

OBAFEMI AWOLOWO UNIVERSITY, ILE-IFE, NIGERIA.

INAUGURAL LECTURE SERIES 297

**MAN, HIS SKIN AND HIS GENITALS:
The Beauty and the Beast.**

By

OLAYINKA ABIMBOLA OLASODE

Professor of Dermatology and Venereology



OBAFEMI AWOLOWO UNIVERSITY PRESS, ILE-IFE, NIGERIA.



OLAYINKA ABIMBOLA OLASODE

Professor of Dermatology and Venereology

MAN, HIS SKIN AND HIS GENITALS: The Beauty and the Beast.

.....
UNIVERSITY LIBRARIAN

**Obafemi Awolowo University
ILE-IFE, NIGERIA.**

**An Inaugural Lecture delivered at Oduduwa Hall,
Obafemi Awolowo University, Ile Ife, Nigeria.
On Tuesday 14th February, 2017**

By

**Olayinka Abimbola OLASODE
Professor of Dermatology and Venereology**

Inaugural Lecture Series 297

© OBAFEMI AWOLOWO UNIVERSITY PRESS 2017

ISSN 0189-7848

Printed by

**Obafemi Awolowo University Press Limited
Ile-Ife, Nigeria.**

Genesis 2:25 And they were both naked, the man and his wife, and were not ashamed. The Holy Bible KJV

1. PREAMBLE

Mr. Vice Chancellor Sir, the journey of a thousand years begins with the first step. The story is that of a young girl who repeatedly heard from her father during her growing years that she will become an excellent physician, an astute academician and one day celebrate the pinnacle of her chosen career. Those words were spirits and they were life that channelled me in the grooming years. Through the days of challenges, delay and temporary setbacks, my father's convincing voice rang in my ears from the very bottom of my soul emanating in the desired energy to keep prodding on the path of greatness. Though he departed to the great beyond a few years back, those words continued to work for me. I could not bear to disappoint his tenacious belief in my capability. It is no coincidence that my father and Prof Thomas Adesanya Ige Grillo, one of the founding fathers of the College of Medicine here in Obafemi Awolowo University where I have achieved this prophesy were once classmates at the great Hope Waddell Training Institute in Calabar where they both passed their Senior Cambridge examinations.

I stand here today as a Professor of Dermatology and Venereology, a Dermato-Venereologist of international renown, with exposures where I never dreamt that the soles of my feet could tread. I stand as a receptacle of years of training, experience and research in my divinely chosen field of expertise. I stand here as an object of God's mercy and divine selection. I thank God that I did not quit and that is why I have a story to tell.....

2. INTRODUCTION

The topic for this August gathering in February is 'Man, his skin and his genitals: the Beauty and the Beast.' Man refers to all mankind, both Male and Female species. This lecture is being

delivered on a Valentine's Day. This is not a coincidence but by divine arrangement. The Beauty and the Beast is a story of love.

Dermatology is the study of the skin and its appendages, their pathological states and management. The skin is the outer covering for the body and it includes its appendages; the hair and the nails. The importance of a covering in all facets of life cannot be overemphasized. The skin is also a mirror through which we clinically perceive the functioning's of the internal organs systems.

Venereology as a medical specialty is the study and management of sexually transmitted diseases. The genitals of man are the external reproductive organs and its associated structure comprising the penis and the scrotal sacs in the male and the labia, the clitoris and the vagina in the female.

These two body systems, the skin and the genitals are connected and vital organs in the existence of humans, one offering protection and the other procreation and pleasure.

3. HISTORY OF DERMATOLOGY

Biblical foundations of the Dermato-Venereologist

Both disciplines of Dermatology and Venereology are as old as time. From biblical times there have been emphatic instructions to the priests who acted in the capacity of Dermatologists and Venereologists. The book of Leviticus in the Holy Scriptures prescribes regulations and handling of skin and venereal diseases.

Leviticus 13:1-2 ¹Then the LORD spoke to Moses and to Aaron, saying, ²"When a man has on the skin of his body a swelling or a scab or a bright spot, and it becomes an infection of leprosy on the skin of his body, then he shall be brought to Aaron the priest or to one of his sons the priests.

Leviticus 15:1-2 ¹ The LORD spoke to Moses and Aaron, ² "Tell the Israelites: If a man has a discharge from his penis, his discharge is unclean. ³ He is unclean because of the discharge from his penis. Whether it is chronic or not makes no difference; he is still unclean. (GOD'S WORD® Translation)

Historical perspectives in Dermatology

In the history of Dermatology written by William Allen Pusey in 1933, the book begins with ancient dermatology, Egypt to Greece, 3000 to 300 B.C. It brings us down through Graeco-Roman, Arabian and medieval dermatology, Rome to the Renaissance, 300 B.C. to 1500 A.D., and so on to the present. Dermatology began to find itself in 1750 to 1825, clinical and laboratory Dermatology 1800 to 1850. The first phase of modern Dermatology in Continental Europe and in Great Britain and the United States is placed from 1850 to 1900.

Early Dermatology in the 1900s was associated with management of syphilis and other venereal diseases thereby merging the two fields of Dermatology and Venereology. The chronological history of evolution of Dermatology is as listed below:

- **3000-300 B.C**, Ancient Dermatology in Egypt and Greece
- **300 B.C-1500 A.D** Graeco-Roman, Arabian, medieval Dermatology, Rome to the Renaissance
- **1025**, Avicenna's *The Canon of Medicine* described treatments for variety of skin conditions.
- **1572**, Geronimo Mercuriali of Forlì, Italy, completed *De morbis cutaneis* is known as the first scientific work to be dedicated to Dermatology.
- **1684-1766** Jean Astruc started modern Dermatology.
- **1799**, Francesco Bianchi wrote the book *Dermatologia*, first comprehensive textbook of modern Dermatology written for the students of medicine.
- **1798-1808**, Textbooks of Dermatology by Willan.

- **1800-1850**, Laboratory Dermatology
- **1801**, the first great school of Dermatology at the famous Hôpital Saint-Louis in Paris.
- **1806-1814**, the first Atlas of Dermatology by Alibert.
- **1850-1900**, Modern Dermatology in Europe and Great Britain

Historical perspectives in Venereology

In medieval times, syphilis and gonorrhoea were two of the most prevalent Sexually Transmitted Diseases (STDs) in Europe. One theory suggests that syphilis was spread by crew members who picked up the disease on the voyages led by Christopher Columbus. They are thought to have contracted syphilis while in the Americas and to have then spread it on their return when docking at ports in Europe. Sailors are also thought to be responsible for the spread of gonorrhoea from Tahiti to New Zealand during the Cook voyages.

In the 18th and 19th centuries, mercury, arsenic and sulphur were commonly used to treat venereal disease, which often resulted in serious side effects and many people died of mercury poisoning. The first known effective treatment for syphilis called Salvarsan or Arsphenamine was discovered and introduced in 1910 by Paul Ehrlich. Syphilis was the 19th century version of today's AIDS epidemic - an incurable sexually transmitted disease, infecting millions worldwide and with a similar mortality rate. In the 20th Century, the advent of penicillin and other antibiotics led to an effective cure of syphilis and many bacterial Sexually Transmitted Diseases.

As far as we know, the crisis of HIV/AIDS has been with us since 1981, although blood samples from as early as 1959 show evidence of the HIV virus.

4. THE SKIN OF MAN

The human body is made up of several organ systems. The skin is the largest of all body organs, weighing 6-10% of total body

weight and acts as a protective covering for all the other organs most of them safely tucked in away from trauma and harsh environment.

Anatomically, the skin has various layers in cross section and varies slightly all over the body to fulfill different regional emphasis in function. The skin on the scalp is tough to cover the skull and well vascularized to allow for quick healing while that on the face and groin are delicate and thin. The skin of the back however is very strong for body support for our upright posture. Melanocytes are cells in our skin that are responsible for the synthesis and distribution of melanin, a dark pigment that determines variations in our colour. There are regional differences in melanocyte distribution and activity resulting in our face, groin, genital area and knuckles being darker than other parts of our bodies.

The Human skin regulates body temperature, prevents loss of essential body fluids, prevents penetration of toxic substance, protects the body from harmful effects of the sun and radiation, excretes toxic substances with sweat, provides mechanical support, has Immunological function mediated by Langerhans cells, is a sensory organ for touch, heat, cold, socio-sexual and emotional sensations and also synthesises Vitamin D.

