

Life Style Dilemmas-Therapeutic Modalities for the 21st Century

Abstracts of Papers Presented at the 38th Annual Meeting of the Islamic Medical Association of North America, San Francisco, CA, USA, July 23-28, 2005

1

1. Global Health-Ethics, Equity and a Bench-mark Of Fairness-An Emerging Vista

Anvar Velji M.D.

Chief Of Infectious Disease Kaiser Permanente Medical Center South Sacramento, Clinical Professor Of Medicine University Of California Davis, CO-Founder and Treasurer Global Health Education Consortium

Objectives:

To provide an overview of the global health scene in the new millennium and the impact of globalization.

To identify the global health players.

To define equity, inequity, inequalities, disparities, ethics, fairness and justice as applied to health-care.

2

Al-Razi Memorial Lecture: The Islamic Contribution to Ophthalmology: Lessons for our Time

Mark Mannis, M.D., F.A.C.S.

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Between 900 and 1300 A.D., while Northern Europe was plunged into the "dark ages", the medical sciences in the mediterranean societies in which Islam was dominant experienced a period of renaissance which was to pervade medicine for the next 1000 years. Ophthalmology was no exception to this, and the vision sciences experienced both a dramatic rebirth of scientific inquiry as well as a proliferation of new techniques of treatment. The lessons learned from this Islamic renaissance in the vision sciences provides us with important guidelines for the practice of contemporary medicine.

3

Islamic Shari`ah's Rulings on New Reproductive Choices

Hossam E. Fadel, M.D., Ph.D., FACOG
Director of Maternal Fetal Medicine

Section, University Hospital. Clinical professor, Obstetrics and Gynecology Dept, Medical College of Georgia, Augusta, GA.

Objectives:

Understand new reproductive choices.

Understand Islamic rulings on these choices.

I will briefly describe the new reproductive choices resulting from Assisted Reproductive Technologies (ARTs) and then present the Islamic rulings on these different choices.

Method/Results: The physiology of conception: ovulation/fertilization/implantation, the bases of Islamic Jurisprudence and the importance of infertility treatment will be described along with the different available ARTs. The Islamic rulings on these technologies i.e., which are permissible and which are not will be presented.

Conclusion: Infertility should be treated as any other "disease". Scientists/physicians have a duty to find new ways and techniques to improve the chances of a married infertile couple to have children. Muslim scholars, in conjunction with the scientists/physicians should properly evaluate each procedure and issue a Fatwa regarding its permissibility and under which circumstances it can be used. Muslim physicians have to observe Shariah rulings in their use. They have to inform their Muslim patients of these rulings and to refrain from personally participating in or performing procedures deemed to be prohibited.

4

Spiritual Dimensions of Trauma Healing

Abdul Basit, M.D.

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Feinberg School of Medicine, Northwestern University, Chicago

Objectives:

Understanding and treatment of various mental disorders.

To know that spiritual and religious involvement is positively related to physical and mental health.

Describe modern research which has shown that faith works as an anchor point in healing.

Despite the amazing progress in the understanding and treatment of various mental disorders, psychiatry was severely constrained by two self-imposed limitations. It was, unfortunately, dominated by intellectuals who treated religion and spirituality as a vestige of a pre-scientific era. Consequently, the role of spirituality in the healing of pain and sorrow was neglected. Also the split of mind and body, long taken for granted in Western science and medicine, prevented us from focusing on the mind's crucial role in pain, anxiety, and depression. But during the past three decades there is a growing body of evidence to suggest that spiritual and religious involvement is positively related to physical and mental health and faith protects people from anxiety and depression, especially related to tragedies and traumas. Evidence is also accumulating that tragedies and traumas cannot be explained by science or scientific method alone. Traditional therapeutic approaches, therefore, must be re-examined in the light of modern research. This presentation will explain how modern research has shown that faith works as an anchor point and how spirituality has miraculous effect in quieting distress and generating hope.

5

Creative and Inventive Thinking Necessary for our Physicians of the 21st Century

Bashir A. Zikria, M.D., F.A.C.S.

Professor Emeritus, Columbia University, College of Physicians & Surgeons, New York, NY, USA

The subject of creativity of the Medicorum Principes, Ibn Sina with his surgical instruments

still lying in the British Museum, his seventy extant books and his compendium of medicine Al-Qanun (The Cannon) taught in Europe until the eighteenth century were discussed in my Ibn Sina Memorial Lecture of 1983. Now I am asked to discuss creative thinking necessary for our new generation of physicians of the 21st century. Though Ibn Sina was a genius, we as Muslims believe that creative thinking and inventions are endowments of the Almighty for all mankind who seek Him and His inspiration.

I will discuss the prerequisite individual and social elements for creative thinking as well as my ideas as what goes into creative thinking and inventiveness and review "the inquiry into scientific inquiry" without being pedantic and epistemological. Having received nine United States Patents since 1988 (alhamdulillah), I will give examples of three categories of inventions.

1. Necessity is the mother of invention:

As a surgeon, I suffered from osteo-arthritis of the neck with neck muscle rigidity and inter-scapular pain. Also, my wife kept complaining about my snoring. Restudying upper respiratory tract and my studies with severe snoring and sleep apnea among the morbidly obese led me to find a way to prevent upper airway obstruction by essentially making the anesthetist's maneuver to keep the chin and angles of the mandible up by a combination of a soft, fenestrated collar with rigid plastic struts between the chin-mandible and the chest. The chin strut acted as a fulcrum to stretch the cervical spine to take the pressure off the cervical nerves as well as to keep the airway open. Thus a neck collar for anti-snoring as well as for mitigating neck and inter-scapular spasms and pain was invented from which my wife and I draw benefits since 1988, as I use it every night as I sleep. U.S. Pat. No. 6,668,834 (2003)

2. Finding the common denominator of a challenging problem and focusing on a solution for the denominator:

During my thirty years as a clinician, I was frustrated with patients with severe hemorrhagic shock, severe sepsis, polytrauma and exposure to toxins whose circulatory system appeared to collapse, and who, despite adequate fluid resus-

citation, would go on to multiple organ failure and not infrequently die. The common denominator of these conditions appeared to be loss of integrity of capillaries, which would become too permeable, thus allowing plasma macromolecules such as albumin and some globulins to leak out. In these states, the crystalloids as well as colloids such as Serum Albumin, Dextran, and hydroxyethyl starches (HES) appeared to leak out and worsen the "third space" problems. I sought to develop large macromolecules of HES and polymers of glucose with hydroxylation which also contained adhesive molecules such as the activated adhesive molecules of capillary endothelial cells. Such substances might aggregate at the basement membranes of capillaries and thus reduce capillary leak syndrome. After column fractionation and later with ultra filtration, we found size-specific macromolecules of hydroxyethyl starch of 100-300 K Daltons that would do the job. We performed laboratory trials on ischemia-reperfusion rats with our size-specific HES-Z with success. Ten other medical centers have repeated our results in pigs, sheep, rats and rabbits with the same success. U.S. Pat. No. 4,994,444 (Macromolecules for Sealing Capillary Endothelial Junctions-1991). Clinical production and clinical application of the macromolecule is being continued following our publication of our book "Reperfusion Injuries and Clinical Capillary Leak Syndrome". Blackwell Publishing, 1994.

