
41st Annual, 9th International Conference of the Islamic Medical Association of North America (IMANA)

First Joint Conference with the Federation of Islamic Medical Associations (FIMA)

**A jointly sponsored CME Conference through
the Dodge County Medical Society of Wisconsin**



Global Health: A Holistic Approach
Hotel Sofitel
Marrakech, Morocco
July 31-August 2, 2008

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Abstracts

1

HIV/AIDS: Global Trends, Africa, Middle East, and Southeast Asia

Part I: Addressing the Dilemmas of the AIDS Epidemic in Sub-Saharan Africa: Role of the Islamic Approach to HIV/AIDS

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According to United Nations estimates, although just over 10% of the world's population lives in Sub-Saharan Africa, the region has 68% of adults and 90% of children infected with human immunodeficiency virus (HIV). Of the total 2.1 million deaths due to acquired immune deficiency syndrome (AIDS) worldwide in 2007, 1.6 million were from Africa. In Africa it is estimated that fewer than half of the people who need antiretroviral therapy receive it, primarily because these medicines are quite expensive, and the health systems to deliver them are inadequate. One of the reasons for this epidemic is that effective preventive measures have not been adequately delivered to the concerned populations.

We have operationalized the Islamic approach to HIV/AIDS (IAA) by subdividing it into religious and scientific components. These components can be implemented at the individual level, family level, and community level. All health systems, including IAA, need four components: human resources, infrastructure, logistics, and financing.

Strategic planning to implement IAA was initiated at the 3rd International Muslim Leaders' Consultation on HIV/AIDS (3rd IMLC), which took place in Addis Ababa, Ethiopia, in July 2007 (www.imau-uganda.org).

The *jihād* (struggle) against AIDS refers to the concept of *jihād al-nafs* (struggling against one's own temptations) in addressing HIV/AIDS prevention, treatment, care, and support. This is the struggle of the individuals, families, and communities against the temptations that lead to new infections and the

failure to treat and care for the infected and affected. Considering HIV/AIDS to be a "normal" disease, such as malaria and tuberculosis, has weakened efforts to prevent its spread. The implementation of the IAA service means that people should be constantly reminded that they are at war with HIV/AIDS. This *jihād al-nafs* is a lifelong war that must be waged and supported by all individuals, families, and communities if we are to control and eventually eradicate HIV infection.

Part II: Protection of Our Youth from STIs and HIV/AIDS: A Project Implemented in the Middle East

Abdul Hamid Al-Qudah, BSc, MSc, MPhil, DpBact, PhD

Director

FIMA STI and AIDS Prevention Program in the Middle East

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Aly A. Misha'l, MD, FACP

Executive Director

Federation of Islamic Medical Associations (FIMA)

Local and regional statistics of sexually transmitted infections (STIs) and human immunodeficiency virus/acquired immune deficiency virus (HIV/AIDS) reveal relatively low prevalence in the Middle East, North Africa, and probably other Islamic countries. There is a widespread belief that the Islamic culture and values have significant effects in limiting the spread of STIs and HIV/AIDS pandemic in this part of the world. This concept has created a general belief that Muslim societies are not susceptible to this world menace. But other concerned people consider this line of thinking a dangerous one that leads to complacency in dealing properly with sound and organized protective measures. To fill this serious gap, we designed a strategy of prevention based on education and capacity building of qualified and dedicated local community workers and leaders who will continuously and professionally work in their respective society sectors, especially the youth.

Outlines of this activity, which is now 3 years old, and future plans, will be presented.

Part III: On Southeast Asia

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Abstract not available at time of publication.

2 Islamic Jurisprudence and Bioethics

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 Omar Hasan Kasule, MD
 Ali Akbar, MD

Health and disease represent areas of attention in the Glorious Qur'an and Sunnah. Scholars in jurisprudence, past and contemporary, provided adequate guidelines and safeguards for medical practice, research on human subjects, and bioethics. All these issues are tackled from the vantage point of the five purposes of the law (Shariah), namely: protection of religion (*dīn*), life (*nafs*), progeny (*nasl*), mind (*aql*), and wealth (*māl*).

The cardinal principles of the law (Shariah), which shape and regulate medical conduct, are clearly outlined in Islamic jurisprudence.

The main cardinal principles of the law (Shariah) will be outlined, especially

- The principle of intention: each action is judged by the intention behind it.
- The principle of no harm: which stipulates that harm should be prevented, eliminated, and not removed by similar harm.
- The principle of hardship: which includes that hardships mitigate easing of rules and obligations, which, in turn, should not extend beyond the limits of the hardship.

Other principles of medical practice and bioethics will be outlined, as well as the importance

of educating medical students and practitioners on the Shariah principles of bioethics towards the expanding new biomedical issues.

