose, and throat (ENT) health. The case details a 25-year-old pregnant mother who presented with worsening symptoms including fever, severe sore throat, and enlarged cervical lymph nodes classic ENT manifestations of an acute viral infection.

While her symptoms initially suggested mononucleosis, a negative test raised suspicion for Cytomegalovirus (CMV). The most likely source? Her four-year-old child, who had a mild illness after likely picking up the virus at preschool. For a healthy child, CMV is often harmless. But for a pregnant mother, a primary infection can have life-altering consequences for her baby.

The case highlights that if this mother has a primary CMV infection, the potential effects on her newborn are severe and directly impact the ENT system. The correct diagnosis points to a triad of findings: hearing loss, eye inflammation, and brain calcifications.

Crucially, congenital CMV is identified as the most common non-genetic cause of sensorineural hearing loss in newborns. This

hearing impairment can be present at birth or develop later in childhood, sometimes progressively. It underscores why universal newborn hearing screening is essential it can be the first indicator of an underlying congenital infection.

The mother's prominent ENT symptoms severely inflamed tonsils and swollen cervical nodes were key clues to an active viral process. These symptoms, combined with pregnancy and exposure to a young child, form a classic scenario for CMV acquisition. The virus can cross the placenta and affect the developing fetal brain and inner ear, causing permanent neurosensory hearing loss.

With no vaccine available, prevention hinges on hygiene. Pregnant women can reduce risk by frequent handwashing, especially after diaper changes, avoiding shared food or utensils with toddlers, and steering clear of contact with young children's saliva.

For healthcare providers, the case is a reminder to consider CMV in any pregnant woman with mononucleosis-like symptoms and prominent ENT findings. A mother's sore throat is more than a passing ailment it can be a warning sign for a silent threat to her baby's ability to hear.

Source: Healio News



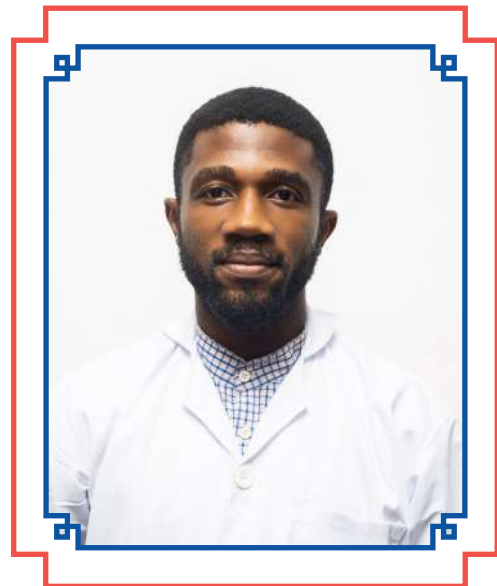
Where Innovation Meets Diagnosis in Ear, Nose and Throat Medicine

In the management of ear, nose and throat (ENT) conditions, clinical examination is only one part of the diagnostic journey. Behind every confirmed infection, guided antibiotic prescription, or early cancer diagnosis is the work of the medical laboratory.

Infections of the ear are among the most common ENT complaints seen in healthcare facilities. When a patient presents with persistent ear discharge or pain, an ear swab is collected and sent to the laboratory for culture and sensitivity testing. Using microbiological techniques, we isolate and identify the exact organism responsible for the infection. Frequently encountered pathogens include *Staphylococcus aureus* and *Pseudomonas aeruginosa*, both of which can cause significant ear infections if not properly treated. Through culture analysis and antibiotic susceptibility testing, we determine which antimicrobial agents will be most effective. This approach not only ensures faster recovery for the patient but also helps combat antimicrobial resistance by preventing the misuse of broad-spectrum antibiotics.

Beyond infections, laboratory technology also plays a central role in diagnosing structural and potentially malignant conditions of the nose. When abnormal growths, persistent nasal obstruction, or unexplained bleeding occur, clinicians may request a nasal tissue biopsy. In the histopathology laboratory, the specimen undergoes careful processing, embedding, sectioning, and staining before microscopic examination. Cytological evaluation allows us to study individual cells, while histopathological

analysis reveals tissue architecture. Through these techniques, we are able to detect chronic inflammatory conditions, benign lesions, or early-stage malignancies. Early identification significantly improves treatment outcomes and can be life-saving.



Emmanuel Gyamfi Ayirebi

Laboratory consultant (Essence clinic and medical laboratory)

Similarly, throat infections are routinely investigated using throat swab cultures. One of the primary organisms we look for is *Streptococcus pyogenes*, the bacterium responsible for strep throat. Accurate identification is essential because untreated infections can lead to complications such as rheumatic fever. By culturing the organism and performing sensitivity testing, the laboratory provides clinicians with clear guidance on the most appropriate antibiotic therapy. This precision reduces unnecessary prescriptions and ensures targeted treatment.

In more complex cases, particularly when patients present with persistent hoarseness, difficulty swallowing, or suspicious lesions, tissue samples from the throat may be examined histologically. Modern laboratory technologies, including advanced staining techniques and digital microscopy, enhance our ability to detect early malignant changes or chronic inflammatory diseases. These innovations have significantly improved diagnostic accuracy

and turnaround time.

Health and technology are deeply intertwined in ENT care. Automated culture systems, improved incubators, high-resolution microscopes, and digital pathology platforms have strengthened the reliability of laboratory results. As laboratory professionals, we operate at the intersection of science and patient care, translating microscopic findings into meaningful clinical decisions.