3. For procedures which do not have uniform long-term success, try a totally new approach which deals with the central mechanisms: For the past thirty-five years I have performed every conceivable operation for morbid obesity without long-term gratification. When I saw patients bypassing my bypass by drinking malted milk shakes "all day long," I started to think about the basic mechanism of appetite and satiety. While we knew the central nervous system role and its complexity with Pavlov's findings of 1912, we overlooked the simple fact that when an empty stomach of a hungry man is filled with food, he is satiated and stops eating. The stretch receptors of the left Vagus nerve send the message to the satiety center in the ventromedial hypothalamus, which turns off the appetite cen-

ter. We, therefore, mimic the full stomach by electrical stimulation of the fundus of the stomach by a pacemaker, which is implanted and placed by laparoscopy. The sophisticated pacemaker can be programmed over the skin of the abdomen via radio-wave according to the patient's need. U.S. Pat. No. 6,564,101 (2003)

6

Racial Disparities In Health Care in USA

Mohammed Moinuddin, M.D., F.A.C.P.
Baptist Hospital, Memphis, TN

Objective: To determine the existence of racial and ethnic disparities in the health care system in USA, and evaluate bias as the source of disparities.

Design: Extensive literature search was performed on the subject using different programs including PUB and MEDLINE.

Materials and Methods: The increase in the number of articles on racial disparities in the health care published in medical journals prompted the congress of USA, in 1999, to request the Institute of Medicine (IOM) to study the subject and submit the report. The IOM formed a committee, "on understanding and eliminating racial and ethnic disparities in health care." The members of this committee consisted of physicians, nurses, health care administrators and policy-makers, scientists, lawyers, psychologists, economists and sociologists. The committee reviewed the articles written on this subject, interviewed the authors and conducted workshops. The committee worked on this project for three years and prepared a report specifically assessing the racial differences that are not attributable to known factors such as health insurance coverage, cultural and socioeconomic differences. It evaluated the potential of bias and discrimination and provided measures to eliminate disparities. The report was then reviewed by another committee of similar professionals. Finally, the review was overseen by two experts appointed by IOM. Hence the report had undergone rigorous scrutiny.

Results: The report found significant disparities

between the minorities and non-minorities. The most intensively studied subject was cardiovascular diseases with 200 studies published in the last 20 years. African Americans with coronary artery disease are less likely to receive cardiac catheterization than whites. When they do, they are less likely to receive revascularization and medical treatment such as beta blockers, thrombolytics and aspirin. In a study from Veterans Administration Hospital, Cleveland, 938 consecutive patients underwent cardiac catheterization. When the decision for coronary angiography was made on the basis of clinical findings and the physicians were blinded to the race of the patients, no difference was found in revascularization procedures between whites and blacks. In peripheral vascular disease, the blacks were more likely to undergo above knee amputation while the whites were more likely to get angioplasty. In lung cancer, black patients were 50% less likely to undergo surgery for non small cell lung cancer compared with whites although both the groups had comparable age, gender, stage of disease, comorbidity, marital status and income. In cerebrovascular disease, whites were 50% more likely to receive diagnostic imaging even including non invasive procedure such as Doppler ultrasonography. In patients with renal failure, blacks were less likely to receive renal transplant and less likely to be placed on waiting list and the waiting period was longer. In HIV patients, blacks were less likely to undergo bronchoscopy and less likely to receive anti retroviral therapy. There was reverse bias also. For example, 27% of blacks believe "HIV is a man made virus that the federal government made to kill and wipe out black people." Whether such a conspiracy belief is related to the Tuskegee Syphilitic Study has been debated. There are also several other disparities observed in other systems' diseases.

The causes for disparities include insurability, socioeconomic and cultural differences.

However, there is robust evidence as per IOM report to indicate that bias also plays an important role. This bias could be individual or institutional, occult or overt. It is usually difficult to diagnose. There is often a tendency for denial of bias among health care workers. The treatment

of this problem is multifold. The commission recommended avoiding fragmentation of health plans along socioeconomic lines, increasing the proportion of underrepresented racial and ethnic minorities, collecting more data and conducting further research. But the most important step, the report recommended, was to raise the level of awareness among health care workers and the public.

Conclusion: The extensive research conducted by the IOM on racial and ethnic disparities indicate that in addition to known causes of racial disparities in health care, bias plays a significant role. Awareness among all groups should be increased to restore equity in the system and to improve morbidity and mortality in minorities.

7

Medical Ethics as Recommended by the Ethics Committee of the Islamic Medical Association of North America (IMANA).

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Objectives:

To understand the needs of Muslim patients.
To be aware of the special ethical issues that are related to minorities.

IMANA Medical Ethics Committee, after much deliberation, has developed position papers on several aspects of medical ethics affecting the lives of Muslims in the areas of care of Muslim patients, euthanasia, mechanical life support, assisted reproduction, termination of pregnancy, transplantation, care of HIV patients, genetic research and cloning. Opinions of Muslim scholars and other ethicists were sought. In this presentation, the position papers are presented for general membership of IMANA. Audience participation and Q/A will be encouraged.

8

Approaching Islamic Medical Ethics Jalees Rehman¹, M.D. and Ansar Haroun², M.D.

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Medicine

The focus of this talk will be discussing the approach to Islamic Medical Ethics using general principles of ethics. We will discuss basic definitions of ethics and ethical theory, but also move on to discuss whether there is or should be a uniquely "Islamic" medical ethics. If there is indeed a necessity to develop an Islamic approach to medical ethics, what role should rational decision making and heuristics play in establishing and applying the ethical principles? Although the most rational mode of decision-making emphasizes quantitative models (Bayesian or Frequentist or even Prospect Theory), much of actual ethical reasoning can be accounted for by qualitative models, which include decisions based on known factors like stereotypes, cases, rules, reasons, or roles, and by unknown factors like dynamic forces as postulated by Freud. We will also focus on discussing challenging ethical scenarios, when there is a clash between ethical decision making principles of the physician and the patient. Finally, we will then encourage the audience to participate in a discussion of how to apply the principles to evaluate and understand recent approaches to construct principles of Islamic Medical Ethics.

9

Islamic Medical Ethics: Towards Higher Adab and Following the Shari'ah

Aasim I Padela, M.D.

Objectives:

To understand cultural competency and awareness.

To be able to describe the varied ethical constructs of specific populations.

To be able to define Islamic medical ethics and compare it with other religions' ethics and with modern medical ethics.