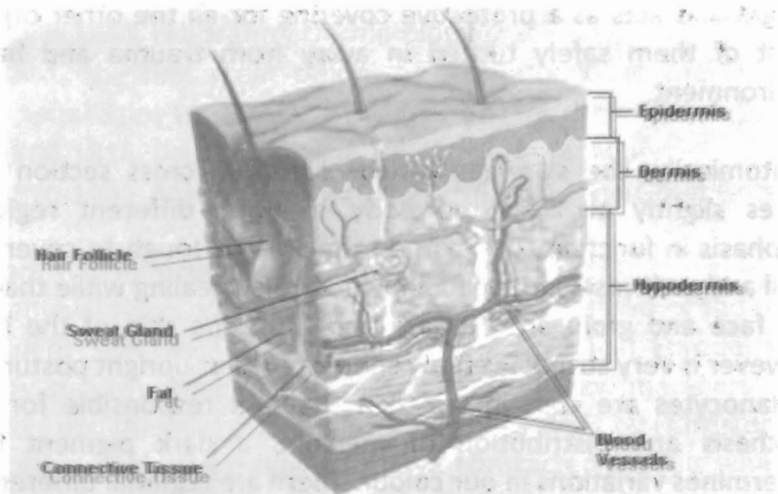


FIGURE 1 : A CROSS SECTION ANATOMY OF THE SKIN

5. RACIAL, GEOGRAPHICAL AND COLOR DIVERSITY

There are genetic and environmental determinants of skin colour. Skin color is a polygenic trait and depends on the expression of multiple genes. There are 378 genetic loci determining skin colour but only 170 has been cloned. One of those cloned regulates the functions of melanosomes, which are organelles in melanocytes responsible for the synthesis of melanin the dark coloured pigments that makes us black. The gene MC1R called melanocyte-stimulating hormone receptor (MSHR), melanin-activating peptide receptor, or melanotropin receptor initiates a complex signaling cascade to augment the production of the brown or black pigment eumelanin.

Nature functionally selected darker skin for people in tropical latitudes where ultraviolet radiation from the sun is most intense using this melanin as a protective biological shield.

All Asian and African populations carry the original allele, SLC24A5 while the mutant allele is found in about 99.9% of Europeans. The

dominance of the mutant SLC24A5 allele in the European population suggests a strong selective pressure for paler skin tones in regions with low levels of UV radiation. So your dark skin color and your location is not a coincidence but divine.



FIGURE 2: HUMAN GEOGRAPHICAL SKIN COLOUR DIVERSITY



FIGURE 3: HUMAN SKIN COLOUR DIVERSITY

6. THE HUMAN GENITALS

The human genitals or genitalia are the sex organs that anatomically differentiate a man from a woman. The genitalia is both internal and external and its functions for reproduction of man as well as for sexual pleasure. The external genitalia in males are the Penis and the scrotal sac containing the scrotum which contains the testis where sperm is produced while that of females is the vulva, the clitoris, the labia and the vagina. The *hymen* is a membrane that surrounds or partially covers the external vaginal opening and can come in different shapes most commonly a half moon to allow for menstrual flow. The *hymen* has been the subject of legends and virginity debates for centuries. In old cultures, families expected newlyweds to hand over bloody sheets after the wedding night to confirm that the woman was a virgin and check that the two had consummated the union. Many brides would simply cut the inside of their thighs with a sharp fingernail to soil the sheets.

Male circumcision is the removal of the foreskin from the human penis and is associated with a reduced risk of sexually transmitted disease, HIV/AIDS, protection against penile cancer and cervical cancer in the female sex partner.

MALE AND FEMALE GENITALIA

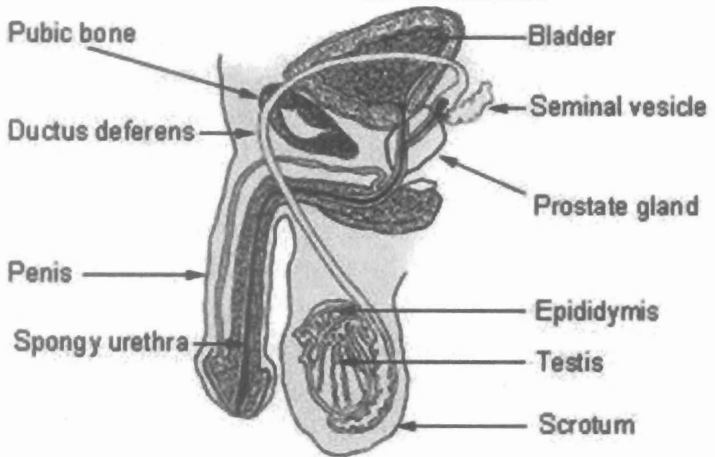


FIGURE 4: ANATOMY OF MALE GENITALIA

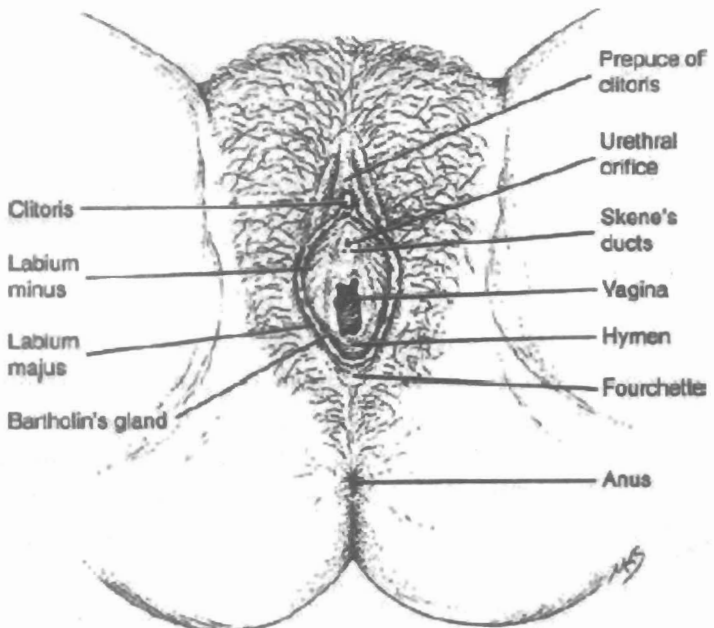


FIGURE 5: ANATOMY OF FEMALE GENITALIA

7. THE BEAUTY AND THE BEAST

Fairy tales from our childhood make an impression on our minds and convey a powerful opportunity to illustrate a complex idea. *Beauty and the Beast* is a 1991 American animated musical romantic fantasy film produced by Walt Disney Feature Animation and released by Walt Disney Pictures. *Beauty and the Beast* focuses on the relationship between 'Beast', a prince who is magically transformed into a monster as punishment for his arrogance, and Belle a beautiful young woman whom he imprisons in his castle. To become a prince again, Beast must win her love otherwise he remains a monster forever. A beast in the concept of this lecture in addition to its other definition of a wild four footed animal is an objectionable or unpleasant person or thing, brutish, ugly and untamed. Beauty signifies combination aesthetic qualities that please the sight. When the ugliness of the beast is taken away, it can reveal at a deeper level a previously unperceived beauty. The beauty and the beast is a concept in a world riddled with opposites where the good and the bad must meet to achieve a purpose.

There are many beauty quotes associated with the skin – '*Beauty is only skin deep.*' by Thomas Overbury, '*Beauty is only skin deep, but ugly goes clean to the bone*' by Dorothy Parker and '*Beauty is being comfortable in your own skin*' Ellen DeGeneres. Do we consider our genitals something of wonder, awe and beauty, or do you think them ugly beasts? There is so much darkness and secrecy surrounding the human genitals. Though meant for beauty pleasures, they can evolve into beasts when used with reckless abandon. The skin is however the largest sex organ initiating visual attraction, tactile connection through a hug, a kiss, a massage, a cuddle or even holding hands. So what you start with the beauty may end up with the beast!



FIGURE 6: THE BEAUTY AND THE BEAST

There are many other correlates of the concept of the beauty and the beast in Dermatovenereology. '*Beauty and the Beast sign*' has been previously described in Dermatology by Marghoob et al in 2007 during Dermoscopy. Dermoscopy refers to the examination of the skin using skin surface microscopy to emphasize the assessment of overall symmetry of colour and form of a lesion to distinguish between benign naevi (a birthmark) and malignant melanoma (a cancer of the skin). The identification of specific diagnostic patterns can better suggest between a malignant or benign pigmented skin lesions. In that light, beauty is seen as benign and malignancy is seen as a beast.

8. THE HIV/AIDS: A GLOBAL BEAST

The film, *Beauty & the Beast*, used as a metaphor for the HIV/AIDS was dedicated to **Howard Ashman**, the song lyricist and creative genius behind it, who died of AIDS before the film was released. Human Immunodeficiency Virus (HIV) is believed by researchers to have at some point passed from Chimps to man

because of the considerable similarities between it and Simian Immunodeficiency virus (SIV) found in Chimpanzees. Using the earliest known sample of HIV, scientists have been able to create a 'family-tree' ancestry of HIV transmission, allowing them to discover where HIV started. Their studies concluded that the first transmission of SIV to HIV in humans took place around 1920 in Kinshasa in the Democratic Republic of Congo. It spread across continents and followed Haitians who worked in Congo back to their homeland through a good network of railways. Awareness of HIV/AIDS was first in 1981 among groups of homosexuals, haemophiliacs and heroin users in New York and California. Since discovery of the virus in 1984, 36 million people have died of HIV/AIDS.