The medical laboratory is not merely a supportive service in ENT management; it is a cornerstone of accurate diagnosis and effective treatment. Through microbiology testing, cytology, and histopathology, laboratory science ensures that infections are correctly identified, antibiotics are appropriately selected, and serious conditions are detected early. In the evolving landscape of healthcare technology, the laboratory remains a vital partner in safeguarding ear, nose and throat health.



Uganda's Healthcare Revolution: Giving Districts the Power to Lead

In global health, the traditional model is simple: resources and directives flow from the capital to the countryside. But Uganda is flipping that script, proving that the best person to fix a broken health system is often the person living in it.

With guidance from the World Health Organization (WHO), a quiet transformation is taking place across the country's district health offices. The goal is to move away from top-down mandates and instead build local systems that are resilient, data-driven, and capable of leading their own development.

"We are building systems that not only withstand shocks but also deliver consistently," said Andrew Bakainaga, WHO District Health Management Lead. "Districts should be the drivers of their own health agendas."

To make this vision a reality, WHO has deployed nine regional teams across Uganda. These specialists in health systems and disease surveillance do not issue orders from a distance. Instead, they sit in planning meetings with District Health Management Teams, walk through local facilities, and help leaders interpret their own data.

This localized approach ensures that solutions fit the unique context of each district—whether urban, rural, or hosting refugee populations.

For years, many districts struggled with incomplete reporting, forcing decisions based on intuition rather than evidence. Through targeted

mentorship, that is changing. Health workers are now using real-time data to deploy staff strategically and detect early signs of outbreaks.

The results are striking: disease reporting accuracy has climbed from 80% to 100%, while timeliness has jumped from 55% to 75%. What was once a bureaucratic burden has become a guiding compass for action.

Uganda's recent history is marked by repeated health emergencies: COVID-19, Ebola, cholera, anthrax, and most recently, Mpox. Each crisis has tested local systems to their limits—but each has also forged deeper resilience.

District teams have integrated lessons from emergency response into long-term structures, ensuring that routine services continue even when new threats emerge. To date, 59 districts have completed multi-hazard risk assessments, and 70% now have robust contingency plans in place.

These gains come amid shrinking resources, with declining external assistance putting pressure on local systems. But WHO believes the district-led model offers a path forward—one that could be replicated in other countries facing similar challenges.

Source: WHO





Put Down the Swab: The Sticky Truth About Earwax

Priscilla Akorfa Fomevor

It is a ritual as common as brushing your teeth. That feeling of fullness or an errant itch sends us rummaging for a cotton swab, driven by the deep-seated belief that a clean ear is a wax-free ear. The truth is that earwax, clinically known as cerumen, is far from being a sign of dirt. It is, in reality, a sophisticated and hard-working substance your body produces specifically to protect your ear. Think of it not as a mess to be cleaned, but as a dedicated guardian stationed to protect.

Its primary mission is to act as a sticky trap, catching the endless barrage of dust, pollen, and microscopic debris that floats through the air, preventing these particles from embarking on a journey that could damage the sensitive eardrum. This physical barrier is just the first line of defense. Earwax also possesses natural antibacterial and antifungal properties, creating an environment within the ear canal that is inhospitable to microbes that could cause painful infections. Furthermore, it serves as a natural lubricant, preventing the thin skin of the ear canal from becoming dry, itchy, and cracked.

Our ears are designed to be self-cleaning, utilizing the slow, spiraling growth of skin cells to gently migrate old, dried wax from the eardrum towards the outer ear, where it ultimately flakes away unnoticed. The

problem arises when we intervene. When we take a cotton swab and probe into the canal, we are not extracting the wax so much as we are undermining the entire system. We aggressively scrape the delicate lining, causing irritation and micro-tears that invite infection. Most critically, we take the wax that is meant to be migrating out and instead pack it deep into the canal, compressing it against the eardrum into a hard, painful plug that can muffle sound and require a doctor's visit to resolve.

So what is the proper approach to ear hygiene? For the vast majority of people, it is simply to do nothing at all. The small amount of wax you see at the very opening of your ear is the old wax that has successfully completed its journey and is ready to be wiped away with a washcloth during your regular shower. Resist the urge to dig. Respect the intricate, self-sustaining system your body has created. The only time to seek help is if you experience symptoms of a blockage, such as sudden hearing loss, pain, or a persistent feeling of fullness. In those cases, a medical professional can safely remove the impaction. Otherwise, the kindest and healthiest thing you can do for your ears is to leave them alone and trust the very clever guardian nature has put in place.



Nurturing Minds:

Mental Self-Care For Adolescent Girls

Mental self-care is cultivating habits, activities and practices that help nurture emotional, psychological, and social well-being. It's about recognizing and managing stress, building resilience, and cultivating a positive mindset. Girls are more likely to experience anxiety, depression, and eating disorders during adolescence; self-care can reduce these risks. The goal of this write up is to guide adolescent girls develop coping skills and promote healthy relationships and self-image.

Mental self-care is crucial for adolescent girls because this is a critical developmental phase characterized by: a period of growth, self-discovery, and change, and for girls, it can be especially challenging. It is also a time of rapid brain development and identity formation. Self-care supports emotional regulation, decision-making, and confidence, while providing tools to handle pressures from peers and social media. It allows girls to explore who they are and nurture a strong sense of self.