3

Ibn Sina Lecture: The American College of Physicians' Response to Health Care Disparities in the United States

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There are health care disparities in the United States between races, ethnic groups, levels of income, academic health systems, and individual states. Obesity, an aging population, and workforce shortages promise to exacerbate the disparities. How does a nation that has the most expensive per capita health care system in the industrialized world eliminate disparities, improve outcomes, and control costs?

The American College of Physicians studied the health care delivery systems in 12 other countries to see what the United States might learn from them. On the eve of the presidential and congressional elections, which will determine the direction of health care reform, the ACP offers a number of evidenced-based lessons we might learn from other nations.

In "Addressing Health Care Disparities, Changing Demographics, and the Unsustainable System. Lessons the U.S. Can Learn from Other Countries" we will explore these issues.

4

Unknown Contributions of Arab and Islamic Medicine in the Field of Anesthesia in the West

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It is unfortunate that leading Western historians have ignored the gigantic scientific achievements of

Muslim scholars that illuminated the darkness of medieval ages. The objective of this historical review is to highlight the contributions of Islamic medicine in anesthesia.

Humanity is indebted to Morton, Wells, and others for the introduction of modern anesthesia through inhalation of ether in 1846. Most textbooks suggest that inhalational anesthesia was not known before this time. There is evidence that Muslim scientists deserve credit for introducing inhalational anesthesia 1000 years before with the anesthetic sponge. Sigrid Hunke wrote "[T]he art of using the anesthetic sponge is a purely Muslim technique which was not known before. The sponge used to be dipped and left in a mixture prepared from cannabis, opium, hyoscyamus and a plant called Zoan." Zoan is an Arabic word for *Lolium temulentum* (common name: bearded darnel), a weed that resembles wheat. Its seeds have a narcotic effect. In the field of chemistry, there is evidence that al-Kindī distilled alcohol, and al-Rāzī produced sulfuric acid. Because ether is produced by a reaction between these two substances, it is possible that Muslim scholars were the first to produce ether. In resuscitation, there is evidence that a Muslim physician, Ṣāliḥ bin Bahla, used bellows to resuscitate Prince Ibrahim, the cousin of Hārūn al-Rashīd.

Muslims are the first in the list of nations who had the honor of holding the torch of civilization for quite a while and made great achievements in the basic sciences that formed the basis for modern technology and progress. In the field of anesthesia and resuscitation, the contributions of Islamic medicine are enormous, and its discoveries laid down the foundation of modern practice.

5 Islamic Spirituality and Psychotherapy

Riaz Uddin Riaz, MD
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Objective: To identify the elements of Islamic spirituality useful in psychotherapy.

Design: A brief survey of the Noble Qur'an, Hadith, and Sufi literature and practices will be conducted to discover the belief system and practices that can lead to fundamental changes in personality disorders.

Materials and Method: Books, articles, and case

studies

Results: Islamic spirituality can be a useful tool in psychotherapy, especially with personality disorders.

Conclusion: Islamic spirituality can make a better person and improve interpersonal relationships.

6

Developing a Culture for Research in Muslim Countries:

Opportunities, Challenges, and the Potential Role for the Islamic Medical Association of North America (IMANA) and Federation of the Islamic Medical Associations (FIMA)

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Master American College of Physicians

Objectives: To assess the current status of medical research and development in the 47 member countries of the Organization of Islamic Countries (OIC).

Design: To review the national budget for research and development (R&D) in the 47 OIC countries and the output of scientific literature from those countries. To present in some detail the evolving research centers in Saudi Arabia, in particular the King Fahd Medical City, and to address the potential challenges the organizers face in setting up meaningful research at the local and, more important, at the national level.

Materials and Methods: For comparative analysis and guidance we will review the set up and output of research from the United States using the governmental agency of the National Institutes of Health (annual budget of \$28 billion) as a model and the complementary role the National Institutes of Health (NIH) plays to the private sector. Also, the significance and contributions of universities and medical schools in enhancing capacity building will be addressed.

Results: Clearly, there is room for improvement in enhancing research and development in the medical sciences in the 47 OIC countries, which spend on average less than 0.5% of the gross domestic product (GDP) on R&D efforts, compared to 2-3% of GDP in developed countries. The challenges and opportuni-

ties provided in establishing research centers in a developing Muslim country with a unique culture, ethos, work environment, and work force need special attention.