Mr. Vice Chancellor Sir, as a longstanding international AIDS Society member and a beneficiary of international awardee programme, prominent in my working career as a Dermato-Venereologist in this institution is my exposure to various perspectives in the diagnosis, management and sociocultural values surrounding HIV/AIDS pandemic. I will attempt to focus on a few.

UGANDAN EXPERIENCE

HIV/AIDS have ravaged Africa. Seventy percent of those affected by HIV (24.7million) are in sub Saharan Africa. In my exposure to specialised management of HIV/AIDS, I made contact with many training institutions and cities. The exposure that had the greatest impact in my work in management of HIV/AIDS was the Ugandan experience. Rakai, is a village in Central Uganda where the natural history of HIV/AIDS was studied for 20years without intervention sparking a controversy in ethics of research. In Uganda, at the Academic Alliance Infectious Disease Institute in Makerere University Teaching Hospital, I found wards filled with patients living with Kaposi Sarcoma, Cryptococcal meningitis, Pneumocystic Carina, AIDS dementia, terminal cases with their

devastated families. I heard of Rakai village ravaged with the HIV beast leaving many child headed households. I joined home visits, mobile clinics and visited Hospices with end of life care. I saw coffins brought into the wards and heard the heartbroken cries of relatives. I saw attempt at rehabilitating survivors. I ended up with a certificate of training and a determination to avoid such a level of devastation in my own home country.



FIGURE 7: HIV/AIDS, IN UGANDA: LECTURER WITH DOCTORS FROM ALL OVER AFRICA



FIGURE 8: HIV/AIDS TRAINING, UGANDA: LECTURER WITH A PATIENT DURING HOME VISIT

THE BANGKOK, THAILAND EXPERIENCE

About 80% of HIV transmission in Thailand is heterosexual, as compared to about 10% in the USA. In my Thailand Bangkok experience, there were many intravenous drug abusers necessitating free distribution of safe syringes. There were male/female escorts with complimentary 'Thai massage' and nightlife was buoyant with plenty to eat and drink. HIV seemed to be transmitted mainly through the prostitution community. There were nude girl's dances in market places and men flocked down to watch. This is a perfect example of Sexual Tourism that can facilitate the spread of HIV/AIDS. A 2011 report from the Joint United Nations Programme on HIV/AIDS (UNAIDS) identified Thailand among the eleven countries in the Asia-Pacific with a majority of the world's HIV-infected people. An intensive national response was put in place and Thailand became one of the countries in Asia to have achieved elimination of mother to child transmission of HIV.

THE NEW YORK EXPERIENCE

At the New York Presbyterian Hospital I learnt that Team spirit and comprehensive health care delivery with multidisciplinary approach is essential for effective client management. The model was patient centered although there was a need for a balance between patient centered approach and doctor centered approach to improve adherence to health instructions. There were differences in the socio-cultural attitude to HIV/AIDS among clients in Ife and in New York. The Paediatric AIDS care ward was closed down because of 100% effectiveness of Prevention of Mother to Child Transmission (PMCT). The majority of transmissions were in the men who have sex with men. There was massive distribution of Condoms and intensive Counsellors training. Stigmatization was low; there were dedicated donors who offered supporting social services, food, visits and end of life care. The tertiary Hospital networked with downtown non-governmental setups and secondary hospital settings. Patients had phone-in reminders for

clinic adherence. The whole setup had complimentary homophilic (gay tolerant) health care givers.

DETROIT, MICHIGAN EXPERIENCE

In Detroit, Michigan at the University Health Center, Wayne State University is a comprehensive set up for HIV/AIDS headed by the Chair of Medicine, Prof William Crane who was my direct mentor during the two months exposure. The Adolescent HIV clinic was in the afternoons, away from the prying and condemning eyes of adults. Parental consent was not needed for treatment and the attending reception staffs were young and vibrant. The mission statement was a powerful motivator for the excellent HIV/AIDS care delivery.



FIGURE 9: THE WAYNE STATE UNIVERSITY HEALTH CENTER, DETROIT: LECTURER WITH THE CHAIR OF MEDICINE PROF WILLIAM CRANE

*****MISSION STATEMENT OF DETROIT MEDICAL CENTER ADULT HIV/AIDS PROGRAMME*****

'The Wayne State University-Detroit Medical Center Adult HIV/AIDS Programme is dedicated to providing high quality,

efficient care and prevention services in a compassionate manner to individuals infected and affected by HIV/AIDS. In addition, we actively engage in the education of our patients, health care providers and our community. As part of academic health system, we are committed to research that can advance the knowledge of this disease.'

THE IFE EXPERIENCE

We have come a very long way starting with the Ife Branch of **'The African AIDS research Network' (AARN)** mid 1990s, headed by Prof F Soyinka and involving members from many departments in and outside the College of Medicine who came together based on their interest in HIV/AIDS. The initial clinical care of patients included highly effective support groups and supplements but for many years treatment access was limited because of the non-availability and cost of specific antiretroviral drugs. Aspirin and selenium was shown in vitro and in vivo to inhibit HIV production and we confirmed this in our study of 32 patients. The combination regimen improved the quality of life of People Living with AIDS (PLWAS). A hospital support group at Wesley Guild Hospital in Ilesha, personally financed, met every Wednesday in the Dermatology ward for many years. Highly dedicated nurses paid home visits, patients visited and cared for each other reporting cases who had died during the week for lack of medications.

The Center for Special Studies (CSS), New York Presbyterian Hospital with their AIDS Drug assistance Programme established a linkage with the Obafemi Awolowo University Teaching Hospital Complex and Teaching Hospital in Sagamu based on a memorandum of understanding to supply our patients with free medications and equip our caregivers with training for expert care in HIV/IDS care. They sponsored exchange training programmes and attendance HIV/AIDS conferences. This marked a remarkable turning point in our HIV Care and many patients survived. The

ultimate expectation is the upcoming emergence of HIV vaccine. But local trials are likely to be met with suspicion. In our survey of 500 people without knowledge of their HIV status in 2005, 90% vowed that they will never participate in an HIV vaccine trial.

Currently, there are about 3,000 patients receiving free medications and care at the **Viral Research Institute (VRI)** at Obafemi Awolowo University Teaching Hospital with the Federal Government of Nigeria HIV/AIDS Care Programme supported by technical and funding partners; Centers for Disease Control and Prevention (CDC) and the Global Fund. Counselling, testing and Post exposure Prophylaxis are available. Patients now survive, marry and have children while on strict adherence and monitor.

9. THE BEAST OF SEXUALLY TRANSMITTED INFECTIONS (STI)

Sexually transmitted diseases are passed from an infected person to another during sexual intercourse. The term STI (Sexually Transmitted Infection) is now commonly used in the place of STD (Sexually Transmitted Disease) because STI is more encompassing and it includes infections that may be asymptomatic. There are many sexually transmitted illnesses including gonorrhoea, syphilis, Chlamydia, genital herpes, human papilloma virus, lymphogranuloma venereum and HIV/AIDS. Others that have predominantly blood routes but can be transmitted sexually are Hepatitis B and C. Some diseases can be facilitated or enabled by sexual intercourse and these include genital scabies, pubic louse, and fungal infection of the groin.

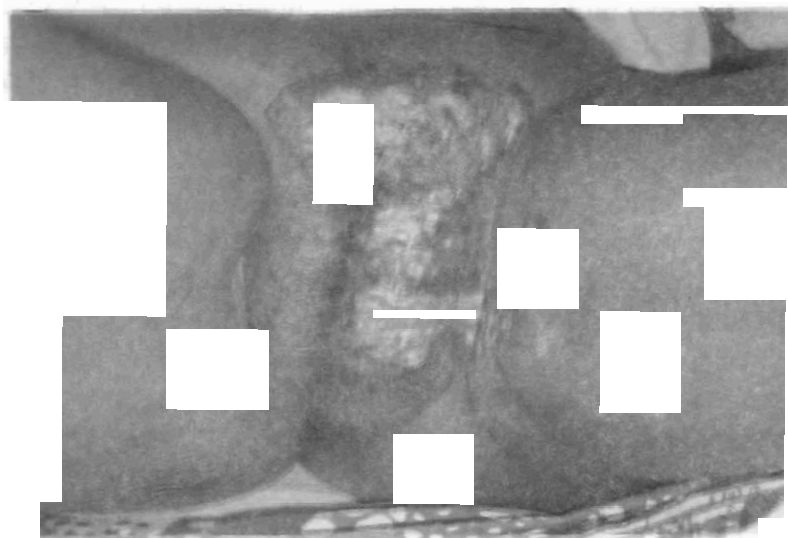


FIGURE 10: GENITAL ULCER ON THE VULVA FROM STI



FIGURE 11: GENITAL VIRAL WARTS CAUSED BY PAPILLOMA VIRUS

There has always been sociocultural, religious and moral values' surrounding sexual activity resulting in the culture of silence, judgement and stigma. Is the perception of the genitals as a symbol of a beast correct? Are the aetiological agents that cause

STD's the beasts? Or is it the behavioural sexual patterns and sexual orientations of the people? Is the actual beast the late detection, access to unorthodox therapy, fake medicine, guilt complex, stigma and discrimination? Can Sexually Transmitted illnesses be called the beast in our practice as Venereologists? There is a need to answer all these questions before the beast can be addressed and transformed. The individual and public health implications of STIs can be enormous and devastating to reproductive health care and need to be tackled with all diligence. The main preventive measures for STI is counselling, abstinence, behavioural change, early detection, treatment, contact tracing, use of condoms and mutual faithfulness. The recipe for eliminating STDs bears a striking resemblance to the Bible's instructions concerning sex being reserved for a life-long covenant marriage relationship between one man and one woman.