Modern medical practice is becoming increasingly pluralistic and diverse. Hence cultural competency and awareness are given more focus in physician training seminars and within medical school curricula. A renewed interest in describing the varied ethical constructs of specific popula-

tions has taken place within medical literature. This paper aims to provide an overview of Islamic Medical Ethics. We will define Islamic medical ethics and compare it with other religions' ethics and with modern medical ethics. Then we will introduce the reader to the scope of Islamic Medical Ethics literature, first as literature aimed at developing moral character and then as literature grounded in Islamic law aimed at deriving the Islamic perspective on biomedical issues such as abortion, end-of-life care and euthanasia. It is hoped that the insights gained will aid both clinicians and ethicists to better understand the Islamic paradigm of medical ethics and thus positively affect patient care.

Modern medical practice, especially in the United States and Europe, is becoming increasingly diverse and pluralistic. A practicing physician sees patients from a wide spectrum of socioeconomic and cultural backgrounds. The cultural background of both the clinician and the patient influences the meanings and values attached to clinical encounters and interventions and ultimately colors the outcome of the doctor-patient interaction. Thus one finds increased focus within physician-training seminars and medical school curricula on "cultural competency." While there exists no universally accepted definition of the culturally competent physician, a common element is seen in the various formulations, that being a physician who possesses the knowledge-based skills to adjust his or her attitudes and behavior to provide effective clinical care to patients from particular ethnic or racial groups. Within the sphere of patient-doctor interaction bioethical conflicts can arise due to religious and cultural differences between the practitioner and the patient, thus cultural competency has a place within medical ethics discourse. In this light we present Islamic Medical Ethics.

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Role of a Mosque in Improving Access to Healthcare: Experience at the Islamic Center of Long Island Shireen Khan, Community Health

Worker; Bernice Williams, Community Health Worker, Manager Nassau Partnership for Healthy Communities, Great Neck, NY, USA.

Objective: To report the experience gained in one year (May 2004-May 2005) of working to facilitate access to healthcare focusing primarily on the Muslim community at a mosque in Nassau County NY that received a federal grant as part of the Healthy Communities Access Project (HCAP).

Design: Lack of health insurance is a major national problem with over 43 million uninsured people, of whom over three million live in New York. Seventy-five percent of those people are the working middle class with no access to affordable insurance (Cohen, *Newsday* 5/12/05, A7). In 2003, the Nassau Partnership for Healthy Communities (NPHC) program was created through the HCAP grant to focus on improving access to healthcare for the uninsured in Nassau County, NY.

Methodology: NPHC was formed by a group of healthcare providers, social service agencies, community and faith based organizations joining together to service the needs of the communities each facility is located in. Community Health Workers were hired to outreach in targeted communities through direct one-to-one conversations with people, meeting heads of organizations to discuss the program, give presentations, and by posting flyers/distributing brochures in Laundromats, stores etc. The Community Health workers were selected based on their prior involvement with one of the selected communities to be targeted, ex: African-American, Muslim, and Hispanic.

Results: Over 300 Muslim women and men inquired about the services NPHC offers. Of those, approximately 60 individuals were referred for facilitated enrollment for health insurance; approximately 35 were referred for primary care appointments; and approximately 20 were referred for social service needs such as employment assistance and the food stamp program. This experience showed that there are barriers to healthcare and illustrated the reasons why people resist treatment. Some examples: (1) a belief that "Allah will take care of me"; (2) financial constraints (i.e. no housing or food, no money for public transportation); (3) lack of

appropriate identification; (4) post 9/11/01 anxieties/fears of agencies and/or hospitals.

Conclusion: From this experience, we recommend the following: (1) mosque leaders/committee members seek healthcare services that could benefit members and invite those providers in to introduce themselves to the community; (2) cultural barriers and ethnic barriers hinder delivery of care (for example, women not being allowed to be in same area as men after Friday services); (3) doctors and social service programs in hospitals and clinics reach out to their surrounding communities to educate people about services available; (4) doctors take the time to educate their patients about the importance of staying healthy. There is a great need for educating the Muslim population about their healthcare options in order to improve access to services.

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Documentary Film on Cross-cultural Medicine

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Abstract not available.

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A Free Service by Community Doctors and Volunteers

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Ahmad, M.D., M.P.H.³

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Objectives:

To provide a descriptive report of services provided by Islamic Association of North Texas (IANT) Clinic, Richardson, Texas.

To encourage others to replicate similar services.

Design: Cross sectional analysis.

Introduction: The IANT Clinic was founded in November 2000. This is a charity clinic run by

volunteer physicians and community volunteers. Patients are seen only by appointment on three half days a week. Typically, the clinic provides care to 12-15 patients per clinic session. IANT Clinic provides primary care, women health care, psychologic counseling and subspecialty care. We have a panel of 20 volunteer physicians who volunteer in the clinic once a month. In addition, the clinic has a referral network of community physicians for patients who need consultation services. The clinic also has special negotiated rates for laboratory and radiology services. Last year IANT clinic was awarded a grant by the Foundation of Community Empowerment of Dallas through the Faith Based Initiative program. This grant helped start the basic eye care services at our clinic. Keeping up with the increasing patient population and broader scope of services we have recently moved to a bigger facility which has three examination rooms, a work station and patient waiting areas.

Materials and Methods: Data for this study was collected by reviewing the charts of a sample of 100 patients out of a total 2,823. Descriptive analysis was performed to determine some demographic characteristics, the types of diseases, and the lab tests that were requested from this clinic.

Results: Mean age of the patients included in the analysis was 37.6 years (SD= 18.9, range 1–78), and 50% of them were male. Mean number of visits were 2.75 (SD= 2.9, range 1–22), and about 77% of the patients had 3 or less visits. Most common zip codes of the patients were 75081 (n= 21), and 75243 (n= 15), the rest were distributed in 26 different zip codes in the area. Among the lab tests ordered, the most common was Complete Metabolic Panel that was performed on 42% of the patients, followed by CBC (37%), Lipid panel (36%), TSH (22%), urine analysis (13%), PSA (6%), fasting glucose (6%), and Basic Metabolic Panel (3%). The most common diagnoses among the patients were hypertension (28%), upper respiratory tract infections (24%), diabetes mellitus (18%), and asthma/allergy (17%). Arthritis, back pain, and thyroid related problems were seen in 6%, and coronary artery disease in 5% of the patients.

Peptic ulcer, urinary tract infection, and depression were seen in less than 5% of the patients. About 81% of the patients received at least one prescription from the clinic.

13

Judicially Permissible Use of Prohibited Products in Vaccines, Drugs, Food & Cosmetics

Malika Haque, M.D.

Clinical Professor of Pediatrics College of Medicine & Public Health, The Ohio State University. Pediatrician, Columbus Children's Hospital, Columbus, OH, USA.

Objective: As per Islamic Shariah, pork products and use of alcohol are prohibited for Muslims. This paper explores juridically permissible use of prohibited products in vaccines, medicines, soaps, cosmetics and foods such as chocolates and cheese as an example.

Summary and Discussion: Islam is a way of life for Muslims and they are constantly faced with the challenges of making decisions regarding the food they eat, what to avoid and not to avoid in their diet, in medicines, vaccines and in the products they use such as soaps and cosmetics. There is, as such, a perpetual need to be aware of new developments that clarify the permissibility of using prohibited items.

