
The 44th Annual Conference of the Islamic Medical Association of North America (IMANA)



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Lifestyle Modifications and Disease Prevention Caribe Hilton San Juan, Puerto Rico July 16-18, 2011 Up to 12 CME Credit Hours

Ashraf Sufi, MD
Chairman, Board of Regents

Abida K. Haque, MD
President

Mohammad Al-Shroof, MD
Convention Chairman

Ayaz M. Samadani, MD
Chairman, CME Committee

STATEMENT OF ACCREDITATION - CME ACTIVITY

This activity has been planned and implemented in accordance with the Essential Areas, Elements and Policies of the ACCME. The Islamic Medical Association of North America (IMANA) is accredited by the ACCME to provide continuing medical education for physicians.

AMA/PRA DESIGNATION STATEMENT

The Islamic Medical Association of North America designates this educational activity for a maximum of 12 AMA PRA Category 1 Credit(s)™. Physicians should claim only credit commensurate with the extent of their participation in the activity.

Conference Schedule

Saturday, July 16 - Day One

Each presenter will have 40 minutes for presentation with five minutes Q & A period. Conflict of interest declaration should be announced.

Session 1

Moderator: Ayaz Samadani, MD

7:45-8:00 a.m.

Introduction

Abida K. Haque, MD, IMANA President, and Ayaz M. Samadani, MD, Chairman of the CME Committee

8:00-8:45 a.m.

The Epidemic of Obesity-related Complications and Measures for Prevention

Abida K. Haque, MD

8:45 -9:30 a.m.

What Exactly is Public Health? Some Multiple Perspectives

Ayaz M. Samadani, MD, DCH, DTM&H, FAAFP

9:30-10:15 a.m.

Spontaneous Tumor Regression in Two Commonly Used Rat Tumor Models of Liver Cancer

Labiq Hossain Syed, M.D.

10:15-10:30 a.m.

Coffee and tea in the room but no formal break

Session 2

Moderator: Ayaz Samadani, MD

10:30-11:15 a.m.

Inpatient Hyperglycemia: Controversies in Management and New Guidelines

Shahid Athar, MD, FACP, FACE

11:15 a.m. -noon

Panel Discussion

Parallel Session

8:00 a.m -noon

CPR Training - Kanwal Shazia Chaudry, MD

Sunday, July 17 - Day Two - Ethics in Medicine

Session 3

Moderator: Abida Haque, MD

7:45-8:00 a.m.

Introduction

8:00-8:45 a.m.

Advances in the Assessment and Treatment of Adult ADHD

Syed Ahmed, MD

8:45 -9:30 a.m.

End-of-life Concerns for American Muslims

Shahid Athar, MD, FACP, FACE

9:30-10:15 a.m. Immune Rejuvenation in People 55 years or Older: Immunotherapy/
Comprehensive Medicine and Holistic Medicine Approach
Naima Abdel-Ghany, MD, PhD, FACPM

10:15-10:30 a.m. Coffee and tea in the room but no formal break

Session 4 Moderator: Shahid Athar, MD, FACP, FACE

10:30-11:15 a.m. Advanced Pain Management
Mohammad Nadeemullah, MD

11:15 a.m.-noon Panel Discussion

Parallel Session:

8:00 a.m -noon Conscious Sedation Workshop - Ismail Mehr, MD

Monday, July 18 - Day Three

Session 5 Moderator: Ayaz Samadani, MD

7:45-8:00 a.m. Introduction

8:00-8:45 a.m. A New You
Khalique Zahir, MD

8:45-9:30 a.m. Unusual Cases of Diarrhea
Mohammad H. Bawani, MD, FACG, FACP

9:30-10:15 a.m. Successful Use of Erythropoietin (EPO) and Intravenous Iron Therapy in
Pregnant Hemodialysis (HD) Patients and Long-term Effects on Children
Mohammad Akmal, MD

10:15-10:30 a.m. Coffee and tea in the room but no formal break

Session 6 Moderator: Ismail Mehr, MD

10:30-11:15 a.m. Nutritional Guidelines for School Lunch Programs
Abida K. Haque, MD

11:15 a.m.-noon Panel Discussion

Parallel Session:

8:00 a.m.-noon Skin Rejuvenation Workshop - Khalique Zahir, MD

1 The Epidemic of Obesity-related Complications and Measures for Prevention

Abida K. Haque, MD
IMANA President
Cornell-Weil Medical School
Department of Pathology
The Methodist Hospital
Houston, Texas

Objective: To study the prevalence of cardiac and pulmonary and other organ system diseases in obese patients. For the past several decades, the global prevalence of obesity has been rising, with the greatest increase seen in the United States. Recent data indicate that 190 million Americans are either obese or overweight. The treatment of obesity-related diseases is estimated to be \$147 billion a year. Between 280,000 and 325,000 deaths annually are attributable to obesity. Left ventricular dysfunction, atherosclerotic heart disease, obstructive sleep apnea, pulmonary hypertension, and venous thromboembolism are clinically recognized cardiovascular complications of obesity. We designed an autopsy study to examine the organ system involvement in obesity.