Hebrews 13:4; Marriage is honourable in all, and the bed undefiled: but whoremongers and adulterers God will judge.

The sexual behavior of many youths however did not appear to have been greatly influenced by their religious inclinations in a study done by the author. Adolescents were found to be sexually active and have risky sexual exposures without adequate information. Increasing sexual hormones, sexual drive with advancing adolescent age, silent culture and lack of sexual education appear to be a major influential factor. Youth friendly reproductive health services should be made accessible.

10. RAPE, CROSS GENERATIONAL SEX AND ALL NON-CONSENSUAL SEX

All forms of **non-consensual sexual intercourse** perpetuate the spread of HIV/AIDS and other sexually transmitted diseases. Non-consensual sex abuses the body, the mind and the soul of the victim, spreads disease and is a denial of basic fundamental

human right. It should be addressed with all the seriousness it deserves and perpetrators should be punished severely. **Sexual violence** is the use of force or manipulation to get someone to engage in unwanted sexual activity without their consent and this beast existed from biblical time. Biblical documentation of rape in Genesis 37:1-4 where Dinah the daughter of Leah was raped by Schechem, the son of Hamon, a prince in the land and Amnon violated his sister Tamar in II Samuel 13:2-13. The rate of sexual violence in South Africa is recorded to be among the highest in the world with 100,000 rape cases every year and only 14% of the perpetrators of rape are convicted. Men are also rape victims with 28% of men reported having perpetrated rape. Victims must receive comprehensive legal, psychosocial and health services. Health workers should receive training in handling and counseling of the victim and offer post exposure prophylaxis for HIV infection. The victim should not be made the scapegoat.

Cross-generational sex is a pattern of sexual behaviour between young women and older men within or outside of marriage. The phenomenon is observed also between young men and older women; but this is less common and has not been linked with high HIV prevalence among the young men. The practice is also seen between young and older men among homosexuals with all the attendant risk. This practice of age mixing has been shown to be a driving force for HIV as the older men in this category have been shown to exhibit higher risky sexual behaviours. There should be legislation against the practice of offering immature teenage girls in marriage to much older men and surveillance in our university campuses for perpetrators of non- consensual sex.

Sexual harassment is a form of violence against women and girls. Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when this conduct explicitly or implicitly affects an individual's employment, unreasonably interferes with

an individual's work performance, or creates an intimidating, hostile, or offensive work environment. Affection, intimacy and sexual intercourse were divinely created to cater for pleasure and perpetuation of procreation of human race within the context of safety. The practice outside the boundaries of safety is a ticket for disaster and a transformation into a beast.

11. FEMALE GENITAL MUTILATION (FGM) AND GENDER INEQUITY ARE BEASTS

On Oct. 18, 1929, women were finally declared "persons" under Canadian law. The historic legal victory is due to the persistence of five Alberta women. On June 11, 1938, Prime Minister William Lyon Mackenzie King unveiled a plaque commemorating the women activists in what became known as the "Persons Case". What is a "Person"? A person is a human being regarded as an individual. A person is the kind of entity that has the moral right to make its own life-choices, to live its life without interference from others. The female person has a right to sexual fulfillment like her male counterpart.



FIGURE 12: WOMEN ARE PERSONS, CANADA DECLARATION 1929

Female genital mutilation (FGM) is a beast that threatens the reproductive health and human rights of females. At least 200 million girls and women have undergone a form of female genital mutilation (FGM). By this calculation, 15 million additional girls between ages 15 and 19 will be subjected to it by 2030. Female genital mutilation, performed usually without consent is known as female circumcision, excision or genital cutting. It comprises all procedures that involve partial or total removal of the external female genitalia, or any other injury inflicted to the genital organs for non-medical reasons. The consequences include haemorrhage, infections, urinary and sexual dysfunctions, infertility, childbirth complications and psychological trauma. The scar of FGM is life-long; the practice has no health benefits. The 6th of February every year is United Nations assigned day for Zero Tolerance for Female Genital Mutilation.

"The Sustainable Development Goals contain a specific target calling for an end to FGM. When this practice is fully abandoned, positive effects will reverberate across societies as girls and women reclaim their health, human rights and vast potential." — UN Secretary-General

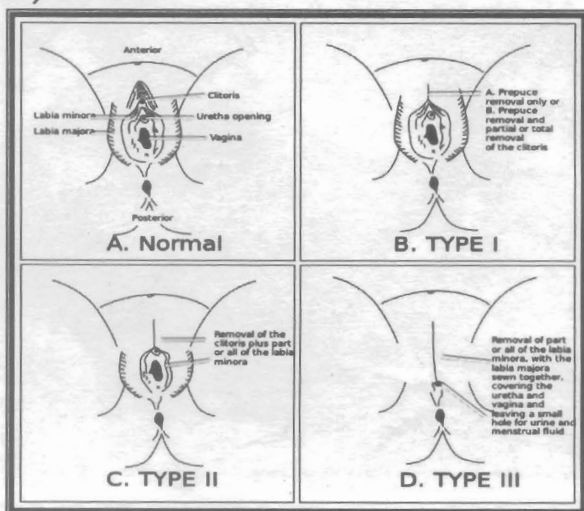


FIGURE 13: TYPES OF FEMALE GENITAL MUTILATION

12. SKIN COLOUR/RACIAL DISCRIMINATION IS A BEAST

Martin Luther King, Jr. said *'I have a dream that my four little children will one day live in a nation where they will not be judged by the color of their skin, but by the content of their character.'*

Although the genetic and environmental basis for skin color is as complicated as its social implications, it is clear that genetic variations that contribute to skin color also affect our psychosocial well-being. Human color variation is supposed to confer an advantage for geographical locations, identification and beautiful diversity, but it has been a target for discrimination. Discrimination based on skin color, also known as **colorism** or **shadism**, is a form of prejudice or discrimination in which people are treated differently based on the social meanings attached to skin color. Dark-skinned Blacks in the United States have lower socioeconomic status, more punitive relationships with the criminal justice system, diminished prestige, and less likelihood of holding elective office compared with their lighter counterparts. Blacks in South Africa during the apartheid era had to carry 'dompas' an identity document to limit the movement of the non-white populace. European colonialism created a system of white supremacy and racist ideology, which led to a structure of domination that privileged whiteness over blackness. Biological differences in skin color were used as a justification for the enslavement and oppression of Africans, developing a social hierarchy that placed whites at the top and blacks at the bottom. Slaves with lighter complexion were allowed to engage in less strenuous tasks, while the darker slaves participated in hard labor, which was more than likely outdoors

'I am black, but comely, O ye daughters of Jerusalem, as the tents of Kedar, as the curtains of Solomon. Look not upon me, because I am black, because the sun hath looked upon me: my mother's children were angry with me; they made me the keeper of the

vineyards; but mine own vineyard have I not kept.' Song of Solomon 1:5-6 KJV

Racial discrimination, based on color identification can be compounded by offensive or derogatory remarks or the display of racially-offensive symbols. This is a beast denying that human beings are created equal irrespective of their colour and gender. This beast of Colorism is needs to be tackled with dissemination of facts about the nature of the skin and use of legislation where necessary. This beast must transform to a handsome Prince.

13. SKIN BLEACHING IN BLACKS: A MONSTER OF A BEAST

The skin is the most important organ defining self-image from the outside and therefore subjected to a lot of manipulation to define who an individual wants to be perceived as. Body image is closely related with self-esteem and quality of life. A study showed that females with lighter skin color are more satisfied with their skin and body than females with darker skin color. Those who desired a different skin tone favored being lighter more than being darker. Unlike light- and dark-skinned Black females, medium-toned Black females' held personal ideals that were significantly higher than their self-perceived color. The majority of subjects believed that Black men found light skin most attractive.