This paper will delineate and highlight recent pronouncements of recognized Islamic jurists and scholars in dealing with every day dilemmas concerning the use of prohibited products.

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Community Physicians' Role in Medical Education

Sheik N. Hassan, M.D., F.C.C.P.

Associate Dean for Academic Affairs & Associate Professor of Medicine, Howard University College of Medicine; Washington, D.C.

Objectives:

To learn the shift in medical education.
To learn how to engage in students and residents' education.

Academic health centers have multiple roles.

These include educating medical students and residents, educating students from allied health professions, educating physicians in practice (CME), research and patient care. Over the past two decades educating students and residents has shifted from almost exclusive in-patient clinical experiences to an increasing percentage of time in the ambulatory setting. Many clinics have become part of faculty practice. The remaining clinics and faculty are not sufficient to meet the needs of the students and residents. Every physician should therefore be engaged in students and residents' education. This presentation will show some of the benefits in such an engagement.

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Shifa Community Clinic: A History of Healing

Shagufta Yasmin, Medical Director, Shifa Community Clinic. Department of Obstetrics and Gynecology, University of California-Davis, Sacramento, CA, USA

Objectives:

To use volunteer physicians, medical and undergraduate students to deliver culturally sensitive, high quality, multilingual, multicultural healthcare services at no cost to an underserved, lower income population in Sacramento County, CA, USA..

To integrate this often socially and medically disenfranchised population into the broader health care system by educating and facilitating access to existing community and healthcare services.

Design: An innovative community health care delivery model, supported by the Muslim community of Sacramento in collaboration with the University of California, Davis (UC Davis).

Materials and Methods: This project was started in June 2001 and devised its own approaches, including a free standing clinic and a referral network. The Muslim community leased a free standing clinic for 10 years. UC Davis provided administrative and volunteer (physicians, medical students and undergraduates) support. Two courses for 1-6 units of credit for medical school or towards an undergraduate degree were developed with UC Davis. This clinic functions as

independent non-profit organization. Primary care and women's health are the primary activity. The clinic also offers specialty services and health education weekly for 6-8 hours. Undergraduates lead the referral network for treatment and follow-up to a network of specialty physicians.

Results: This primary health care delivery model supported by the Muslim community and UC Davis has evolved from one that previously delivered mainly sporadic, drop-in care, to one that strives to provide more comprehensive primary and healthcare maintenance. The number of patients treated and total clinic visits increased dramatically over a period of 2 years from 295 (June 2001) to 575 (July 2002) to 11,230 (July 2003). Successful specialty services include 25-30 yearly eye exams for diabetic and 40-50 patients for breast and cervical cancer screening, supported by grant funding obtained for these projects. The clinic has evolved from one examination room to four fully equipped examination rooms, a laboratory space and services, imaging services, a pharmacy and a computerized database for patients.

Conclusions: Physician leadership has been an indispensable ingredient for the success of this project. Physicians' ethical commitment and persuasive powers brought non-Muslim colleagues into this project, which has been a key for the growth and stability of the Shifa Clinic.

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Allergic Rhinitis (AR) Benefits Cardiovascular Mortality: A Pilot Study of an Adult Veterans Administration Population

S. Rubina Inamdar, M.D.

Rationale: Data examining the role of allergic inflammation in acute myocardial infarction (AMI) are provocative. Mast cells present in atherosclerotic lesions are instrumental in plaque development and rupture. (Leskinen, Biochem Pharm 2003.) Sensitized rats challenged with inhalant allergens have larger infarct sizes than unsensitized rats. (Hazarika, Am J Phys 2004) Rates of cardiovascular mortality are higher during peak pollen times. (Brunkreef, Lancet 2000). For this

reason, mast cell stabilizing agents and leukotriene antagonists are under development for the treatment of myocardial infarction. Conversely, IgE mediated disease may be protective against sudden cardiac death. (Szczeklik, Coron Art Dis 1993) AR has not been studied in this context. We conducted a retrospective case control pilot study of VA patients who were diagnosed with allergic rhinitis and had an acute myocardial infarction.

Methods: The electronic medical record of a large VA hospital was queried for patients diagnosed with an acute myocardial infarction (AMI) in the past six years. Patients were divided into groups with and without AR. Patients with chronic urticaria, asthma, and eczema were excluded from this study. Primary outcome was all-cause mortality. Secondary outcomes included left ventricular (LV) systolic function and peak troponin levels.

Results: 424 patients were diagnosed with AMI, 63 (15%) of whom were also diagnosed with AR. Patients with and without AR did not differ in terms of age, ethnicity, tobacco use status, hypertension, diabetes, or lipid levels. 14/63 (22%) patients with AR died, compared to 152/361 (42%) control patients, (p-value: 0.0028). AR patients had lower mean peak troponin values (7.7 vs. 11.8), but these were not significant. Both groups had similar LV function.

Conclusion: This pilot study suggests that allergic rhinitis may decrease AMI all-cause mortality independent of other factors. Atopic patients have been shown to have prolonged bleeding times, reduced platelet aggregation, and delayed thrombin generation which can result in delayed clot production. (Szczeklik Thromb Haem 1986) Possibly, patients in our study diagnosed with allergic rhinitis were more likely to monitor their health symptoms or had physicians who carefully addressed multiple issues. More rigorous prospective studies are needed to determine the role of AR in myocardial infarction.

17

Lifestyle Dilemmas Concerning HIV/AIDS

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To this day the HIV/AIDS pandemic continues largely unabated. Latest epidemiological data estimates 39 million people infected worldwide with 5 million new infections in 2003 alone. This disease has demonstrated a disregard for race, religion, gender and sexual orientation. Physicians need to continue to provide education to their patients and communities. As Muslims we have a rich tradition of being in the forefront of public health, public education and providing equal access to healthcare. Today an effective discussion of lifestyle dilemmas needs to include the issues dealing with and surrounding HIV/AIDS. We must remember that education and testing are among the most powerful tools physicians possess in combating this disease.

18

The Role of Islam in the Prevention of STD/HIV/AIDS

Shahid Athar, M.D., F.A.C.P., F.A.C.E.

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IN, USA

Objectives:

- To discuss the Islamic perspective on sexuality and sexual relation.
- To discuss sex education for youth and the concept of marriage
- To discuss STD/HIV and recommended sexual behavior.

Islam recognizes sexual desire as one of God's many gifts. Islam enjoins upon its followers (men and women), sexual fulfillment through marriage. According to a recent article by Peter Gray of Harvard University, there is a negative correlation between STD/HIV/AIDS and being a Muslim. The possible causes, according to this article, include prohibition of sex outside marriage and of homosexuality and the practices of male circumcision, ritual ablution and decreased alcohol consumption.

In this presentation, following areas are discussed: Islamic perspective on sexuality and sexual relations, sex education for the youth, the concept of marriage, STD/HIV, and recommended sexual behavior.

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Health Beliefs and Factors Influencing Diet and Nutrition among Culturally Diverse American Muslims in Sacramento: A Qualitative Study

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Shifa Community Clinic, Center for Health Services and Research in Primary Care
University of California Davis

Objectives:

To explore how culture and community impact health beliefs and attitudes.
To identify segments of the population and community that should be targeted for diabetic nutrition education programs.