Some of the initial questions to be addressed include:

1. What type of research should be the subject focus: basic, clinical, applied, or a matrix?
2. What role should the research center assume: supervisory/regulatory/supportive or a centralized body controlling all research?
3. Should research be institution-driven based on local needs and disease prevalence or patterned after individual interests of the diverse researchers?
4. How will interest be generated among the staff in order to enhance research programs?
5. How will links be established with already-existing centers within and outside the host country?
6. What is the emerging role of institutions such as Knowledge Economic City in Madinah in serving as a catalyst for enhancing collaborative research initiatives between the developing and developed world?

Conclusions: What role can organizations such as IMANA and FIMA play in advancing and supporting the research initiatives in the 47 OIC countries at national and local levels?

7

Mental Health Profile Among a Group of Secondary School Students in Damietta City, Egypt

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Objective: Adolescence is a period of transition and intense emotional sensitivity. This reflects the importance and urgency for mental health promotion and prevention of mental illness among adolescents. The current study was designed to estimate the prevalence of mental distress among a group of secondary school students and identify its associated risk factors within that group.

Design: A cross-sectional study was conducted in

a secondary school (high school) in Damietta (Dumyāt) City, Egypt.

Materials and Methods: A sample of 796 students was subjected to a close-ended precoded questionnaire, including personal and social data, as well as the Middlesex Hospital screening questionnaire to identify psychiatric symptoms.

Results: Anxiety was the most prevalent mental distress (32.3%). Multivariate logistic regression analysis revealed that significant predictors of mental distress in the study group are gender, religiosity, and, more important, the subjective personal feeling of anxiety and/or depression.

Conclusion: The study concludes that implementation of a comprehensive program for mental health promotion is needed. This program should emphasize the role of the family and consider subjective feelings of mental distress as an indicator of the need to consult a specialist to provide proper and timely mental health care.

8

Anxiety Disorders: Diagnostic Clues for Nonpsychiatrist Physicians

*Waheed Haque, MD
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Objective: Anxiety disorders are the most common of all psychiatric disorders. In the United States, the prevalence for all anxiety disorders is close to 20%. If one takes into consideration the comorbid conditions such as alcohol and substance abuse, mood disorders, and physical illnesses, the prevalence is even higher, at roughly one in four Americans. Anxiety disorders are not only common in the United States, but these are ubiquitous across human cultures around the world. However, the diagnosis is often missed by many family physicians, who are at the front line of patient care.

Design: There are several forms of anxiety disorders: generalized anxiety disorders, panic disorders, obsessive-compulsive disorders, post-traumatic disorders, agoraphobia, and other phobias (claustrophobia, social phobia etc.) Together, these disorders cause considerable morbidity, disability, and suffering. Only a small fraction of patients receive appropriate and effective treatment. This lack of adequate

treatment is largely due to failure of recognition of the disease, social stigma, and lack of psychiatric manpower. Yet, with modern advances in psychopharmacology, most of these disorders are easily treatable, much more so than ever before.

Material and Methods: Literature review and discussion of different diagnostic and treatment modalities.

Conclusion: This presentation will emphasize the salient diagnostic features of common anxiety disorders, as well as general and specific methods of treatment, especially for the use of nonpsychiatric physicians. The understanding and diagnosis of these disorders by primary care physicians will hopefully result in alleviation of this incapacitating group of diseases in the afflicted population.

9 Prostate Cancer Chemoprevention: Diet, Vitamins, Minerals, and Supplements

*Mahmood A. Hai, MD
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Objective: With recent interest in a holistic approach to health, it seems that prostate cancer can be prevented with a healthful lifestyle, diet and natural vitamins, minerals, and supplements.

Material and Methods: An extensive review of the literature and research was done to find the current recommendations for chemoprevention of prostate cancer.

Results: The role of nutritional and herbal intervention in prevention and progression of prostate cancer is now established in medical literature. It is also interesting to note that the benefits affect multiple body systems including endocrine, cardiovascular, immune, and central nervous systems. A low-fat diet with less red meat, high fiber, tomato, soy, and pomegranate is recommended. Herbs suggested include saw palmetto, ginger, basil, turmeric, ginseng, and green tea. Other micronutrients and phytochemicals such as selenium, vitamin E, omega 3 fatty acids, phytoestrogens, and lycopene have proven to have therapeutic effects.

Conclusion: With the increasing incidence of prostate cancer, chemo prevention has an important role to play. We need to educate ourselves with the benefits of dietary and lifestyle changes and nutri-

tional interventions so that we can counsel our patients toward a long and healthful life.

10 Magnetic Resonance Imaging in the Diagnosis and Management of Trigeminal Neuralgia

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Objectives: (1) To review the current use of magnetic resonance (MR) imaging in the diagnosis and management of trigeminal neuralgia, and (2) to discuss the new imaging techniques that may help in the diagnosis of trigeminal neuralgia.

Design: Retrospective review.