At the heart of self-care is self-awareness: understanding your thoughts, emotions, and behaviors. This begins with recognizing your needs—physical, emotional, and mental—and setting boundaries to protect your energy. It also involves identifying triggers that cause stress or negative emotions, whether it's loud noises, criticism, or social challenges, and planning coping strategies. Self-awareness includes acknowledging strengths and growth areas, such as public speaking skills or the desire to improve time management, and recognizing emotions like anxiety with associated thoughts, such as "I'm going to fail this assignment." Journaling and expressive writing are effective ways to process emotions. Writing about daily experiences helps clarify feelings: "I felt frustrated when my friend canceled plans. I thought I wasn't important to them." Mindfulness is another tool—simply noticing sensations, thoughts, and emotions without judgment allows girls to respond calmly rather than react impulsively.

Self-compassion and positive self-talk build resilience. Treat yourself as you would a friend; if a project goes wrong, say, "I can learn from this," instead of being harsh on yourself. Challenge negative thoughts by examining evidence and reframing them realistically: "Nobody likes me" can become, "I have friends who care about me."

Celebrate achievements, big and small, through a "wins list" and daily affirmations such as "I am capable." Practicing gratitude by noting things you're thankful for each day also strengthens positivity.

Other key self-care strategies include healthy coping mechanisms like breathing exercises, physical activity to release mood-boosting endorphins, and creative outlets such as art, music, or writing to process emotions. Seeking support from trusted adults—parents, teachers, mentors—provides guidance, reassurance, and perspective. Building supportive networks of friends and mentors offers encouragement and shared experiences that enhance well-being.

Nurturing the mind during adolescence lays the foundation for a confident, resilient future. Mental self-care empowers girls to navigate challenges, strengthen their identity, and thrive in all aspects of life. It is not selfish—it is essential. By prioritizing their mental health, adolescent girls set the stage for a flourishing and balanced life.



Rev. Mrs. Charity Essie Djokoto

Ghana College of Nurses and Midwives



Don't Ignore the Itch:

How Otitis Externa Begins

By Priscilla Akorfa Fomevor

Otitis Externa, commonly known as Swimmer's Ear, is not an infection of the inner ear structures but rather an inflammation of the delicate skin that lines the outer ear canal. For Ear, Nose, and Throat specialists, this condition is as much about dermatology as it is about audiology.

The ear canal is lined with some of the most sensitive skin in the human body. When that protective barrier is compromised, whether by excessive moisture, scratching, or underlying skin conditions, bacteria and fungi seize the opportunity to invade. This is why chronic skin diseases often set the stage for recurrent ear infections. Individuals living with eczema or psoriasis have a natural predisposition to developing otitis externa because their skin barrier is already vulnerable, creating a frustrating cycle where itching leads to scratching, and scratching leads to infection.

The symptoms reveal this dermatological nature. Unlike the deep pain of a middle ear infection, otitis externa typically announces itself with persistent itching deep within the canal. As the skin becomes increasingly inflamed, pain develops and worsens with the simple act of wiggling the earlobe or chewing,

movements that stretch the irritated skin. Redness, swelling, and flaky discharge often follow.

For those who frequently swim or whose ears are exposed to water, moisture is the enemy, as prolonged dampness causes the protective layer to break down. After swimming or showering, tilting the head to drain water and gently drying the outer ear is essential or creating a protective barrier can be helpful like swimming with earplugs on.

Most importantly, cotton swabs and fingers cause microtrauma, stripping away protective skin and introducing bacteria from the outside. This habit is one of the leading contributors to recurrent otitis externa, as each violation of the canal leaves the skin more vulnerable than before.

When the skin becomes painful or swollen, medical attention is necessary. Topical antibiotic and steroid drops work together to calm inflammation and fight infection, proving that sometimes, the best way to heal the ear is to treat it like the sensitive skin it truly is.





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Sleep Apnea Is Dangerous for Men Than You Think

By Priscilla Akorfa Fomevor

Obstructive Sleep Apnea occurs when the throat muscles relax during sleep, causing the soft tissue at the back of the throat to collapse and block the airway. Breathing stops until the brain panics, jerking the body partially awake to gasp for air. This cycle can repeat throughout the night, destroying sleep quality and starving the body of oxygen. The person rarely remembers these episodes, waking only to feel exhausted, irritable, and confused about why rest remains elusive.