Design: Four focus groups (Arab, Afghan, Indian/Pakistani and Persian) were conducted with a total of 27 people (16 women, 9 men). The age range of the participants was 22- to mid-60s. The data were analyzed using a theoretical model that centralizes culture as the primary reason for health behavior and the primary consideration for health promotion and disease prevention programs.

Results: 1) The general perception of being healthy meant good physical health with a feeling of well-being and happiness. 2) Focus group participants were unlikely to see a physician for routine preventive care. 3) Most were familiar with diabetes, hypertension, high cholesterol, diet and exercise. 4) Preferences for quality improvement educational programs included language specific videos, brochures to be available at places of gathering, and grocery stores, advertisements on cable TV displaying symptoms of a particular medical condition with a note that if these symptoms are occurring the person should seek medical care.

Conclusions: These findings suggest that most of the American Muslims need language specific educational programs targeted for preventive health care and culturally specific diet and nutrition and education program. The segments of the population that potentially could be motivated to make dietary changes included women, men with health problems, and those diagnosed with a chronic disease.

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Introducing a New Oral "Transplant" for the Treatment of Recalcitrant C. Difficile Infection

Abdul Rauf Mir, M.D.

Clinical Professor of Medicine, UMKC School of Medicine, Medical Director, Kansas City Dialysis and Transplant Center, Kansas City, MO

Objectives:

To understand the frequency and severity of Clostridium Difficile Enterocolitis (CDE) in certain patient populations.
To describe the procedure of fecal transplant and its promise in the treatment of recalcitrant CDE.

Introduction: Infections of various kinds continue to pose problems in immunocompromised patients. CDE, besides being a common occurrence, can indeed prove fatal. In recalcitrant CDE cases, no drug therapy has proven effective. Fecal transplant seem to be the only promising therapy in such cases. In this procedure, the lower G.I. contents of a "donor" are fed to the patient with recalcitrant CDE.

Design/Methods: CDE will be reviewed. Successful use of fecal transplant will be discussed in an elderly immunocompromised female patient who had failed long-term drug therapy for CDE.

Conclusion: Antibiotics should be used judiciously realizing possible multiple side effects including CDE, which may prove recalcitrant and even fatal in some cases. In extreme cases fecal transplantation may be invaluable as the only known cure at present.

21**A Cognitive Therapeutic Modality for Depression**

Sirajul Husain, Ph.D.

Islamic University of America,

Cleveland, OH, USA.

Objectives:

To be able to diagnose depression.

To understand and treat depression.

To be able to differentiate between mental and physical disorders.

The life style as fashioned by the amazing growth in knowledge and technology, contrary to the general expectation of establishing a comprehensive stable human welfare, seems to be unable to avoid the dilemma of depression and despondence. The Qur'an refers to this dilemma of fear, despondence, and depression, in spite of material and intellectual growth of an individual or a society, as an inevitable consequence of not being mindful of one's cognitive health. This directly follows from the fact that a cognitively impaired person cannot suffer from depression. Accordingly, we note, the basis for a therapeutic modality to overcome depression lies in restoring cognitive health, that is, to be able to apply the cognitive process of perceptual categorization with utmost accuracy such that the resulting categories constitute, at each level, two distinctly disjunctive sets, with no attributes of one category being common to the other. We characterize depression as the result of confusing one category of concept with another and thereby succumbing to ill-conceptualization. This confusion can also arise from physical disorders due to disease

This study presents a therapeutic modality to combat depression based on our hypothesis of "ontogenic consciousness", as a basis of human cognition, and in particular, as a means to lead the process of perceptual categorization to arrive at a conceptual category that constitutes an infinite source of benevolence, as an imagery, and as a means of maximizing hope and willpower to combat the odds. It is well known that a hopeful mind is more conducive to faster healing and is also an effective auxiliary to conventional medical treatment, in the direction of health. This

therapeutic modality, based on a clinical study at this university, is applicable in a truly pluralistic society.

22**Initial Data on Safety for Performing Cerebral Angiography in Context of Neurology Based Training Program**

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Ismail Khatri, M.D., Patrick P. Pullicino, M.D.,

Adnan I. Qureshi, M.D.

Objective: The objective of the study was to report the initial experience of the department of neurology with diagnostic cerebral digital subtraction angiography (DSA) performed by interventional neurologists at a university hospital with an active endovascular fellowship program for neurologists.

Background: The training of neurologists in the specialty of endovascular surgical neuroradiology was recently approved by Accreditation Council for Graduate Medical Education (ACGME). It is important to document the results of endovascular procedures performed by neurologists in active training programs. This would help to ensure standards comparable to other services presently performing this procedure.

Methods: From May 2003 to November of 2003, 102 consecutive DSA's were performed by a single operator with the help of two fellows and evaluated prospectively for periprocedural and immediate postoperative complications. Adverse events recorded included neurological and non neurological complications. Major access site (femoral artery) complications were defined as those requiring a blood transfusion or surgical intervention. The baseline and post angiography neurological examinations were documented by a stroke neurologist who was not involved in the procedure.

Results: Fifty-four of 102 consecutive patients were men. The mean age was 60.1 years [SD \pm 15 years]. Technically successful DSA was performed in all 102 patients with a total of 409 vessels catheterized. Major adverse events (0.98 %) included a transient hypotensive episode which

required intravenous vasopressors. There were no immediate strokes, myocardial infarctions or deaths. There were no access site complications or hemorrhages requiring surgical intervention or blood transfusions.

Conclusion: Neurologists can perform diagnostic cerebral angiography with an acceptable complication rate in the context of a training program.

23

Stent Supported Angioplasty in Acute Carotid Dissection

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Introduction: Carotid dissection is a less common, but important cause of acute ischemic stroke, which has specific treatment implications. We describe the case of a 64 year old man with acute, fluctuating severe left hemiparesis, sensory disturbance and neglect who presented within two hours of symptom onset. The patient's subsequent rapid improvement led the treating physicians away from intravenous tissue plasminogen activator administration. But given the severe initial clinical syndrome, conventional angiography was performed to assess for large vessel thrombotic disease

Case Record: Digital subtraction angiography (DSA) revealed a high grade stenosis in the mid-cervical right internal carotid artery (ICA). The scalloped appearance, as well as the lesion location, sparing the carotid bulb and terminating in the petrous segment, was suggestive of dissection. Because of the marked flow limitation and angiographic evidence of an isolated right hemisphere due to absence of the right posterior communicating and anterior communicating arteries, stent supported angioplasty was performed, to restore lumen diameter.