The culture of bleaching, Mr. Vice Chancellor Sir, is a beast that invaded the people of colour. I called it 'skin suicide' in one of my publications because of its devastating consequences on skin health. Forty patients presenting with the infective complications of bleaching creams at a dermatology clinic were analysed. The bleaching creams used were steroids in 20(50%), hydroquinone in 9(22.5%) and mercury containing products in 8(20%) and three (7.5%) used combinations of these products. The period of usage spanned over 7months to 18years. Scabies, Tinea infections, Ptyriasis Versicolor, Candida were all associated with the use of these creams. The paper concluded that indiscriminate over the counter availability and use of bleaching creams is hazardous to

health and should be discouraged. Topical steroids applied in large quantities over the skin can be absorbed to give systemic side effects with resultant Cushing's syndrome and mercurial substances can damage the kidneys with resultant glomerulonephritis, renal failure and renal shutdown.



FIGURE 14: A WOMAN WITH SKIN BLEACHING USING STEROIDS

What is really crucial behind the color point is class; the implication that light color goes with higher status and the darker appearance with lower status. The acceptability of the fairer skin as a symbol of beauty is being supported by the media world and music. Film-makers, celebrities, our Nollywood actors, novelists, advertisers, modeling agencies and matchmaking websites all demonstrate the power of a fair complexion. A lot of bleaching products are available as over the counter products in Nigerian markets at easily affordable prices. There is no clear-cut legislation against the massive importation and use of these products in this nation. There is need for effective enlightenment programmes about the hazards of bleaching creams. Firm legislative laws need to be enforced concerning the importation and over the counter sales of these products.

14. ADDRESSING PSYCHOSOCIAL FACTORS IN SKIN DISEASE

Chronic dermatoses alter the quality of life of patients especially when located in visible areas. Leprosy, albinism, vitiligo and many other skin diseases are associated with stigma and psychological trauma.

Albinism represents a group of inherited abnormalities of melanin synthesis. There is congenital reduction or total absence of melanin pigment. Statistics show that over 600,000 Nigerians living with albinism suffer discrimination from their families, schoolmates and peers. Albinos, who do make it to school, suffer incessant teasing and bullying from peers, which fosters a core of low self-worth and assertiveness. Sun exposure is hostile to albino skin resulting in skin tumours. There is need to wear a sun protecting hat. There is need for special attention to be given to the security and socio-economic wellbeing of all persons living with albinism.

Leprosy, caused by *Mycobacterium Leprae* is an ancient disease that dates back to biblical times and has always been associated with stigma. Biblical time leprosy was associated with isolation of the victim with a terrible social rejection and isolation for fear of transmission. If untreated, leprosy results in profound damage to many parts of the body including the skin, nerves, bones, eyes and respiratory tract. Despite the decline in the prevalence of Leprosy in the last 20years following WHO aggressive multidrug treatment programmes, the disease is still a public health challenge. Correct prompt diagnosis followed by correct chemotherapy is curative.

Vitiligo is a benign idiopathic depigmenting skin disease characterized by white patches that can cause profound social embarrassment and psychological turmoil to the affected persons. Depigmenting dermatosis of which vitiligo is one draws unusual attention to the patient especially when in visible areas of

the body. In my work on psychosocial problems faced by vitiligo patients, derogatory names assigned to them included "leopard skin", "amotekun", "and boy with the white nose", "multi-coloured", "rainbow and zebra". People refused sitting next to them, avoided shaking hands and eating around them. In India, vitiligo is known as white leprosy and is associated with loss of marital prospects and suicidal tendencies. Under Hindu culture of arranged marriages, it is almost impossible for a young girl with extensive vitiligo to be given out in marriage.

THE BEAUTY

15. BLACK IS BEAUTIFUL

The famous lyrics of James Brown from 1968 '**Say it Loud - I am black and Proud**' stands true and effective today in the reform to bring back confidence in the beauty of black skin. The phrase 'Black is beautiful' a cultural movement that was started in the United States of America in the 1960s by African Americans. It later spread beyond the United State of America to a movement in South Africa. This movement began in an effort to counteract the prevailing ideas that features typical of "Blacks" were less attractive or desirable than those of "Whites". Research indicates that the idea of "blackness" being ugly is highly damaging to the psyche of blacks.

When you say 'Black is beautiful' you are saying, 'Man you are okay as you are, begin to look upon yourself as a human being'. Steven Biko.

Chocolate is sweet no wonder everyone likes it, so is the Negroid skin color. When people of black colour perceive the uniqueness of the black beauty, there will be less of skin bleaching with all its attendant complications.

16. AFRICAN HAIRSTYLES ARE BEAUTIFUL

Hairstyling have played an important part in the cultural identity of men and women since prehistoric times. Greek women wore their long hair parted in the middle and drawn back into a knot or chignon. Natural Negroid hair is thick, safe and economical to keep although there is the challenge of tangling. The African woman prides herself in her hairstyles ranging from tying with thread, weaving of hair strands and later hair straightening initially by the use of hot iron combs, invented to straighten kinky locks Traction alopecia (hair loss) may result from constant pulling of hair by plaiting or weaving especially from the front area of the scalp.

Hair perming using Chemical hair relaxers has been around since 1910, invented by an African American man trying to create a product for a sewing machine shop. He wiped his hand on a wool cloth and found that the chemical gave the cloth a smooth appearance. Chemical relaxers change the appearance of hair by altering its chemical makeup. During the relaxing process, the chemical bonds of the hair are broken then reformed into a straight, relaxed pattern. The chemicals used in the process are sodium hydroxide, lithium hydroxide or guanidine hydroxide. These same chemicals are used to unclog blocked sinks and to remove fur from animals in leather industry. Incorrect straightening technique can be dangerous and may lead to permanent hair damage. In my study of 250 women exposed to these hair relaxers, major side effects were documented despite professional handling and these included itchy scalp, dandruff, burnt/scarred scalp, thinning, and weakening of hair shaft, hair discolouration, hair loss, and allergic reactions to the chemicals. In addition to all these is fake relaxers and lack of legislation concerning beauty products in our society. Ingesting potassium hydroxide can result in burns to the mouth and/or throat, vomiting, severe stomach pain, diarrhea, vomiting, and even

death, so keep it away from children. It is better to play safe than sorry.

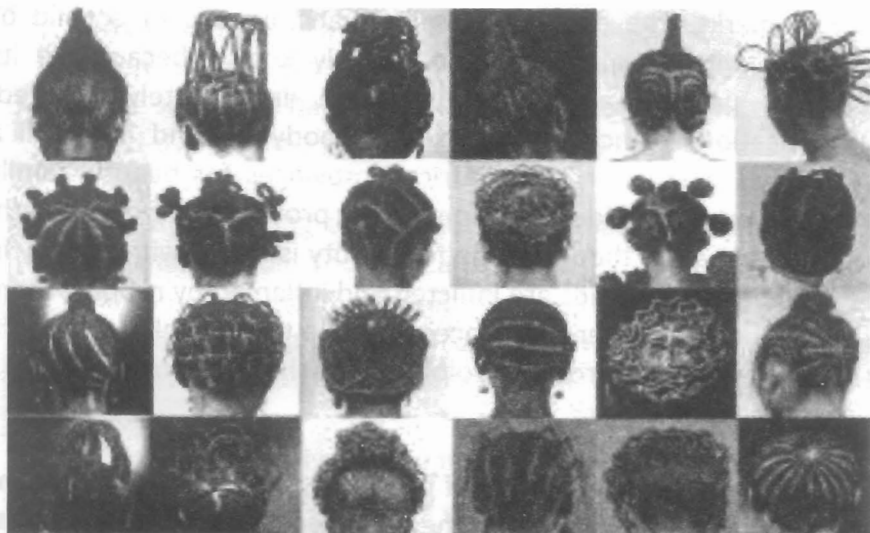


FIGURE 15: AFRICAN HAIRSTYLES

17. TRIBAL, SCARIFICATIONS AND TATOOSMARKS ARE BEAUTY MARKS



FIGURE 16: YORUBA TRIBAL MARKS

The tradition of African tribal marks dates back to the 14th century and forms part of the rich culture of the black race, most

especially in Nigeria. Tribal marks were viewed as a means of proper identification of people from different neighbourhoods as members of the same village, family tree or lineage had the same tribal marks. The hometown, village and lineage of a child or anyone with tribal marks were quickly known because of its unique pattern and outsiders were immediately spotted. Scarification is ancient African tribal body art and it is still a ritualized practice in many African provinces for beauty, family pride, courage, identification and protection from death. Abdominal scars though made for beauty is linked with fertility in a woman. The wounds are inflicted and inflamed by rubbing them with ashes and other substances to make them swell and leave a heavier scar. The process prolonged the healing time and left a more distinctive mark.

Tribal marks constitute a lot of health hazard with short and long term physical injury, because the operators use crude instruments such as razor blades, kitchen knives and even pieces of glass without sterilization and the same instruments are used on many persons at the same time, thus increasing the risks of infection of tetanus, HIV/AIDS and Hepatitis virus. Other adverse effects were poor healing, haemorrhage, keloid formation, granuloma formation and reaction to substances used. The practice is fast disappearing and psychosocial and self-esteem issues have been documented in bearers. Osun State, Ekiti State government banned people in the state from giving facial marks or tattoo to their children under the Child Rights Law.