Men carry a disproportionate burden of this condition. They are

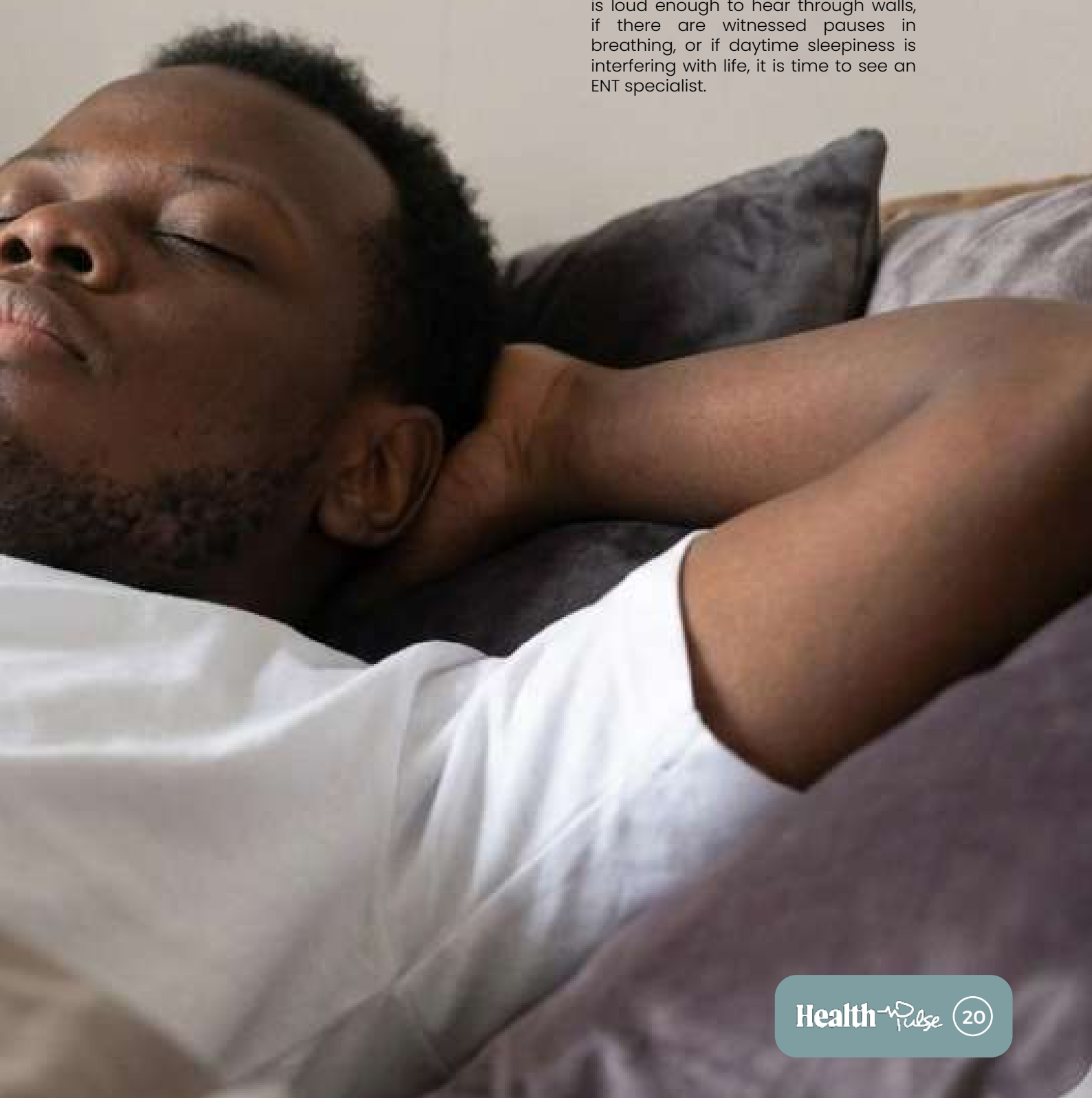
two to three times more likely than premenopausal women to suffer from sleep apnea, a disparity rooted in biology. Men typically have larger neck circumferences and different patterns of fat distribution, with more tissue accumulating around the upper airway. When muscles relax during sleep, this extra tissue compresses the airway, making collapse more likely. The male hormone testosterone also influences breathing control in ways that increase vulnerability.

The symptoms are often dismissed as normal. Loud, disruptive snoring is treated as a joke rather than a warning. Daytime fatigue is blamed on hard work or aging. Falling asleep in meetings or during quiet moments is accepted as a quirk of personality. But beneath these surface-level annoyances, the body is under siege. Each time breathing stops, oxygen levels plummet, forcing the heart to work harder. Stress hormones surge, blood pressure spikes, and the cardiovascular system endures repeated trauma night after night.

Over time, this hidden war takes its toll. Untreated sleep apnea is a major contributor to

hypertension, heart attack, stroke, and atrial fibrillation. It explains why some men who eat well and exercise still develop heart problems. It accelerates cognitive decline, fuels depression, and increases the risk of deadly car accidents caused by drowsy driving.

Despite these dangers, sleep apnea remains vastly underdiagnosed among men. Cultural expectations discourage complaining about exhaustion. For the men reading this and for the women who love them, the message is simple: pay attention to the night. If the snoring is loud enough to hear through walls, if there are witnessed pauses in breathing, or if daytime sleepiness is interfering with life, it is time to see an ENT specialist.



Otitis Media:

The Common Childhood Illness

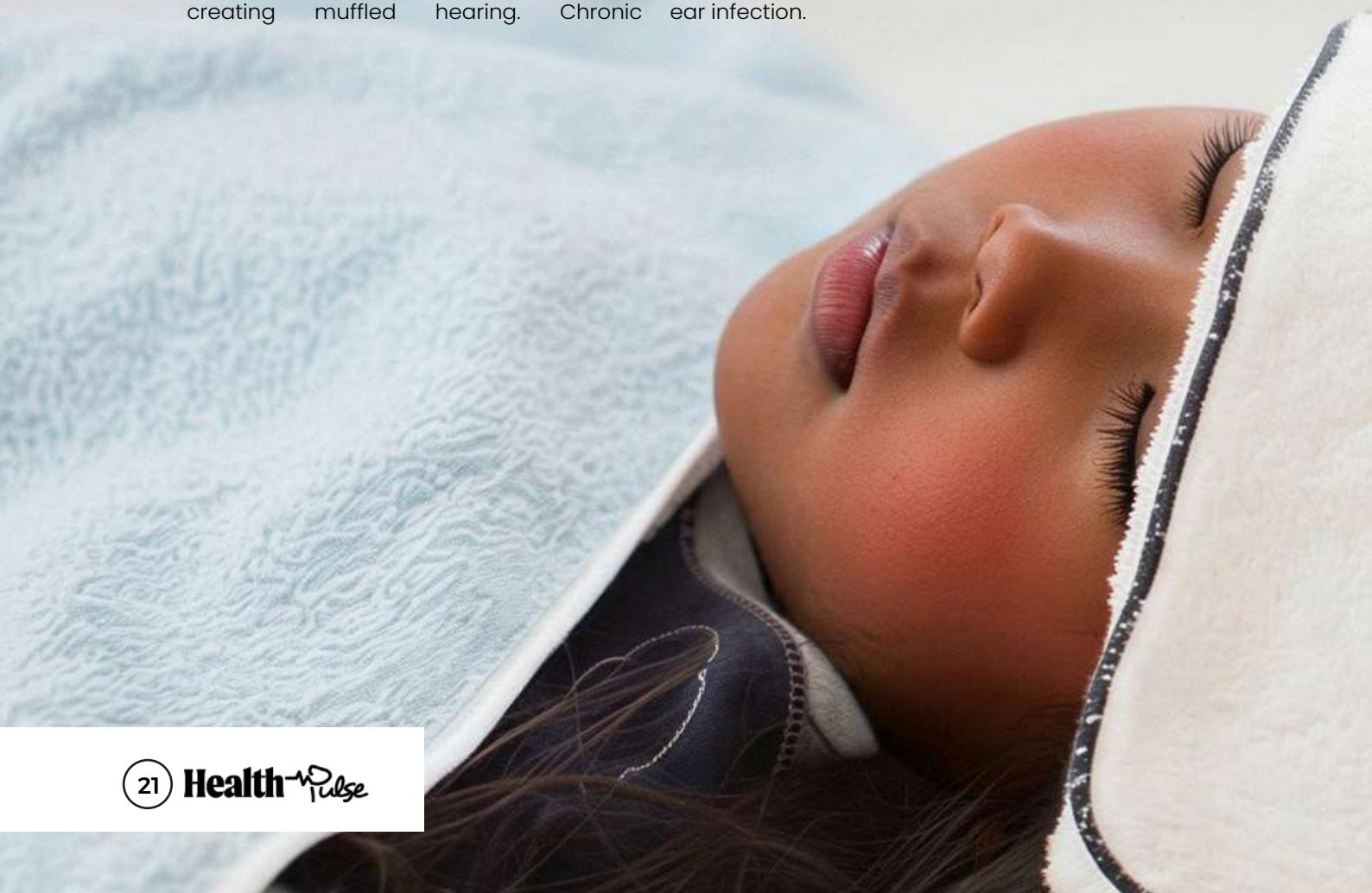
By Marilyn Tiphaine Fifame

It begins as a simple cold a runny nose, a slight cough, perhaps a mild fever. Parents comfort their child, assuming the illness will pass. But for millions of children worldwide, this familiar scenario escalates into something far more serious: otitis media, an inflammation of the middle ear that stands as the most common childhood illness after the common cold and the leading cause of preventable hearing loss in low-resource settings.

Otitis media refers to infection or inflammation of the middle ear, the air-filled space behind the eardrum containing the tiny bones essential for hearing. Acute otitis media presents with rapid onset of ear pain, fever, and irritability. Otitis media with effusion, or "glue ear," involves fluid accumulation without active infection, creating muffled hearing. Chronic

suppurative otitis media, the most severe form, involves persistent drainage through a perforated eardrum lasting over six weeks. The disease disproportionately strikes children under five, with over 80 percent experiencing at least one episode by age three.

Understanding otitis media requires appreciating its intimate relationship with the nose and throat. The Eustachian tube connects the middle ear to the nasopharynx behind the nasal cavity. When viral infections, allergies, or enlarged adenoids block this tube, fluid cannot drain properly. This stagnant fluid becomes a breeding ground for bacteria, particularly *Streptococcus pneumoniae*. This connection explains why a child with nasal congestion is precisely the child at risk for ear infection.



Recurrent or persistent middle ear infection leads to conductive hearing loss sound cannot travel efficiently through the damaged middle ear. In a developing child, even mild hearing loss has profound implications. Speech and language development stall. Classroom participation becomes impossible. Academic performance plummets. The child labeled “inattentive” may simply be unable to hear. Parents miss work for repeated clinic visits, draining scarce household resources on treatment.

The encouraging news is that otitis media is highly preventable. Vaccination against pneumococcus and influenza reduces incidence. Breastfeeding provides protective antibodies.

Avoiding tobacco smoke eliminates a major irritant. Prompt treatment of upper respiratory infections prevents progression. For active infections, antibiotics remain the cornerstone, though rising antimicrobial resistance demands judicious use.

Integrating ear care into primary health services, training community health workers to recognize early signs, and making vaccines accessible represent achievable goals. For every child whose otitis media is caught early and treated effectively, a lifetime of hearing and opportunity is preserved.



The Smartest Hearing Aid You've Ever Worn: How AI Is Reshaping Audiology

For years, upgrading a hearing aid meant better battery life or Bluetooth. But according to experts at Mayo Clinic, the latest devices are doing something far more revolutionary: using artificial intelligence to think for themselves.