Stent supported angioplasty: The patient was loaded with clopidogrel 300 mg and aspirin 325 mg orally. A 6 French Cook Shuttle guiding

catheter (Cook Inc., Bloomington, IN) was advanced transfemorally over a 0.035" Amplatz superstiff wire and 5 French Vitek catheter (Cook Inc.) to the right Common Carotid Artery (CCA). A Transend 0.014" 300 cm microwire (Boston Scientific/ Target Therapeutics, Natick, MA) was used to traverse the right internal carotid artery to the carotid siphon, over which a Prowler Plus (Cordis Corp., Miami Lakes, FL) microcatheter was guided and used to obtain a microcatheter angiogram, demonstrating antegrade flow to the carotid terminus and its bifurcatory branches, thus confirming correct catheter placement in the true lumen of the vessel. The microcatheter was then exchanged for a Magic Wall (Boston Scientific) 4.5 by 47 mm self-expanding stent, deployed in standard fashion, and supplemented with distal and proximal in-stent balloon angioplasty to 6 atmospheric pressure. Final DSA images of the right CCA showed resolution of the right ICA stenosis with improved perfusion of the right hemisphere.

Result: The patient remained in the hospital for three more days till discharge at which time his neurological examination was normal and has remained so in subsequent follow-up at two months.

Conclusion: Endovascular treatment of carotid dissection in acute stroke can be performed safely in the setting of acute stroke. Important considerations in such cases include understanding of the cerebral circulation including presence or absence of collateral pathways, decisions regarding anti-platelet medications, and the use of low radial strength (self-expanding) stents to avoid further trauma to the injured vessel.

24

CT Screening for Lung Cancer

Arfa Khan, M.D., F.A.C.R.

Lung cancer is the leading cause of death due to malignancy in most countries; overall survival remains 10–15%. Approximately 85% of cases occur in current or former cigarette smokers. The best hope of curing lung cancer is finding it as early as possible. Computed tomography (CT) is a more sensitive means of finding

small lung tumors than chest radiography. With the advent of multi-slice CT scanners it is possible to obtain 1 mm slices through the chest in a single breath hold. Use of low-dose CT decreases the radiation dose while providing excellent resolution for detection of 1-2 mm lung nodules. Over the past 10 years, there has been a renewed interest in CT screening of lung cancer.

The New York – Early Lung Cancer Action Project (NY – ELCAP) was designed to evaluate the usefulness of annual CT screening for lung cancer in high-risk subjects at 12 medical institutions spanning the state of New York. Baseline screening with a low-dose CT was performed on over 6,000 men and women, 60 years of age or older, with a history of at least 10 pack-years of cigarette smoking. Annual repeat screening was performed and compared to the baseline CT.

The National Cancer Institute (NCI), part of the National Institute of Health, in partnership with the American Cancer Society, has enrolled its goal of 50,000 current or former smokers in the National Lung Screening Trial (NLST). The study is designed to determine if screening with either spiral CT or chest X-rays, before the appearance of symptoms, can reduce deaths from lung cancer.

The results of these studies have to be carefully analyzed before CT screening for lung cancer can be accepted as the standard of care.

25

Cutaneous Fungal Infections: Management and Treatment

Raza Aly

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Francisco, CA, USA

Cutaneous fungal infections are the most common dermatological conditions through the world. The prevalence of fungal infections has been increasing over the past few decades, suggesting a growing demand for antifungal therapy to treat such diseases.

Objectives:

To review the management and therapeutic

options in the treatment of cutaneous fungal infection.

To identify various patterns of skin and nail infections.

To make the correct diagnosis and list the therapeutic options.

To discuss the pharmacokinetics of newer anti-fungal agents and recall the adverse effects of the medications used to treat skin infections.

26

West Nile Fever—An Emerging Infectious Disease

Nadir Khan, Ph.D.

Western University of Health Sciences,
Pomona, CA, USA

Objectives:

To explore and study the natural history of West Nile fever.

To understand its implications for the future.

Design: Electronic and manual search of medical literature about West Nile Fever

Results: West Nile Virus (WNV) was first isolated from a febrile patient in the West Nile region of Uganda in 1937. For the last three summers, the United States was affected by its largest ever outbreak of arboviral encephalitis. WNV caused 2,942 cases of meningitis or encephalitis in 2002, with 276 deaths; 2886 cases in 2003, with 246 deaths. WNV, was first detected in New York City in 1999, is one of several mosquito-borne neurotropic members of the genus flavivirus, family flaviviridae. These are small, single-stranded RNA viruses surrounded by a protein envelope which facilitate viral attachment and entry into susceptible host cells. These viruses are naturally transmitted in enzootic cycles by birds and biting mosquitoes. Humans are accidental hosts and represent “dead ends” because the transient and low level viremia in infected humans does not permit human to human transmission. In the United States more adults are affected because there is no childhood exposure resulting in protective immunity. In some unexposed adult population infection results in large outbreaks of encephalitis. The virus also causes large outbreaks of a characteristic syndrome of fever, arthralgia and generalized rash. Advanced

age, chronic illness and compromised immune status are closely associated with greater severity of disease and death. Seizures and polio-like paralysis occur in approximately ten percent of affected adults. Because of transient and low-titer viremia, attempts to isolate the virus from the blood are not successful. The virus can be isolated from cerebrospinal fluid and postmortem from brain tissue. The accepted standard procedure for diagnosing WNV infections is the IgM capture enzyme-linked immunosorbent assay (ELISA). There is no established antiviral therapy for WNV. The most promising compound is interferon alfa. Ribivirin and intravenous immune globulin also have been used empirically with some promising results. Current treatment practices mostly consist of managing complications by using good nursing care and physical therapy. A crude formalin inactivated vaccine against WNV is being used to protect horses. No vaccine is currently available for humans.

Conclusion: Though it is difficult to predict the future epidemiological features of WNV infections, the large number of cases in the past few years is an indication of what lies ahead.

27

Fever of Unknown Origin (FUO): A Clinical Dilemma

Jameela Yusuff, M.D.

Objectives:

To be able to diagnose FUO.
To learn the etiology of FUO.

Fever of unknown origin (FUO) often poses a diagnostic dilemma for the clinician. The differential diagnosis of FUO is broad, often including infectious and noninfectious etiologies. Two cases of FUO in returned travelers are discussed, and audience participation is encouraged in suggesting a diagnosis. A brief literature review of their respective diagnoses is also presented.

28

Avian Influenza: The Threat of a Pandemic and Control Strategies

Nadir Khan, Ph.D.

Western University of Health Sciences,
Pomona, CA USA

Objective: To study the natural history of avian influenza in humans; human to human transmission and the potential for a pandemic.

Design: Electronic and manual research of medical literature about the threat of a pandemic posed by avian influenza and strategies to control it.

