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EDITORIAL COMMENT

HUMAN DISEASES AND HISTORIES OF TREATMENT-DRUG LACUNAE: AN EBOLA INDUCED REFLECTION

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In the history of mankind, there have been devastating incidences of disease epidemics with strange symptoms that had no known cure at the time of discovery. Recall the early eras of chicken pox, small pox, malaria, polio, HIV/AIDS, Lassa fever, Dengue fever, and now Ebola, which is currently devastating Guinea, Sierra Leone, and Liberia in West Africa. These diseases are associated with thousands of fatalities and rapid re-infections akin to a spreading 'wild fire' and usually prompting a search for cures or remedies that can checkmate the deaths. Available literature for instance, reveals that Smallpox killed thousands of Europeans annually during the closing years of the 18th century (including five reigning monarch) (Hays, 2005) and was responsible for an estimated 300-500 million deaths during the 20th century (Koplow, 2003). As at this day, Ebola death toll is in the thousands and still counting.

Surely, the emergence of new diseases trigger research efforts to discern the cause, disease carriers (vectors, if there are), modes of transmission, incubation period, symptoms, preventive measures and cure, which of course, takes time and that specific time required to discover new curative drugs for emerging diseases is hearing referred to as '*treatment drug lacunae*' (TDL). Indeed, finding an appropriate curative drug or vaccine usually improves the fortunes of populations ravaged by new disease epidemics and tremendously cuts down the disease incidence and fatalities. In advanced climes, machineries are put in place to monitor, contain and manage any such emerging disease via efficient policy formation and implementation, as well as adequate research funding.

Ironically however, most of the devastating disease epidemics that have ravaged populations in recent years, apparently originated in Africa where research funding is at its lowest or even negligible, and usually not considered a priority. Experiences have also shown that Africa seems not to have the capacity to manage incidences of disease epidemics with no known etiology and cure. These diseases are usually more devastating where there is extreme dearth of adequate medical staff/experts, equipments/facilities, funding and efficient policy formulation and implementation. In fact, experiences with Ebola do confirm that new diseases may always emerge and that there will always be the need to seek new curative drugs. In other words, there will always be that chance that new diseases will emerge that could outstretch our present capacities to manage them.

It has become obvious therefore, that except for adequate planning and preventive measures, such disasters would always leave in its trail, tales of woes, deaths and agony. African politicians must realize that lack of leadership, efficient policy formulation and implementation, as well as corruption, not only sentences a nation to an economic death, but predisposes her to societal suicide and makes her vulnerable to epidemics like Ebola; yet no one can tell when the next epidemic would emerge. Most importantly, governments in Africa must realize that efficient planning and research must be considered a priority as they remain the keys to minimizing the woes of Africa and possibly bridge the drug treatment lacunae when the need arises.

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