"Ultimately, the goal of these technological advances is to remove some of the responsibility and heavy lifting from the brain and ears, hearing aids can now pinpoint what the sound is, where it's coming from and its relative importance," explains Courtney C. Luffler, Au.D., an audiologist at Mayo Clinic in Jacksonville, Florida

The most impactful advance in the field is the use of deep neural networks—a type of AI that mimics how the human brain learns. Modern hearing aids are programmed with millions of sound samples. The tiny computer chip inside constantly monitors the wearer's environment, instantly separating speech from background noise and making

automatic adjustments for each ear.

"No hearing aids have true AI that learns the patient's behaviors yet. However, AI is changing the processing strategy within the device," Dr. Luffler clarifies

Newer devices also utilize enhanced binaural signal processing, allowing a pair of hearing aids to function independently yet simultaneously to isolate noise. This evolution changes how wearers perceive space.

Historically, hearing aids assumed that whatever you were looking at was what you wanted to hear. But if you are a rideshare driver needing to hear passengers in the back seat, traditional directionality falls short. "New hearing aids focus on detecting sounds from all

around the wearer,” says Dr. Luffler. “The 360 program enables you to hear what someone is saying to your back.”

Despite these innovations, Dr. Luffler emphasizes that technology is only half the story. Adjusting to a new hearing aid can take two to three weeks, or longer for those upgrading from older models.

“Hearing aids are not miracle devices, and they don’t give back normal hearing,” she cautions. “We just try to set up our patients for success.”

To that end, Mayo Clinic relies on real ear measurements to ensure devices amplify sound precisely for each patient. If red flags like dizziness arise, audiologists collaborate closely with specialists.

“Our priority is making sure that our patients are healthy,” says Dr. Luffler. “We make whatever adjustments necessary to fit the patient’s lifestyle—because the best hearing aid is the one that the patient is going to wear.”

Source: Mayo Clinic

Golden Honey Glycerin Drops

(For Sore Throat and Laryngitis)

This kitchen-made hack soothes a raw, painful throat and helps calm laryngitis by coating irritated tissues.

Ingredients:

- 2 tablespoons raw honey (natural antibacterial)
- 1 tablespoon vegetable glycerin (available at pharmacies, adds soothing thickness)
- Pinch of ground turmeric (anti-inflammatory)
- Pinch of ground ginger

Method:

Mix all ingredients in a small jar until smooth. Take one teaspoon as needed, letting it slowly coat your throat before swallowing. Store in the refrigerator for up to two weeks. The honey fights bacteria, glycerin provides a protective coating, and turmeric reduces inflammation.

ENT Benefit: Reduces throat pain, suppresses cough, and helps voice recovery in laryngitis.

ENT Health and the Impact on Family Well-Being.

Ear, Nose and Throat (ENT) health plays a critical yet often underestimated role in the well-being of individuals and families. ENT medicine focuses on disorders affecting the ears, nose, throat, and related structures of the head and neck areas essential for hearing, speech, breathing, sleep, and communication. When these systems are compromised, the effects go far beyond physical discomfort, influencing learning, productivity, emotional health, and overall quality of life.

Among families, especially those with young children, ENT-related conditions are common. In pediatric practice, acute tonsillitis, ear infections such as acute otitis media, allergic rhinitis, and sinusitis are frequently seen. Recurrent colds, also known as acute coryza, often circulate within households, affecting multiple family members at once. While these illnesses may seem routine, repeated or poorly managed episodes can signal deeper ENT problems that require medical attention.

Untreated ENT conditions can have lasting consequences, particularly for children. Recurrent ear infections and persistent fluid in the ear can lead to hearing loss, which in turn may impair speech and language development. Children who struggle to hear clearly may find it difficult to follow instructions, participate in class, or interact socially, leading to poor academic performance and reduced confidence. Similarly, chronic sinusitis can disrupt sleep, cause persistent fatigue, and reduce concentration in both children and adults.



Dr. Agyemang Boateng

Medical Officer, Essence Clinic and
Medical Laboratory

Parents play a vital role in early detection. Warning signs that should not be ignored include delayed speech development, frequent requests for repetition, inattentiveness, difficulty following instructions, or a sudden decline in school performance. At home, persistent mouth breathing, loud snoring, or difficulty breathing during sleep may suggest airway obstruction caused by conditions such as enlarged adenoids or nasal blockage.

Beyond physical symptoms, recurrent ENT illnesses place emotional and financial strain on families. Frequent hospital visits, medication costs, missed school days for children, and lost workdays for caregivers can reduce household productivity and limit social engagement. Over time, this cycle can contribute to stress, anxiety, and reduced quality of family life.

Sleep disturbance is another major but overlooked impact of ENT conditions. Problems such as nasal obstruction, adenoid hypertrophy, or sleep apnea interfere with restful sleep. Poor sleep quality can result in daytime sleepiness, irritability, fatigue, reduced cognitive function, and diminished performance at school or the workplace. In children, inadequate sleep may also affect behavior and emotional regulation.

Delayed treatment of ENT conditions increases the risk of complications, including chronic hearing loss, persistent sinus disease, recurrent respiratory infections, and long-term speech delays. These complications can have lifelong implications, underscoring the importance of timely diagnosis and appropriate care.

Prevention remains a cornerstone of ENT health. Families are encouraged to practice good personal hygiene, ensure proper nutrition, keep up with routine immunizations, and avoid exposure to cigarette smoke. Identifying and avoiding allergy triggers, where possible, can significantly reduce symptoms. Importantly, prompt treatment of infections at appropriate health facilities helps prevent minor conditions from escalating into chronic problems.