Material and Methods: Trigeminal neuralgia, the most frequent cranial neuralgia, can be idiopathic or caused by pathological conditions such as mass lesions or multiple sclerosis. Magnetic resonance (MR) imaging is frequently used in the diagnosis of trigeminal neuralgia refractory to medical therapy or when clinical presentation is atypical.

The following will be discussed:

1. Imaging techniques used in the evaluation of trigeminal neuralgia.
2. Normal imaging anatomy of the trigeminal nerve and trigeminal nucleus.
3. MR imaging in excluding pathological conditions causing trigeminal neuralgia.
4. MR imaging in the evaluation of neurovascular contact or compression of the trigeminal nerve.
5. MR imaging in the localization and evaluation of the trigeminal nerve, before and after therapy.

Results: Information regarding the current use of MR imaging in the diagnosis of trigeminal neuralgia will be provided. Various pathological conditions causing trigeminal neuralgia will be discussed. Use of MR imaging in treatment planning will be presented.

Conclusions: Magnetic resonance imaging plays an important role in the diagnosis and management of trigeminal neuralgia.

11 The Menace of Coronary Artery Disease: A Killer Across the Oceans

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Coronary artery disease (CAD) continues to be the number one killer in the United States and one of the leading causes of morbidity and mortality across the globe. The symposium will review the etiopathology of CAD along with basic aspects of evaluation and management, including noninvasive cardiac imaging using nuclear myocardial perfusion imaging, computed tomography (CT) coronary angiography (CTA), coronary calcium scoring, and magnetic resonance imaging (MRI). These noninvasive modalities play a vital role in early identification of the disease and risk stratification. Positron emission tomography (PET) myocardial perfusion and viability imaging modalities for the diagnosis of ischemia, infarct, hibernating myocardium, and myocardial viability will be reviewed in a comprehensive fashion. The evolving role of CTA in the noninvasive diagnosis of coronary artery disease, as well as invasive evaluation with coronary angiography with current status of the procedures, will be reviewed.

Audio-visual aids, including real-time cardiac events, will be projected for better understanding of the modern technological advances in cardiovascular care. At the end of the presentation the participants will have a clear understanding of the basic concepts of CAD, with emphasis on outpatient evaluation of the disease, and acute coronary syndrome. The participants will understand the current status of invasive and noninvasive evaluation and management tools that can be used in the day-to-day practice of cardiologists, internists, and family physicians.

12**Supraventricular Tachycardias**

Asma Syed, MD

Abstract not available at time of publication.

13**Novel Treatment of Moya-moya Syndrome Associated with Thyrotoxicosis**

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Background: The neurologic complications of thyrotoxicosis are well known and primarily consist of ophthalmopathy, tremor, ataxia, and stroke. Moya-moya syndrome is a rare complication of Grave's disease. This is characterized by progressive stenosis or occlusion of the large vessels of the circle of Willis, i.e. distal internal carotid and proximal anterior and middle cerebral arteries, leading to the development of fine collateral vessels primarily involving the basal ganglia, which may result in hemorrhage or ischemic stroke. In this setting the treatment is typically limited to pharmacological agents and/or cerebral revascularization through surgery.

Case Report: We present a 23-year-old woman with a 5-month history of Grave's disease, presenting with progressive aphasia, confusion, right arm weakness, and right facial numbness for three weeks. Magnetic resonance imaging of the brain revealed acute left hemispheric ischemia combined with multiple bihemispheric ischemic areas of varying ages. Cerebral angiography demonstrated near occlusion of the bilateral carotid arteries distal to the ophthalmic artery. She received plasmapheresis, which resulted in significant initial neurological improvement. Oral antithyroid medications resulted in subsequent clinical stability.

Conclusions: Plasmapheresis is a unique and effective treatment of Moya-moya syndrome associated with thyrotoxicosis.

14**Al-Razi Memorial Lecture:
New Horizons in Endovascular Surgery**

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Chief Emeritus Cardiovascular and Thoracic Surgery

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“Endovascular surgery” is a new term coined to define vascular interventions that can be accomplished with minimal or no incisions. The surgery is performed by entering the vascular tree at a remote site with catheters and devices that can then be directed to the area of need under sophisticated image guidance. These catheters, balloons, and devices can then be used to open up blocked arteries, remove plaque, “stent vessels” to keep them from collapsing, deliver drugs and medicines to prevent restenosis, remove thrombi or clot bleeding vessels, and even exclude aneurysms from the circulation, thus preventing major morbid surgeries such as bypass and aneurysmectomies.