Results: Influenza is one of the most prevalent and significant human diseases. Antigenic variations involving hemagglutinins (HA) and neuraminidase (NA) is the most remarkable feature of the influenza virus. Only influenza A and B are responsible for significant human disease. All 15 HA subtypes and all 9 NA subtypes have been isolated from birds. Four major influenza pandemics have occurred in the last century—in 1918 (H1N1); 1957 (H2N2); 1968 (H3N2) and 1977 when (H1N1) returned. Recent findings suggest that the 1918 virus was the result of a gene mutation of a purely avian virus. The influenza A virus causing the 1957 and 1968 pandemics had genetic components of both human as well as avian virus and were the result of reassortment of human and avian genetic material. The mortality rate of these infections in humans is almost 72 percent. The present widespread dissemination of these highly pathogenic avian influenza viruses and disease caused by the spread of these viruses are unprecedented. There are also indications that the host range of these viruses has also expanded to include mammals. During the 1997 Hong Kong epidemic, there was some serological evidence of human to human transmission. A more recent study clearly suggests human to human transmission through close contact with an infected person, resulting not only in clinical illness but death. In the same study, there was a complete absence of respiratory symptoms; instead the patients had diarrhea and vomiting and ultimately died of encephalitis—indicating a change in symptom spectrum.

In a meeting convened by the World Health Organization (WHO) in Vietnam, several strategies for controlling avian influenza (H5N1) were discussed. These include: the recognition that

wild birds, particularly ducks, are the primary reservoirs for H5N1 virus, because they can carry it without getting ill; to reform the practices of millions of subsistence farmers who share living spaces with their chickens, ducks and other animals; a complete separation of different kinds of birds to reduce cross infections; vaccination of free-range chickens, ducks and tropical birds to ward off avian influenza; use of modern laboratory techniques, clinical and epidemiological knowledge and global surveillance to closely monitor the outbreaks and to attempt to restrict their early spread; stockpiling of antiviral drugs and vaccines so that they can be transported to areas of greatest need at extremely short notice.

Conclusion: Avian influenza poses “the greatest possible danger” of becoming a global pandemic which will “dwarf” SARS in its lethality, scope and economic costs.

29

Endoluminal Therapy for Gastroesophageal Reflux Disease (GERD)

Ashraf Sufi, M.D.

Gastroenterologist, Kansas Medical Clinic, Topeka, KS.

Objectives:

To understand the etiology of GERD.
To be able to diagnose and treat it effectively.
To discuss the choices available in the treatment and recent advances.

GERD is a very common medical condition which affects lot of people. Gastroenterologists see only patients who have severe and sometime complicating disease. It typically requires long term medical therapy or surgery for the management of patients with frequent symptoms.

The current standard of care for patients with regular symptoms is to begin with a proton pump inhibitor. Although highly effective, these medicines are very expensive. These patients need these medications for long period of time and some patients simply can not afford them.

On the other hand, surgery for GERD has its own share of problems. More complications from fundoplication are being recognized and 20 per-

cent to 60 percent of patients go back on medical treatment after a curative “surgical intervention”.

These factors have all fueled the recent excitement for endoscopic therapy for GERD as an alternative to more conventional treatment. Basically there are three approaches to Endoluminal Therapy for GERD and our center has been involved with all three of them.

These are as follows:

Stretta Procedure (Radiofrequency ablation delivered to the lower esophageal Sphincter (LES).

EndoCinch Procedure (Endoscopy gastroplasty plication of the gastric folds immediately distal to LES.

Enteryx procedure (Endoscopic implantation of a bulking agent or polymer in the region of LES). This paper will present the outcome of treatment with these modalities at our center and throughout the world.

30

Cosmetic Dermatology: Melasma and Other Conditions

Asra Ali, M.D.

Assistant Professor in Dermatology, University of Texas Medical School.

Objectives:

To be able to diagnose different skin disorders.
To learn about laser treatment choices.
To be able to diagnose and assess the need for skin rejuvenating methods.

Melasma is a condition that occurs mainly in women who are on birth control, pregnant, or are taking hormone replacement and exposed to the sun. The skin lesions are dark patches on the face. Treatment includes bleaching cream, laser or chemical peels.

Wrinkling of the skin is a common problem. The treatment options for this cosmetic condition include topical creams (OTC products, hydroxy acids and retinoic acid), chemical peels (hydroxy acids and other acids), Botox treatment, collagen and hyaluronic acid fillers and laser treatments.

Hair removal for hirsutism and treatment for male pattern baldness with minoxidil topically and finasteride orally will also be discussed.

31**Management of Preterm Labor**Hossam E. Fadel, M.D., Ph.D.,
F.A.C.O.G.

Director of Maternal Fetal Medicine

Section, University Hospital. Clinical professor,
Obstetrics and Gynecology Dept, Medical
College of Georgia, Augusta, GAObjectives:

Define and describe the impact of preterm labor and birth on maternal and neonatal outcomes as well as health care costs.

Identify causes and risk factors associated with preterm labor and birth.

Discuss current trends in management of preterm labor.

Summary: Labor/birth at < 37 weeks is preterm. Eleven percent of infants born in the USA are preterm at an annual cost of 5-8 billion dollars. Although some preterm births are indicated, the majority are spontaneous. Prevention of spontaneous preterm birth is a major challenge. Primary prevention depends on risk assessment, education, and the use of screening tests. Secondary prevention is the management of preterm labor to reduce the risk of preterm delivery and neonatal complications due to prematurity. This includes the use of hydration, tocolytics, antibiotics, and glucocorticoids. The most commonly used tocolytics are Magnesium Sulfate and Terbutaline. Terbutaline is usually given orally but the use of a Terbutaline subcutaneous pump is probably more advantageous. More recently, the use of 17-alpha hydroxyprogesterone caproate weekly injections or progesterone vaginal gel daily has been advocated in women who had prior preterm delivery with the aim of reducing the risk of recurrence.

32**Neuroendovascular Practice in the United States**Sana Khan, M.D., Adnan I. Qureshi,
M.D., Abu Nasar, M.S., Afshin A. Divani,Ph.D., Shafiuddin A. Ahmed, M.D., Ammar
AlKawi, M.D., Jawad F. Kirmani, M.D.

Introduction: The number of endovascular procedures expected for treatment of cerebrovascular diseases determines the future allocation of

resources. The numbers of potential procedures were estimated using the International Classification of Diseases, Ninth Revision, Clinical Modification [ICD-9] codes from a nationally representative sample of hospitals (Nationwide Inpatient Sample [NIS] 2001) in the United States (US).

Methods: The following procedures were estimated based on the NIS 2001: 1) cerebral arteriography (ICD-9 code 88.41); 2) carotid stenosis with carotid endarterectomy (ICD-9 code 38.12); 3) intracranial aneurysms treated with endovascular or microsurgical treatment (ICD-9 code 39.51 or 39.52); 4) ischemic stroke (ICD-9 code 433-437) treated with intravenous or intra-arterial thrombolysis (ICD-9 code 99.10); and 5) arteriovenous malformation (ICD-9 code 387.3) treated with embolization (ICD-9 codes 39.72 or 39.53).

Results: The number of the aforementioned procedures performed in the year 2001 was as follows: carotid stenosis treated with carotid endarterectomy, 151,000; cerebral angiography, 133,883; intracranial aneurysms, 20,864; ischemic stroke, 4,384; arteriovenous malformation, 240. As carotid stenosis treatment by endovascular revascularization becomes widely accepted, larger numbers of patients are expected to be candidates for this procedure. The market for neuroendovascular procedures to treat ischemic stroke appears to have a large potential based on the total number of patients who are admitted with ischemic stroke (despite the small proportion who receive thrombolysis).