18. OUR LOCAL SKIN COSMETIC PRODUCTS FOR BEAUTY:

- **Henna art** is a common name for a small shrub whose leaves are used to dye. The orange red dye produced from henna leaves is used to dye the body red. It is also used to stain finger nails; top of the fingers; feet; chest; hair and dye the beards by men. Henna dye is used in most parts of the Northern Nigeria. It is used during pre-marriage

ceremony, known as, "The night of henna". Henna art is common among the people of Borno State. Kanuris adopt a special way of beautifying their bodies through hair treatment, skin cleansing and body making up using henna. Nupe women in the North rub various colours into the skins and hairs, ranging from yellow dye on their lips, red-dye on their teeth, indigo-dye into their hair, as well as immerse their hands and feet in henna dye

- **Uli dye:** Among the peoples of Ibo land, Ibibio land and Efik land of old South – Eastern Nigeria, the use of Uli dye is popular mostly during the fattening seclusion and cultural festival. Uli dye is made from the juice of the plant, *randi cordata*. It is used to paint the hands, legs and body.
- **"Iran'juice"** for dye is also made from pounded caterpillars, mixed with potash and lime-juice. When the juice is painted on to the skin, it causes wheals or ridges to appear and stains the skin for up to four months.
- **'Tiro'** is a sort of traditional antimony that is made from lead ore, ground and mixed with soot and indigo to get desired colour. This is used to outline the upper eyelid.
- **"Kwalli"** is traditional antimony used by men and women to darken their eyelashes with a black mineral substance ground into powder and carried around in decorated bottles made of hides. A small mirror is usually part of the kit to facilitate the making-up.

LOCAL SKIN TREATMENT PRODUCTS

In Nigeria, the use of natural products for treatment cannot be overlooked due to the large number of the country's population and the inadequacy of our health care system. A large number of these medicinal plants are used in the treatment and cure of diseases caused by micro-organisms.

- **BLACK SOAP**

This dark brown, soft and cleansing substance is known as referred to as *ôșêdúdú* or '*abuwe*' among the Yoruba speaking people of south western Nigeria. In south west Nigeria, indigenous black soap may be made from either roasted plantain skins or dried waste cocoa and vegetable oil or palm oil pods and oil palm or palm nut oil. In the northern part of Nigeria, it is produced from a mixture of vegetable oil palm kernel oil and shea butter. Black soap contains Vitamin A and E, phenolic agents, may contain honey or osun (Camwood extract) and the ash used in its making allows for gentle exfoliation. The soap has antibacterial/antifungal properties, reduces pimples, relieves skin irritation and is effective for some skin rashes. It has inhibitory effects on *Candida Albicans*, *Trichophyton mentagrophytes* and *M canis* in an Ibadan study.

Black soap can be used by people with sensitive skin, normal, dry or oily skin. It is useful for dandruff when used as a shampoo. The use of the locally produced black soap is cost effective, readily obtained and easy to use.



FIGURE 17: BLACK SOAP

- **CAMWOOD (Osun)**

Ground camwood (Osun) has a slightly fibrous feel. These fibers give a gentle yet thorough scrub that is ideal for delicate skin. Osun is frequently combined with black soap as Dudu Osun. Camwood extracts, experts found that it has ability to kill some disease causing germs at high concentrations. In the study, the researchers tested the antimicrobial activity of four aqueous extracts of camwood dyes obtained from different locations in Nigeria against five disease causing germs obtained from patients attending the University of Port Harcourt Teaching Hospital. They concluded that all the camwood dyes used in this study exhibited a level of antibacterial activity.

- **RED ACALYPHA LEAVES**

This is a medicinal plant growing in the tropics that have medicinal value in Dermatology which has been used for decades by the locals for treating skin problems. *Acalypha wilkesiana*, belongs to the family Euphorbiaceae. The plant has antimicrobial and antifungal properties and in traditional medicine, the leaves are eaten as vegetables in the management of hypertension, being a diuretic plant. The flowers are reddish in spikes at the end of branches. Oyelami et al. (2003) carried out a non-comparative study to evaluate the safety and efficiency of *Acalypha wilkesiana* ointment using 32 Nigerians with mycological as well as clinical evidence of mycoses. The ointment successfully controlled the mycoses.

.....
UNIVERSITY LIBRARIAN
Obafemi Awolowo U
ILE-



FIGURE 18: RED ACALYPHA LEAVES

● **AFRICAN SHEA BUTTER**

The African Shea tree is native to tropical Africa. It belongs to the family sapotaceae, in the botanical order Ebenales, **Genus: *Vitellaria***. It produces its first fruit when it is 20 years old, reaches full production at the age of 40 or 50 years and continues bearing fruit up to several hundred years. Yield is about 15-20kg of fresh fruit with each harvest. Shea butter has always been a staple of African pharmacology. It is stable for years without preservatives. At room temperature, it is beige to cream, readily melts at hand and spreads like butter. It helps the skin to retain its natural oil, has moisturising effect, stearic acid content promotes and protects the skin barrier. Due to its richness in cinnamic acid, and other components, shea butter can be used in the formulation of sun products against UV rays, skin lotions, and shampoos. In dermatology, it has been found useful in the treatment of acne, eczema, skin exfoliation, dry skin, blemishes and wrinkles. Shea butter softens the skin and help tissue cell regeneration; these properties make it useful as anti-ageing agent. It can also be used to control dandruff, lessen scarring and keloids and in

the prevention of stretch marks during pregnancy. Its semi-solid nature makes it very useful as an emollient and skin moisturizer so is an active ingredient of many moisturizers. It also has anti-allergic effects by suppressing IgE-mediated allergic reactions reducing hypersensitivity reactions. The Shea bark is used for medicine to cure ailments in skin treatment and the nutshell has a built- in mosquito repellent.



FIGURE 19: SHEA BUTTER: ORI AMO

SKIN CARE AND COSMETIC USE

The pursuit of beauty using cosmetics should be with caution with careful selection to fit skin type. Skin types can be oily, dry, very dry, sensitive, allergic or simply normal.

Skin bleaching creams can give undesirable skin colour changes, cause skin cancer and poor wound healing as well as expose the skin to numerous infections. Nail polishes can cause nail weakness and “stick on nails’ can distort nail architecture during removal. Cheap lipstick can cause lipsticks dermatitis, foundations and other oil based facial preparations can predispose to pimples. Mascaras and eyeliners can get into the eyes and cheap perfumes cause irritant or allergic dermatitis. Regular use of medicated soaps may deplete the normal skin flora exposing it to pathogenic

organisms. A smile is the best makeup we can wear with no side effect.

THE JOURNEY OF A DERMATOLOGIST

Mr. Vice Chancellor Sir, the journey to the making of a Fellowship certified dermatologist is a long but fulfilling one. I have stooped, I have fought and I have conquered. Being the first married female to successfully finish my residency programme in Internal Medicine in UCH Ibadan, I recall on what transpired on the day I reported for resumption in 1988 to commence residency. The male secretary advised 'You cannot finish this programme because in my long years of service here, I am yet to see a married woman conclude the programme.' It was a false prophesy because not only did I finish but other married women joined the programme before I ended. That is the example of a beastly patriarchal atmosphere that did not deter me in my journey. Though rough and rugged, I completed triumphantly in 1995 and became the first female Dermatologist produced by the West African Postgraduate Medical College and one in the total number of less than a dozen Dermatologists in Nigeria at that time when the perception of the Dermatologist by the public and fellow subspecialty colleagues was poor. Few opted for the subspecialty of Dermatology and after blazing the trail others followed.

Mr. Vice Chancellor Sir, I stand before you to testify that I have contributed my quota to build the image of the discipline, not only in Ile Ife but also in other areas of Nigeria. We have trained about 15 Dermatologists from different institutions in Nigeria and during my Sabbatical appointment at the University of Calabar, College Of Medical Sciences; I started a novel Dermatology Clinic in the Teaching Hospital and set in motion the training of the first Dermatologist after 30years of the existence of their residency training programme. I also established a Skin Clinic at the Federal Medical Centre in Uyo, Akwa Ibom state which runs till today. I collected all the baseline data and published them in reputable

journals and ignited the passion of both undergraduates and postgraduate trainees in the discipline. Today, the University of Calabar has two trained dermatologist and there are many more in training.

The summary of the lesson learnt in my journey so far in my career is found in Ecclesiastes 9:11 of the Holy Bible, I quote

'I returned, and saw under the sun, that the race is not to the swift, nor the battle to the strong, neither yet bread to the wise, nor yet riches to men of understanding, nor yet favour to men of skill; but time and chance happeneth to them all.'