The key message for families is simple but powerful: listen to your body and observe your child closely. Do not dismiss persistent or recurring symptoms as “normal.” Early intervention, healthy habits, and professional medical care can prevent complications and protect long-term well-being. When it comes to ENT health, timely action truly makes a difference—because good health is, indeed, wealth.

How Safe Are Your Earbuds?

By Gloria Addo

Earbuds have become an everyday companion—used for music, calls, online meetings, workouts, and entertainment. Their convenience and portability make them hard to resist. But as their use grows, so do concerns about their impact on hearing health. So, how safe is using earbuds?

The short answer: earbuds can be safe, but only when used responsibly.

Unlike over-the-ear headphones, earbuds sit directly inside the ear canal, placing sound closer to the eardrum. This proximity means that high volumes can deliver intense sound energy to the inner ear in a short time. According to global hearing health experts, prolonged exposure to sounds above safe levels can damage the delicate hair cells in the inner ear—damage that is permanent and irreversible.

One of the biggest risks associated with earbuds is listening at high volume for long periods. Many users increase volume to block out background noise, especially in traffic, gyms, or public transport. Over time, this habit can lead to noise-induced hearing loss, ringing in the ears (tinnitus), and sound sensitivity. The World Health Organization warns that millions of young people worldwide are at risk of hearing loss due to unsafe listening practices with personal audio devices.

Another concern is duration of use. Listening at moderate volume for a short time is generally safe, but hours of continuous use—even at lower levels—can strain the auditory system. In addition, sharing earbuds or using unclean devices can increase the risk of ear infections by introducing bacteria into the ear canal.

However, earbuds are not inherently dangerous. Safety largely depends on how they are used. Experts recommend the 60–60 rule: listen at no more than 60% of maximum volume for no longer than 60 minutes at a time. Taking regular listening breaks allows the ears to recover. Noise-

cancelling earbuds can also help, as they reduce the need to raise volume in noisy environments.

Fit matters too. Poorly fitting earbuds may leak sound, encouraging users to turn up the volume. Choosing well-fitted or cushioned earbuds can improve sound quality at lower volumes.

Ultimately, earbuds are a modern convenience, not a health threat—if used wisely. Protecting your hearing today means setting healthy listening habits now. Hearing loss develops silently, but once it occurs, it cannot be reversed. Safe listening is not about giving up earbuds; it's about using them smartly so your ears can serve you for life.



Stanford Scientists Develop Experimental 'Universal' Nasal Vaccine

Researchers at Stanford University have developed an experimental nasal spray vaccine that they say could offer broad protection against coughs, colds, influenza and even certain bacterial lung infections – and may potentially ease allergies.

The early-stage study, published in the journal *Science*, has so far been tested only in animals. Human clinical trials are still required before the vaccine can be considered for public use. Nevertheless, experts have described the findings as “really exciting” and a possible “major step forward” in immunisation science.

Unlike traditional vaccines, which train the immune system to recognise and fight a specific pathogen, the new approach takes what researchers call a “radical departure” from more than 200 years of vaccine design. Conventional immunisation strategies – pioneered by Edward Jenner in the late 18th century – target one disease at a time. For example, measles vaccines protect only against measles, while chickenpox vaccines protect only against chickenpox.

The Stanford team’s approach does not directly train the immune system to recognise a specific virus or bacterium. Instead, it mimics how immune cells naturally communicate. Delivered as a nasal spray, the vaccine primes white blood cells in the lungs known as macrophages, placing them on what researchers describe as “amber alert.”

These primed macrophages remain ready to respond rapidly to a wide range of invading pathogens. In animal experiments, this heightened state of readiness lasted for approximately three months.

According to the researchers, the vaccine reduced the number of viruses entering the lungs and spreading into the body by 100- to 1,000-fold. For infections that did break through, the broader immune system responded at what scientists described as “warp speed.”

Professor Bali Pulendran, a professor of microbiology and immunology at Stanford, said the immune system appeared “poised and ready” to fend off infections once the nasal spray had activated the lung’s first line of defence.

Beyond viral infections, the team also demonstrated protection against two significant bacterial threats: *Staphylococcus aureus* and *Acinetobacter baumannii*, both of which can cause serious respiratory infections.

While the findings remain preliminary, researchers believe the strategy could represent a transformative shift in how respiratory diseases are prevented, potentially offering broad-spectrum protection through a single, non-invasive nasal spray.

Source: BBC Health



A Vital Strategy for Protecting Your Ears, Nose, and Throat

When flu season arrives, most people focus on avoiding fever and body aches. Yet the influenza virus poses a special threat to the ear, nose, and throat (ENT) system the very gateway through which it enters and wreaks havoc. Protecting yourself from the flu is essential for safeguarding your hearing, your voice, and your respiratory health.

Influenza viruses enter the body through the nose and mouth, attaching to cells in the upper respiratory tract. This explains why flu symptoms so frequently include sore throat, nasal congestion, and cough. But the damage does not always stop there. The inflammation caused by the flu can block the Eustachian tubes the small canals connecting the middle ear to the throat leading to painful ear infections and temporary hearing loss.

In children, whose Eustachian tubes are shorter and more horizontal, this complication is especially common. Each flu season brings waves of pediatric otitis media cases, some progressing to chronic issues. For adults, severe flu-related laryngitis can strain the vocal cords, sometimes causing lasting voice changes.