Conclusions: Despite limitations, the results do indicate the potential for over 300,000 diagnostic and therapeutic neuroendovascular procedures to be performed in the US every year not accounting the projected increase in cerebrovascular diseases due to changes in age and ethnic distribution.

33**Childbirth Injury in the Developing World/Obstetric Fistula**

Jeffrey P. Wilkinson, M.D.

Objectives:

To understand the scope of the problem of child-birth injury/obstetric fistula in the developing world with a focus on Muslim women.

To clarify the other medical and psychosocial conditions that are associated with obstetric fistula.

To describe innovative strategies for the prevention of obstetric fistula in the developing world.

34

Pediatric Thyroid Cancer and the Chernobyl Nuclear Accident

Mohammed Moinuddin, M.D., F.A.C.P.
Baptist Hospital, Memphis, TN, USA.

Objective: To determine the impact of Chernobyl nuclear reactor explosion on the incidence of thyroid cancer on the exposed population in Ukraine and Belarus.

Design: Literature search on the subject using different programs and first hand information gathered from people who had been sent from USA to survey the area.

Materials, Methods and Results: On April 26, 1986, nuclear reactor 4 in Chernobyl in the then U.S.S.R. exploded, spilling the nuclear debris and contaminating the environment. The radionuclides that contaminated the area immediately surrounding the reactor, particularly the 30 kilometer zone around the reactor, contained several isotopes of iodine—iodine 131,132,133,134, xenon and cesium 137. The mode of human contamination of radioactive iodine was as follows:

The isotopes were deposited on the grass on the ground which was consumed by cattle and excreted in the milk. This milk was then consumed by humans and radioactive iodine was localized in their thyroids, thereby causing irradiation. This irradiation resulted in mutation and subsequent development of papillary carcinoma. This was almost exclusively seen in children. The radiation effects were inversely proportional to the size of thyroid—smaller the size, larger the radiation. Hence children under ten were the most vulnerable. The increase in the incidence of thyroid cancer among children was more than 10-fold, particularly among very young children, such as those under ten. These cancers were

generally more aggressive and had a longer latent period.

Cesium 137 has a half life of 60 years and therefore still persists in the environment. Iodine 131 with a half life of 8 days is but decayed and does not represent a radiation hazard any more. Hence the surveillance of the population continues mainly because of cesium 137.

Thyroid cancer was the only complication seen due to this nuclear fallout. Increase in the incidence of leukemia seen in radiation exposure due to bombing in Hiroshima was not observed in the people living in contaminated area around Chernobyl.

Conclusion: The Chernobyl nuclear accident of 1986 is considered the most disastrous in the history of nuclear industry. This accident had a grim impact on political, social, economic and health conditions of the region. There was large increase in the incidence of pediatric thyroid cancer. No increase in other cancers was observed in adults or children as a result of radiation. This accident also provided an opportunity to study the radiation effects on very young children hitherto has never been done before.

35

Advances and Future of Cardiac Resynchronization Therapy for the Treatment of Congestive Heart Failure.

Amin Al-Ahmad, M.D., Cardiac Arrhythmia Service, Stanford University School of Medicine.

Congestive heart failure (CHF) is a major problem affecting millions in the United States yearly. Many patients with CHF have evidence of ventricular dyssynchrony. Placement of a Biventricular pacemaker or defibrillator for cardiac resynchronization therapy (CRT) has been shown to improve outcomes in many of these patients. Recently studies have demonstrated a mortality benefit for CRT devices. Currently CRT is indicated in patients with a wide QRS complex, a low ejection fraction and symptomatic New York Heart Association Class III or IV CHF. It remains unclear what other patient populations may also benefit from CRT.

We will present a case that illustrates the utility of CRT for therapy of CHF. We will also review

the current literature with respect to CRT therapy in patients with CHF, as well as discuss the future directions of CRT use in patients with cardiovascular disease.

36

Private Educational Foundations: A Case Study

Ayman H. Fadel, B.A., Hossam E. Fadel, M.D., Ph.D., F.A.C.O.G.*; Skina H. Fadel, M.D.

*Director of Maternal Fetal Medicine Section, University Hospital. Clinical professor, Obstetrics and Gynecology Dept, Medical College of Georgia, Augusta, GA.

Objectives:

To describe the function and operation of a privately funded charitable foundation, the Fadel Educational Foundation (FEF), for financially supporting the education of needy Muslim U.S. citizens and permanent residents.

To encourage others to establish similar organizations.

Method: Data from the inception of the Foundation were recorded and stored in paper file folders. Later, some of the data that were of interest were entered into a computer database. These included awardee demographics such as gender, age and ethnic origin, amounts of grants, fields of study, administrative expenses and foundation assets.

Results: The presentation is a retrospective analysis of the data. The foundation was established in 1992. During the last 12 years, the number of grantees has increased from 4 in the academic year 1992-3 to 76 in 2003-4. Men received 63% and women 37% of grants. Incarcerated people received 22% of grants, and the vast majority of incarcerated recipients were men. For the non-incarcerated recipients for whom data on ethnic origin is available, African-Americans received 31.5%, South Asians 31.4%, and Arabs 20.4 % of the grants. Grantees in the age group 17-24 received 53%, those 25-30 received 18%, and those 31 and older received 29%. Excluding incarcerated recipients, these percentages are 70%, 15% and 14%, respective-

ly. Institutions in 32 states received FEF grant money. The state which received the highest percentage was Texas (12.8 %). Other states with significant percentages were Georgia (10.2%), Pennsylvania (7.5%), Louisiana (7.2%), South Carolina (6.5%) and New York (6.2%). The types of program of study which received the highest percentage of grant money were bachelor of science (27.9%), bachelors of arts (26.1%), Islamic Studies (15.3%) and Medical Doctor (8.2%). The growth of the financial assets will also be presented. Future plans for the foundation will be presented, including surveys and endowment funds.

Conclusion: The formation of a private foundation for charitable purposes is relatively simple. Its operation can be handled by committed family members. Ideally, with the development of a financial base, professionals should be involved. Supporting post-secondary education for American Muslims in the United States, especially the under-privileged, is a worthwhile goal and should be encouraged.

37

How to Start Up a Free Clinic

Yasser Aman, M.P.H.

The UMMA Community Clinic in Los Angeles represents a useful case study in developing a free clinic to serve an uninsured and underinsured urban city population. UMMA started with a handful of students, yet its continued survival offers many lessons for other clinics starting up nation-wide.

This presentation will focus on the history of the UMMA Clinic as a case study of a Muslim health organization. We will discuss the basic components necessary for any community undertaking a similar task and potential pitfalls. Topics to be discussed include: community needs assessments, community collaborations and partnerships, fundraising, governance, staffing, strategic and business planning, and leadership.

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The Messenger of God (PBUH) is reported to have said: The leader of a people is their servant.

Jalal Al-Din Al-Suyuti, Al-Jami` Al-Saghir, Hadith 4751