This presentation will examine this new frontier in the treatment of vascular disease, which constitutes a departure from the major surgeries used in the past. The goal of these techniques is to achieve these same objectives with minimal intervention. I will review in this presentation new innovative techniques but will limit the discussion to methods used to open up blocked arteries and keep them open with stents, balloons, atherectomies, cryoplasties, and lasers. Use of these techniques avoids major bypass surgeries and minimizes morbidity and mortality of these procedures, especially in the elderly high risk subset of patients, who usually have many associated comorbid conditions.

15 Management of Incidentally Discovered but Potentially Life-threatening Cerebrovascular Lesions

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With the common use of modern diagnostic techniques, an increasing number of individuals are being diagnosed with potentially life-threatening lesions, the most serious of which is the cerebral aneurysm.

Likewise, vascular malformations, especially arteriovenous malformations (AVMs), pose a significant risk in the longrun. Cerebrovascular occlusive disease, especially carotid stenosis, is being seriously looked for by listening for a bruit or getting ultrasound studies and now more precisely by magnetic resonance angiogram or computed tomography (CT) angiograms. However, once diagnosed, patients, as well as clinicians, will be distressed about the potential high risk, should the lesion become symptomatic. Even though some information has been extrapolated from the asymptomatic carotid artery stenosis (ACAS) trial as well as multicenter data obtained regarding nonruptured cerebral aneurysms, these studies do not provide clear guidelines.

From personal experience and reported natural history of these lesions, we have developed a more realistic approach to manage such incidentally discovered conditions. The factors taken into consideration for decisionmaking will be detailed.

16 Lung Cancer in the Muslim World

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Objective: Lung cancer is the leading cause of cancer-related deaths in the United States and Europe. However, information on the incidence of lung cancer in the Muslim world is sketchy at best. Global incidence of lung cancer is increasing at 0.5% per year, with the largest increase being in the developing countries, which include many Muslim countries.

Design: Literature review and data analysis of reports from the available cancer registries of Muslim countries

Material and Methods: Data from the Middle East Cancer Consortium (MECC), Africa, India, and Pakistan are reviewed. The MECC information includes data from the cancer registry of Jordan, Egypt, the Gharbiah Region, Israel, West Bank, Gaza Strip, Cyprus, and Turkey. The MECC is directly supported by the National Institutes of Health (NIH) through the National Cancer Institute (NCI). The data from India is from International Agency for Research

on Cancer (IARC) reports and from the Cancer Registry of Shaukat Khanum Hospital in Pakistan.

Results: MECC data indicate that lung cancer in the Middle East is not as common as in the West. The most common cancers in the Middle East are breast, digestive tract, urinary system, lymphomas, and then lung. In the Arab world, the highest incidence of lung cancer is in Tunisia followed by Bahrain, and the lowest incidence is in Yemen. In Africa, the highest incidence is in South Africa, and the lowest incidence is in Western Africa. Lung cancer incidence in India is relatively low in men and even lower in women. The Cancer Registry in Pakistan caters to a limited population, thus a low lung cancer incidence may not be representative of the country. In Asia, Hong Kong has the highest incidence and Turkey the lowest. Adenocarcinoma is the most common type of lung cancer, followed by squamous and anaplastic carcinomas.

Conclusion: Lung cancer appears to be less common in the Muslim world compared to other cancers. This may be related to women smoking less, genetic predisposition, or a bias in data collection. There is a need for further study of lung cancer incidence in Muslim countries.

17 Intradermal Botox A for Treatment of Enlarged Pores and Acne-prone Skin

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Objective: The purpose of this study is to evaluate the effectiveness of intradermal Botox A injections for the treatment and management of enlarged pores and acne-prone skin in the facial area (cheeks and nose).

Design: A series of 10 consecutive patients presented with complaints of enlarged facial pores, oily skin, and recurrent acne on their cheeks, nose, and forehead. Patients were evaluated based on their subjective concerns, realistic expectations, overall good health, and objective findings on exam. The patients were treated and followed by the presenter in his private offices in Manhattan, New York. Patients signed informed consent documents to undergo intradermal Botox A injections. Follow-up intervals were at 2 weeks, 6 weeks, and 3 months.

Digital photographs of each patient from various angles were taken at each visit. Subjective/objective findings were documented on the medical record.

Materials and Methods: The experimental procedure consisted of clinical evaluation documented by digital photography and subjective/objective findings of the patient and as recorded in the medical record. Materials included Botox A (Cosmetic, Allergan Corp.). After thoroughly cleansing the face, intradermal Botox injections were performed with a 1 cc tuberculin syringe with a 30-gauge needle. The patients were made comfortable during procedures by gentle technique and icing the skin prior to injection. Intradermal injections were spread apart by 1 cm and consisted of 2-3 units per area. Areas of injection included the "T Zone": cheeks, forehead, and nose.