I must pay tribute to a legend, a trail blazer, an international icon of repute, Professor Femi Soyinka who when the vision was still dim paved the way for the establishment of the first and only autonomous Department of Dermatology and Venereology in West Africa. His foresight placed this great university on the world map of Dermatology and gave it a unique opportunity to institute chairs in the field. This uniqueness resulted in OAU being the exclusive possessors of the only three Professors of Dermatology and Venereology in this country as many of our colleagues occupy chairs in Internal Medicine. It is indeed a great privilege and honour to make history today by giving the first inaugural lecture in Dermatology and Venereology in this university. Mr. Vice Chancellor Sir, women are persons! The department of Dermatology and Venereology has indeed come to stay!!! I cannot but salute a matriarch in the field of Dermatology, Professor Y M Olumide, an Emeritus Professor of the University of Lagos who wrote a number of books for undergraduate Dermatology and Venereology.

Professor O Onayemi, eager to employ another young lecturer, was the head of department at the time I started work here in this university 23years ago. I have worked with him these 23 years and learnt a lot not only in Dermatology but in human relations. Thank

you Sir for the part you have played in my career and in sustaining the department.

I want to appreciate the loyalty and trust of my residents and mentees nationwide and nearby, many of whom are now seniors in their own right in field of Dermatology. Their constant loyalty and quest for knowledge propelled me to move on during the waiting years. I say thank you to all my academic children. To the Dermatology Family, I say 'Forward ever'. We indeed have come a long way in the struggle to make the field what it is.

It is good to marry, but better to be married to a friend and better still to be married to a friend with whom you share a common vision of service to God and mankind. The third option describes my marriage of 33 years to a mighty man of valour, Prof Pastor B J Olasode, an excellent Neuropathologist and a man of many abilities. I say thank to you my heartthrob, and my spiritual mentor. Thank you for making my life a bliss.

I am the mother of three lovely and endowed daughters, grandmother of four and still counting. Some of the best moments of my life are the days we gave our daughters in marriage and the day one of them graduated from the College of Health Sciences, Obafemi Awolowo University. I celebrated the fact that I produced from my loins, my own kind to serve in health care delivery system.

I remember my late parents Chief Sir Peter Folake Ojelade, an ambassador of our great country Nigeria for many years, a Knight of the Methodist Church of Nigeria, a proud son of Egba Kingdom and my mother Chief Mrs Susanah Olajumoke Ojelade nee Thomas. I dedicate this inaugural lecture to their blessed memory. To my siblings I thank you for being there always.

To my Lord and my King Eternal who established me and made me to be alive to see today, I give a bow of Praise.

CONCLUSION

There are questions in our clinical practice for the academic Dermato-venereologist within the context of the beauty and the beast. The skin of man is assumed in general to convey beauty and easily a subject of discussion in cosmetology, while the genitals within the context of use and disease are considered a beast. The answer to all these is that every part of the human being was created beautiful including the skin and the genitalia of men/women. Both organ systems are involved in pathology and like the beauty and the beast must be married together in a holy matrimony by the Dermato-venereologist. Nature is beautiful and so are the skin and the reproductive organs of man. The beast evolves in the diseased state of these organs.

Mr. Vice Chancellor Sir, according to Socrates, I quote 'The only true wisdom is in knowing that you know nothing.' There remains much ground to be covered. The field of Dermatology is a growing one, a great expanse of land flowing with milk and honey beckoning to the young and agile research minds to come cultivate and achieve breakthroughs into yet undiscovered territories. I have done and still doing my bit.

Thank you all for listening!

REFERENCES

- The History of Dermatology—By William Allen Pusey, M.D.
Springfield, Ill.: Charles C. Thomas, 1933.
- Relethford JH. Human skin color diversity is highest in sub-Saharan African populations. *Hum Biol.* 2000 Oct; 72(5):773-80.
- Br J Vener Dis. 1949 Mar;25(1):28-33. *Venereal disease in the Bible.* WILLCOX RR. PMCID: PMC1053623. PMID: 18124487; [PubMed - indexed for MEDLINE] ...
- Beauty and the Beast; or, the Ethics of a Fairy Tale An Aesthetic Realism Essay by Lynette Abel.
<http://www.lynetteabel.org/Beauty-and-the-Beast-aesthetics-essay.html>
- Marghoob, A. A., Korzenko, A. J., Changchien, L., Scope, A., Braun, R. P. And Rabinovitz, H. (2007), The Beauty and the Beast Sign in Dermoscopy. *Dermatologic Surgery*, 33: 1388–1391. doi: 10.1111/j.1524-4725.2007.33298.x
- Centers for Disease Control and Prevention (CDC) (1983, 9 September) 'Current Trends Update: Acquired Immunodeficiency Syndrome (AIDS) - United States' *MMWR Weekly* 32(35): 465-467.
- National Institute on Drug Abuse (1988) 'Needle Sharing among Intravenous Drug Abusers: National and International perspectives'.
- Mann, J.M. (1989) 'AIDS: A worldwide pandemic' in *Current Topics in AIDS Volume 2*, edited by Gottlieb, M.S. et al, John Wiley & Sons.
- Averhart, Cara and Rebecca Bigler. 1997. "Shades of Meaning: Skin Tone, Racial Attitudes, and Constructive Memory in African American Children." *Journal of Experimental Child Psychology* 67 (xx): 363-88.
- Brown, Kendrick. 2004. "The Power of Perception: Skin Tone Bias and Psychological Well-Being for Black Americans." *Racial Identity in Context: The Legacy of Kenneth B. Clark*. Gina

- Philog'ene and Kenneth Clark, Ed. Washington D.C.: American Psychological Association, 111-23.
- Keenan, Kevin. 1996. "Skin Tones and Physical Features of Blacks in Magazine Advertisements." *Journalism and Mass Communication Quarterly* 73 (4): 905-12.
- "Black is Beautiful" and the Color Preferences of Afro-American Youth - Claud Anderson, Rue L. Cromwell, *The Journal of Negro Education*, Vol. 46, No. 1 (Winter, 1977), pp. 76-88 doi:10.2307/2966874.
- Hugh F. Butts Skin Color Perception and Self-Esteem *The Journal of Negro Education* Vol. 32, No. 2 (1963), pp. 122-128.
- Barbee J N, Sumner F C. Psychological aspects of vitiligo in Negroes. *Soc. Psychol* 1951: 34: 125-138.
- Mattoo SK, Handa S, Kaur I, Gupta N, Malhotra R. Psychiatric morbidity in vitiligo: prevalence and correlates in India. *J Eur Acad Dermatol Venereol*. 2002 Nov; 16(6):573-8.
- Olasode OA**. Chemical hair relaxation and adverse outcomes among Negroid women in South West Nigeria. *J Pak Assoc Dermatol*. 2009;19:203–7.
- Oyelami O A, Elujoba A A, **Olasode O A**, Durosinmi M A, Aderibigbe I A The efficacy of Dudu Osun in the management of different skin ailments June 2009 submitted to Tropical Naturals Limited.
- Olasode OA**, Oladimeji BY. Psychosocial aspects of HIV/AIDS management: *J of Med. And Medical Sciences* 1999; 1: (2) 120-124.
- Olasode OA**. Scourge of TB in the wake of HIV/AIDS. *Ifemed* 2001 9; (1): 29-31.
- Olasode O A**. is ABO blood grouping a gene marker in vitiligo? *Niger. J Med* 2002 Oct.-Dec; 11 (4); 193.
- Olasode OA**. Skin Suicide: Microbial Hazards of Bleaching Creams. *Journ. of Med. Women's Assoc. of Nig.* Vol. 1 (1) Nov. 2002- April 2003 Pgs 47-50.
- Akinola NO, **Olasode O**, Adediran IA, Onayemi O, Murainah A, Irinoye O, Elujoba AA, Durosinmi MA. The search for a

predictor of CD4 cell count continues: Total lymphocyte count is not a substitute for CD4 cell count in the management of HIV- infected individuals in a Resource Limited Setting. Clin Infect Dis. 2004 Aug 15; 39(4):579-81.

Olasode O A. Survey shows Up Disparity between Talk and Practice: Nigerian Christian Youth and Sexuality. Sexuality in Africa Magazine Vol. 1 Issue 1 2004 Pgs 11-12.

J. Kayode Olabanji, Olaniyi Onayemi, **Olayinka A. Olasode**, O. Abdul-Razzaq Lawal. Keloids: An old problem still searching for a solution; Annals of the College of Surgeons of Hong Kong 2005 Volume 9 (1) Page 2 - 7.

Adegbehingbe B O, **Olasode O A.** Value of ophthalmic features as a means of diagnosis of HIV/AIDS infection. Ann. Saudi Med. 2005 Sept-Oct. 25(5): 435-6.

Olasode O A, Olaogun O, Oladimeji B Y, Olasode B J. HIV Vaccine acceptability in patients in a resource limited setting- a pilot study. Sudanese J of Derm. 2005 Vol. 3(3).