The American Heart Association emphasizes that influenza stresses the entire body, triggering systemic inflammation. For ENT health, this means individuals with chronic sinusitis or allergies may experience severe flares following flu infection. The virus can also pave the way for secondary bacterial infections requiring additional treatment.

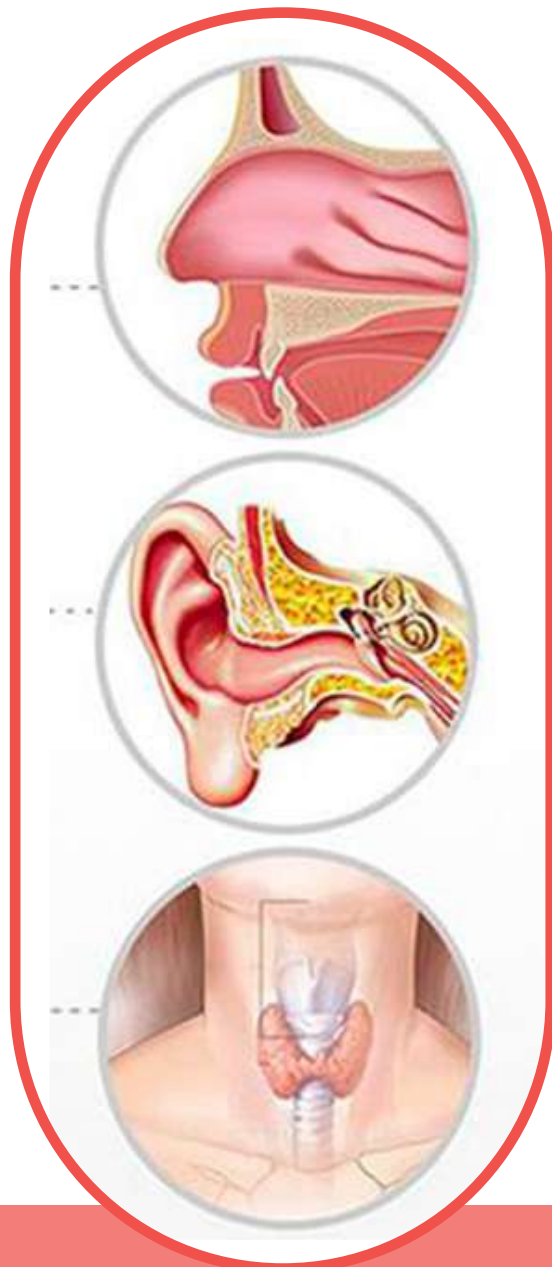
Your ENT-Focused Prevention Plan

1. Vaccination First: The annual flu vaccine remains the single most effective protection, directly reducing your risk of ENT complications.
2. Hand Hygiene: Frequent handwashing prevents virus transfer from contaminated surfaces to your nasal and oral passages.
3. Respiratory Etiquette: Covering coughs and sneezes with your elbow minimizes spread to others.
4. Humidify and Hydrate: Using a humidifier and drinking water maintains protective mucosal barriers against viral invasion.
5. Avoid Irritants: Tobacco smoke damages the cilia that sweep viruses from your respiratory tract.

If flu develops, rest allows your immune system to

fight effectively. Saline nasal rinses can flush viruses from passages. Seek medical attention promptly if you experience ear pain, severe throat swelling, or voice loss. The flu is a direct assault on the structures that enable hearing, speaking, and breathing. By prioritizing prevention, you protect not only your general health but the sensory tools that connect you to the world.

Source: American Heart Association



Health Terms

Otitis Media:

Inflammation or infection of the middle ear, most common in children. It occurs when fluid builds up behind the eardrum, often following upper respiratory infections, and can lead to hearing loss if untreated.

Eustachian Tube Dysfunction:

A condition where the tube connecting the middle ear to the nasopharynx becomes blocked or fails to open properly, causing ear pressure, pain, and fluid accumulation.

Tinnitus:

The perception of ringing, buzzing, or hissing sounds in the ears without an external source. It often results from noise exposure, aging, or underlying ear disorders.

Vertigo:

A sensation of spinning or dizziness typically caused

by inner ear problems, most commonly benign paroxysmal positional vertigo (BPPV), where calcium crystals displace within the ear canals.

Cholesteatoma:

An abnormal skin growth in the middle ear behind the eardrum that can destroy surrounding bones and lead to hearing loss, dizziness, and facial muscle paralysis if untreated.

Tonsillitis:

Inflammation of the tonsils caused by viral or bacterial infection, presenting with sore throat, difficulty swallowing, and fever. Recurrent cases may require tonsillectomy.

Laryngitis:

Inflammation of the larynx (voice box) resulting in hoarseness or voice loss, typically from viral infection, overuse, or irritants like

smoking.

Sinusitis:

Inflammation or swelling of the tissue lining the sinuses, causing facial pain, nasal congestion, headache, and reduced sense of smell. It can be acute or chronic.

Dysphagia:

Difficulty swallowing, which can arise from neurological disorders, structural abnormalities, or inflammation in the throat or esophagus.

Ménière’s Disease:

A disorder of the inner ear causing episodes of vertigo, fluctuating hearing loss, tinnitus, and a sensation of fullness in the ear. The exact cause remains unknown but relates to abnormal fluid accumulation.

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