Results: During follow-up visits patients showed objective as well as subjective improvement in the areas of concern. Pore size was reduced very effectively in all patients. Patients reported subjective improvement in the oiliness of their skin. Also noted was a smoother appearance and feel of the skin areas that were injected. Acne breakouts were reduced, as was the amount of acne in the treated areas. Patients reported marked satisfaction in the appearance of the previously affected areas during each follow-up visit. Assessment of digital photographs showed clear improvement in appearance in the operated areas. All patients reported a positive impact on their sense of well being, approach to social and professional interactions, and overall satisfaction with treatment.

Conclusion: In a series of 10 patients, intradermal Botox A injections were shown to provide excellent results with marked improvement in subjective/objective concerns of all the patients followed. Digital photographs document the physical results and show findings consistent with the patients' subjective satisfaction with the procedure.

18 Osteopenia of Prematurity and Nonrenal Hypokalemia: An Assessment of Related Factors in VLBW Infants at New York Methodist Hospital

Khaja Raziuddin, MD

Abstract not available at time of publication.

19 Assessment and Management of the Abnormal Pediatric Airway

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The management of the abnormal pediatric airway is a challenge even in the hands of the most experienced pediatric anesthesiologists. Some common problems evaluated in the preoperative clinic may foreshadow difficulty in the intraoperative management in these patients.

Abnormal airway conditions may result from congenital anomalies such as laryngomalacia, subglottic granulomas, choanal atresia, and various craniofacial syndromes. Other airway problems are the result of upper airway obstruction from acquired disease states, including upper respiratory infection (URI), a leading cause of delay in elective pediatric surgeries. Of significant concern is the problem faced by foreign body ingestion and/or foreign body aspiration. Such accidental causes of airway problems can lead to devastating and lifelong comorbidities.

I will first discuss the factors that make the normal pediatric airway more difficult to manage than the adult. Second, I will describe the development of the airway from the neonate to the adult state. Then I will discuss differences between inspiratory vs. expiratory stridor in dealing with an upper airway obstruction. The attendee will be able to describe the serious causes of acute stridor in the infant and child. Finally, we will discuss a representative case of a foreign body ingestion that led to a serious complication and a novel method of airway management.

20 Pulmonary Aspergillosis: Spectrum of Imaging Findings

Arfa Khan, MD, FACR

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Objective: To review the various presentations of pulmonary aspergillosis, including the pathophysiology, while correlating imaging and pathologic findings.

Design: Based on patient's immune system and the underlying lung status, pulmonary aspergillosis can have various presentations including aspergilloma, allergic bronchopulmonary aspergillosis, semi-invasive, and invasive aspergillosis. This presentation will describe the different forms of aspergillosis and discuss the pathophysiology that results in characteristic radiographic findings. Chest radiographs and computed tomography (CT) scans illustrating the characteristic findings of different forms of pulmonary aspergillosis will be shown. Clinical and pathologic correlation will be provided to impart a complete understanding of the disease process.

Conclusion: Pulmonary aspergillosis has different manifestations depending on the patient's immune system and underlying lung status. An understanding of the pathophysiology of the disease with clinical and radiographic correlation is essential for correct diagnosis.

21 Reiki and Medicine

Shahin Etezadi, MD, MPH

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Reiki Master, Teacher

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Objective: To explore the role of Reiki in the healing process within the context of a holistic approach to global health.

Design: Electronic and manual search of books and review literature on Reiki as well as interviews with Reiki masters.

Results: There is evidence of some remarkable healing methods in other cultures that could not be explained by the Western biomedical model. By the same token the measurement and the outcome analysis of some healing modalities do not lend themselves to traditional research methodology. We still lack accurate instruments to measure the sense of well being, happiness within, boosting of immune system, confidence, relaxation, and similar modalities that promote healing.

The spirit of healing enters into any caregiving

situation, in any culture or setting. This could be accessed through Reiki or other related interventions.

The name Reiki comes from the Japanese words *rei*, meaning “universal spirit,” and *ki*, meaning “life energy.” In the 19th century, the Japanese physician Mikao Usui revitalized the 2500-year-old practice of Reiki. Hawayo Takata introduced Reiki to the West, in the 1930s. At the present time there are some 50,000 Reiki masters and one million Reiki practitioners worldwide.

Reiki involves light touch of the different parts of the body by a Reiki practitioner or a Reiki master, who channel “universal life energy” to the patient for beneficial effects. Providing strength, harmony, and balance to the body and mind are among its effects. Reiki aims to heal, as well as to help the patients heal themselves. It enables patients to feel enlightened, with improved mental clarity, well-being, and spirituality.