Olasode O A. Why vitiligo in diabetes? Egyptian Dermatol Online Journal 2005; 1 (2): 8.

Olasode OA, Sule SS, Okunola JO, Olasode BJ Genital Tuberculosis: An unusual but definite Threat to Reproductive Health in the Tropics. Mary Slessor Journal of Medicine 2006; 61: 97-99.

Olasode OA, Olateju OA, Olabanji JK, Olasode BJ. (2006). A review of Oculocutaneous Albinism and its syndromes. Egyptian Dermatology Online Journal 2 (2):6.

BO Adeghehngbe, **OA Olasode.** Ocular diseases in HIV. Nigerian Journal of Surgical Science Vol. 16 (2) 2006: pp. 47-53.

Olasode O.A, George A. O, Soyinka Femi. (2007). Psychosocial problems in Vitiligo in Nigeria. Sudan Journal of Dermatology Vol. 5(2): 51-58.

Olayinka A Olasode, Ndanyongmong A Akpan, Eshan B Bisong.(2007) Severe Tinea Corporis resulting from the use of topical steroids as skin lightening cream – Report of

three cases. Sudan Journal of Dermatology Vol. 5(2): 67-71.

Olasode O.A (2007) Sexual Behavior in adolescents and young people attending a sexually transmitted disease clinic. Indian J Sex Trans Dis. 28; 83-86.

Olasode O A, Olaogun A A, Fatusi O A, Mosaku S K. (2008) Women's Health: A growing multidisciplinary Challenge. African Journ. of Gender and Development. 1(1); 1-11.

Ajose O. A, Banjoko S.O, **Olasode O.A**, Oyegunle V. A, Fakunle J.B (2008) Plasma Biochemical Parameters as Surrogate Prognostic Markers in HIV-1 Infected Patients in The Research Journal of Medicine and Medical Sciences 2(4): 163-165.

Durosinmi MA, Howard Armistead, Akinola NO, Onayemi O, Adediran IA, **Olasode O O**, Elujoba AA, Irinoye O, Ogun SA, Odusoga OL, Falola OL and Muraina HA. (2008) Selenium and Aspirin in People Living with HIV and AIDS in Nigeria; Nig Postgr. Medical Journ. Dec; 15(4):215-8.

Muhammed O. Afolabi, Kayode T. Ijadunola, Adesegun O. Fatusi, **Olayinka A. Olasode**. (2009) Determinants of Adherence to Antiretroviral Drugs among People Living with HIV/AIDS in the Ife Ijesha Zone of Osun State, Nigeria. Afr J Prm Health Care Fam Med.; 1(1), Art. #6, 6 pages. DOI: 10.4102/phcfm.v1i1.6.

Olasode Olayinka A, Otu A A, Henshaw E B, Akpan N A. Cutaneous Infections In Patients Presenting In A Skin Clinic In The Tropics.2009; Int. J. Of Trop. Med (2009):4; (3) 119-122.

Olasode O A, Olaogun A E. Sexual Behaviour And Perception Of Risk Of Sexually Transmitted Diseases Among Motor Park Touts In Ile- Ife. Nig J of Health Sciences, 2009; Vol. 9 No. 2: 23-25.

Olasode Olayinka A. Chemical hair relaxation and adverse outcomes among Negroid women in South West Nigeria. Journal of Pakistan Association of Dermatologists 2009; 19: 203-207.

- Asudo F D, **Olasode O A**. The use of Botulinum poison in Cosmetic Dermatology: Implications for Anaesthesia. Afr. J Anesthesia & Intensive Care. Vol. 10, No. 1, June 2010.
- Olasode A Olayinka**. A Pattern of Breast Hypertrophic and Keloidal Scar: Can a Scar be a Scare in Blacks? Egyptian Dermatology Online Journal 2010,6 (2): 7.
- Olayinka A. Olasode**, E.B. Henshaw, N.A. Akpan and R.E. Agbulu. The Pattern of Dermatoses in a Skin Clinic in Calabar, Nigeria: A Baseline Study. Clinical Medicine Insights: Dermatology 2011;4.
- Olasode Olayinka Abimbola**. The many faces of Fixed Drug Eruptions 2011 Dermatologia Kliniczna 2011, 13 (1).
- A .O Akinboro, **O.A Olasode**, O. Onayemi. The pattern, risk factors, and clinico-aetiological correlate of Tinea capitis among the children in a tropical community setting of Osogbo, South-western Nigeria. *Afro-Egypt J Infect Endem Dis* 2011; 1(2):53-64.
- A .O Akinboro, **O.A Olasode**, O. Onayemi. The Impacts of Tinea Capitis on Quality of Life: A Community Based Cross Sectional Study among Nigerian Children. *Clinical Medicine Insights: Dermatology* 2013;6 9-17.
- A.O Akinboro, **O.A Olasode**, O. Onayemi. Prediction of Dermatophyte Culture by Clinical Features: Saving Time and Cost in Resource-Poor Settings. *Ibnosina J Med BS* 2013,5(4):189-195.
- Ezejiyor O I, Onayemi O, **Olasode O A**, Ikem R T. Patterns of dermatological disorders among diabetics 2013 Egyptian Dermatology Online Journal 9 (2): 1, December 2013.
- Henshaw EB, **Olasode OA**, Ogedegbe EE, Etuk I. Dermatologic conditions in teenage adolescents in Nigeria. *Adolescent Health, Medicine and Therapeutics*. 2014;5: 79-87. doi:10.2147/AHMT.S62231.
- Ezejiyor O 1, Onayemi O, **Olasode O A**, Ikem R T. Skin manifestations of Diabetic Mellitus. *Sudan J Dermatol* 2014;Vol. 11.

- O.I. Ezejiofor, O. Onayemi, O.A. Olasode, R.T. Ikem, A.A. Komolafe, I.F. Ezejiofor. Scleredema diabeticorum – A case report. *Journal of Dermatology & Dermatologic Surgery* 19 (2015) 146–149.
- Olasode O A. Community Dermatology, Healthy skin for All. *Nigerian Journal of Dermatology*; 2016 Vol 6(1) 10-13.
- Oripelaye MM, Olanrewaju FO, Onayemi O and Olasode OA. Vitiligo with Associated Loss of Tattoo Pigments. *Austin J Dermatolog*. 2016; 3(3): 1055.
- Oripelaye MM, Olasode OA and Onayemi O. Small Pox Eradication and Cultural Evolution among the Yoruba Race. *Austin J Dermatolog*. 2016; 3(5): 1067.
- Oripelaiye MM, Olasode OA. The Myth of Toilet Disease: An Impediment to the control of sexually transmitted Infection among young females among females. *The Nigerian J Dermatology* 2016, Vol 6(1) 7-9.
- Samson Ayo Deji, Olusola Odu, Olayinka Olasode. Awareness About Mother-To-Child Transmission of HIV Infection Among Women in Nigeria. *Journal of Family Medicine and Health Care*. Vol. 2, No. 4, 2016, pp. 89-94. doi: 10.11648/j.jfmhc.20160204.20.
- Ajose, F.O. (2007). Some Nigerian plants of dermatologic importance. *Int J Dermatol*, 46, Suppl 1:48-55.
- Apollos Ibeabuchi Oziogu; Body Painting art in Nigeria. <http://www.vanguardngr.com/2011/07/body-painting-art-in-nigeria/>
- O. K. Agwa, C. I. Uzoigwe and A. O. Mbaegbu “Antimicrobial activity of camwood (*Baphia nitida*) dyes on common human pathogens”.
- Jonathan SG, Efunshile AM, Olawuyi OJ, Babalola BJ, Efuntoye MO and Dixon DO Antifungal potentials of indigenous black soap commonly used in Ibadan south-western Nigeria. *Academia Arena* 2013;5(7):50-55] (ISSN 1553-992X).

Malachi Oluwaseyi Israel. Effects of Topical and Dietary Use of Shea Butter on Animals. *American Journal of Life Sciences*. Vol. 2, No. 5, 2014, pp. 303-307.

Makeish Dennie; Medical benefits of the shea nut tree by April 16, 2012.

Oyelami, O.A. Onayemi, O. Oladimeji, A. Onawunmi, O. (2003), Clinical Evaluation of Acalypha ointment in the treatment of superficial fungal skin diseases. *Phytotherapy Research* (Wiley Interscience), 17: 555-557.

Getradeghana, B.T. (2000). Evaluation of African traditional soap. *Global Journal of Pure and Applied Science* 6:174-179.

Oladele, A. T., Dairo, B. A., Elujoba, A. A., & Oyelami A. O. (2010). Management of superficial fungal infections with *Senna alata* ("alata") soap: A preliminary report. *African Journal of Pharmacy and Pharmacology*, 4(3),098-103.

UNIVERSITY LIBRARIAN

Obafemi Awolowo University

ILE-IFE, NIGERIA.