Reiki has been proven to reduce stress, control pain, relax muscles, promote wound healing, and to provide a sense of well-being. It alleviates anxiety, and it may have an effect on autonomic nervous system functions, such as heart rate, blood pressure, or breathing activity. In one study, people who underwent Reiki sessions before cardiac catheterization reported feeling more confident, and their cardiologists said these patients were more relaxed and cooperative. In another study, Reiki-treated Alzheimer patients demonstrated improved memory function. Reiki decreased fatigue in cancer patients.

Reiki is widely available in many inpatient and outpatient settings. It is used as an adjunct therapy to decrease anxiety, pain, and stress.

Conclusion: Reiki is energy-based healing modality complementing Western medical treatment. Reiki gently balances and provides energy that supports the well-being of the recipient in a holistic and individualistic way. Relaxation, pain and stress relief, physical healing, as well as a sense of spiritual connection are among the benefits of Reiki. It is easy to learn. It can be performed by any health care giver, in any setting, and in any culture, worldwide. It could well become an important element of a holistic approach to global health.

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Relationship between Vitamin D and Cancer

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Abstract not available at time of publication.

23

Medical Management of Hair Loss

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Objective: Inform attendees on a topic of concern to many patients.

Design, Material and Methods: Hair loss is an important problem that has significant social and psychological implications. This presentation will discuss 1) the embryology, anatomy, and physiology of hair, 2) the difference in hair at different sites, such as scalp, face, chest, axilla, pubic, and extremities, 3) the role of hair in biologic evolution, 4) the hair cycle — anagen, catagen, and telogen phase — and factors that affect and influence each phase, 5) normal range of daily hair loss, 6) cause of hair loss: disease states, hair cycle changes, and physiologic, 7) role of genetic factors in hair loss, 8) objective criteria to assess hair loss, 9) medical treatment options: Minoxidil and Propecia and dose frequency and side effects, 10) indications for surgery, 11) prevention of hair loss: role of diet and nutrition, stress, and environment, 12) animal models to study hair loss, 13) hair growth in tissue culture, 14) role of drugs that cause hirsutism in treating alopecia, and 15) looking at the future.

Results and Conclusion: Attendees will be better informed on recommending treatment options to patients with hair loss. Use of appropriate medical therapy may eliminate the need for expensive surgical procedures. Some patients may need medical treatment post surgery to maintain hair growth and prevent loss of graft. Hair restoration may have a significantly positive impact on psychological profile and quality of life of a patient.

24

Documenting for Dollars: A Simplified Approach to Understanding and Complying with the Evaluation and Management Documentation Rules

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Objective: In this era of declining reimbursement, physicians need to capture every ethical bit of revenue they are producing. Complying with the documentation rules is essential to the legal and ethical practice of medicine. Knowing the rules allows for documentation of higher levels of exams.

Design: Dissection of the guidelines and reconstruction into algorithm grid, allows physicians to better comprehend the rules as set forth by the American Medical Association (AMA) and the Centers for Medicare and Medicaid Services (CMS).

Materials and Methods: Using the 1995 and 1997 Documentation Guidelines as published in the coding books of the AMA and CMS, a simplistic approach to each of the three key elements of a physician visit has been developed. I will present this in a way that physicians can clearly understand and easily follow as they dictate and document the work they perform each day when seeing patients. A systematic approach to writing what is actually done and observed will ensure comprehensive documentation of the physician's work and the ability to code the exams to a higher level of specificity instead of relying on the guesswork that is very commonly employed in determining the level of care. In case of a payor audit, this will give the physician peace of mind that the rules are being followed and decrease the threat of a high-dollar penalty and payback to the insurance company and the threat of legal repercussions for fraud and abuse.

Results: Adhering to the rules will result in more coding specificity, possibly increasing revenue by being able to submit higher levels of E/M codes, and will definitely decrease the physician liability in compliance matters. Accurate coding will result in quicker reimbursement with fewer rejections, thus keeping the cash flow of a medical practice steady.

Conclusion: The rules for documenting exams and visits are very concise; however, obtaining a clear understanding of these rules is an onerous task.

This simplified approach gives physicians the knowledge and tools they need to comply with the rules and ethically succeed in coding higher levels of exams with better documentation.

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Practice Management Efficiency and Survivorship in a Challenged Medical Climate

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Clinical office and medical facilities management are not part of the curriculum of the current United States medical teaching or medical postgraduate training. More important, the concept of effective office management, maintaining an overhead expense strategy, and establishing a retirement plan in the face of decreasing reimbursement from health care insurance companies creates a significant quagmire for young and seasoned practitioners alike. Often times, young health care graduates are relinquishing the very thought of starting an office practice as an independent physician and instead jump directly into hospital or large conglomerate employment. This may give them no opportunity to be independent practitioners, thus serving only as employees of the big medical corporations.

Ideal office efficiency emanates from setting a yearly income/expense prospectus, with realistic goals and expectations. Office overhead can be between 28% to 65% of gross income depending on the type of medicine/surgical design. This can have a significant impact on revenue, marketability, and ultimate practice success.

To establish a reasonable and successful plan for a medical practice, the following should be addressed:

1. Knowing the difference between sole proprietorships, S corporations, limited liability corporations (LLCs), and personal corporations and choosing the appropriate legal structure.

2. Office employees. These individuals are a very important part of your practice overhead and those under your office umbrella have to be cross-trained to multi-task.

3. Health care contract negotiations. Setting contracts that have a usual, customary, and reasonable

(UCR) fee schedule respective to your location and specialty are necessary to protect you. The contract must include cost-of-living increases.

4. Office rent/lease versus ownership. Is it always better to own or not and why?

5. Plan for effectively decreasing your practice tax liability, which in turn gives you and your practice the best opportunity to survive, ultimately protecting your LLC assets.

6. Retirement plans: 401k, profit sharing plans, defined benefit plan. Which is the best for you and your staff?

7. Investment management strategies. Following Islamic principles of Shariah. Making sure that the investments you make give you the outlook that you believe in.

8. Life and disability insurance policies.

9. Malpractice coverage. If you live in a state that requires it, the overall cost of medical delivery is higher.

10. Outsourcing scheduling, electronic medical records, and billing using the internet.

The goal of this presentation is to discuss how effective goal-oriented practice management can create a sound practice and to give the new graduate and/or active practicing physicians a venue to decrease budgetary expenses.

26 Timbuktu Expedition: Unlocking the Secrets of Africa

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Abstract not available at time of publication.

27 Poverty Alleviation in Africa

Shuaib Chaklen

Abstract not available at time of publication.

28 Assessment of Adverse Health Effects and Oxidative Stress in Lead Exposed Workers

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Objectives: To determine the lead-induced adverse effects and oxidative stress in lead-exposed workers.

Study design: Cross-sectional comparative study.

Methods and Materials: One hundred and forty nine males consisting of 87 lead-exposed industrial workers and 62 controls were included. The blood lead level (BLL) was determined with anodic stripping voltammetry on a 3010B ESA Lead Analyzer. Complete blood counts were done on a hematology analyzer. Biochemical markers, including serum uric acid, urea, creatinine, phosphate, cholesterol, triglyceride, ALT, and γ GT were measured on a Selectra E auto analyzer. Serum malondialdehyde (MDA) was measured spectrophotometrically and CRP on an Immulite-1000.

Results: Exposed workers had high BLLs. The median and range were 291 and (90-611) $\mu\text{g/L}$ as compared with controls, 108 and (10-310) $\mu\text{g/L}$. Mean and standard deviation age of exposed and unexposed groups were 40.2 and 10.5 vs. 38.1 and 11.0, respectively ($p=0.100$). Blood pressure was raised, whereas hemoglobin was decreased in the exposed group ($p<0.002$). Serum biochemical markers including urea, uric acid, phosphate, ALT, cholesterol, and triglyceride were significantly higher in the lead-exposed workers as compared to the controls. In the exposed group, serum albumin, total proteins, and GFR were significantly decreased, whereas oxidative stress (MDA, γ GT) and inflammatory markers (hs-CRP) were more increased ($p<0.05$) than controls. Blood lead, MDA, GGT, and hs-CRP showed significant positive correlation with serum urea, creatinine, and uric acid and negative correlation with GFR.

Conclusion: Increased lead accumulation effects hematopoietic, cardiovascular, renal, and hepatic system. Serum biochemical, oxidative stress, and inflammatory markers might be used to detect impairment in the body function and early reversible changes in lead-exposed occupational workers.

29 Mental Health Issues of Immigrants

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People migrate for various reasons, including to escape from persecution and tyranny and to look for a better future for themselves and their children. Some also may go to a different country to get an education and then return to their native country, while others eventually stay in the host country. Immigrants may live in ethnic neighborhoods or in areas where there are very few people of their geo-

graphic origin. While away from their homeland, they may have language barriers, suffer from social isolation, and face discrimination. All these factors lead to increased stress and mental health issues.

Immigrants may present their psychological problem with somatic symptoms and use medical rather than mental health care. They may have different genetic make up; pharmacokinetics and pharmacodynamics also may be different, causing different reactions to medication. They may be misdiagnosed and receive inappropriate treatment.

The presenter will address all these issues. After attending this presentation the audience will have a better understanding of how to treat immigrant patients.

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