Study Design: A search of the autopsy database at a university medical school over a 10-year period (1993-2003) yielded 76 individuals with a body mass index (BMI) > 30 kg/m². Institutional Review Board approval was obtained for the study. Clinical and autopsy records were reviewed and data on demographics, body weight, height, cause of death, and comorbidities were collected. For the control group, 46 autopsied age-matched patients with BMI < 30 kg/m² were randomly selected. Statistical analysis was performed by a biostatistician using multiple procedures including chi-square, Mantel-Hanszel chi-square, phi coefficient, contingency coefficient, probability table and two-sided paired t test. Significance was defined as $p < 0.05$.

Results: The obese group had 76 individuals with a mean BMI of 52. Seventy-three percent were noted to have a BMI >40 kg/m² (morbidly obese). There were 41 men and 35 women with a mean age of 50 (age range 14-84 years). The nonobese control group had 17 women and 29 men with a mean age 48 (range

20-84 years). There was no difference in the incidence of obesity between men and women or between races. The incidence of diabetes mellitus was greater for the obese group compared to the nonobese group; 39% and 11%, respectively ($p=0.0007$). Systemic hypertension was greater in obese compared to non obese individuals; 53.3% and 21.7%, respectively, ($p=0.0006$). In the obese group, seven were diagnosed ante mortem with obstructive sleep apnea, and nine with chronic obstructive pulmonary disease. The major causes of mortality in the obese group were pulmonary diseases (35%), cardiac disease (28%), and sepsis (11%). The pulmonary causes of death included large/saddle pulmonary embolus, bronchopneumonia, diffuse alveolar damage and pulmonary edema. The cardiac causes of death included acute myocardial infarction, sudden death, and congestive heart failure. Other causes of death were sepsis, acute pancreatitis, and heat stroke.

Conclusion: The major findings in this study were pulmonary hypertensive changes in 65% and cardiomegaly in 100% of obese patients. Investigations focusing on pathogenesis of obesity have identified the obesity gene and the protein product leptin secreted from the white adipose tissue, which acts on the brain to regulate food intake, energy expenditure, and neuroendocrine function. Obese rodents and humans have high circulating levels of leptin, thus demonstrating "leptin resistance." Further research in this area may help develop targeted- therapeutic strategies for control of obesity. Prevention and treatment of obesity is a major health-care issue and requires a multidisciplinary approach with emphasis on reduction of caloric intake and increased physical activity.

2 What Exactly is Public Health? Some Multiple Perspectives

Ayaz M. Samadani, MD, DTM&H, FAAFP
University of Wisconsin-Lacrosse
Madison, Wisconsin

Abstract Not Available

3

Spontaneous Tumor Regression in Two Commonly Used Rat Tumor Models of Liver Cancer

Labiq Hossain Syed, MD

Abstract not available.

4

Inpatient Hyperglycemia: Controversies in Management and New Guidelines

Shahid Athar, MD, FACP, FACE
Department of Medicine and Endocrinology
St. Vincent Hospital
Indianapolis, Indiana

Objective: Uncontrolled diabetes mellitus and hyperglycemia in hospitalized patients increases the length of stay and cost of care. There is controversy regarding goals of glycemic control. While the American Association of Clinical Endocrinologists (AACE) and the American Diabetes Association (ADA) have recommended tight blood glucose control, the American College of Physicians (ACP) has called for looser control.

Material and Methods: Current guidelines from these organizations as well as evidence-based medicine for consequences of good versus poor control of diabetes mellitus in hospitalized patients are reviewed.

Results and Conclusions: Appropriate glycemic control prevents infection and decreases length of stay, thereby influencing outcomes and cost in hospitalized patients.

The participants will learn:

1. The value of controlling diabetes in hospitalized patients
2. The goals of diabetes/blood glucose control
3. Tools and recommendations to achieve these goals

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Advances in the Assessment and Treatment of Adult Attention Deficit Hyperactivity Disorder (ADHD)

Syed Ahmed, MD

Attention deficit hyperactivity disorder (ADHD) in adults is increasingly recognized, and more and

more adults are seeking treatment. This presentation explores the new assessment and treatment strategies developed during the past 10 years to treat ADHD in adults.

Design: Review of articles on new research on adult ADHD.

Objectives:

1. To highlight the historical time line of diagnostic approaches for ADHD in adults.
2. Pharmacotherapy of adult ADHD.

Results:

1. Assessment of ADHD is primarily based on clinical history. Validated quantitative measures can assist in the process.
2. During the past five years there has been considerable expansion and innovation in the pharmacotherapy of ADHD, although this innovation has focused primarily on novel delivery system for established agents. Stimulants remain the major first-line treatment for ADHD for the foreseeable future, but novel agents will be available in coming years.

Conclusions: ADHD is common among adults and children. It is a disorder of executive functioning. It is heritable and causes significant impairment. Review of recently published research clearly indicates the diverse presentations of ADHD in adults. Choosing medications for treating adult ADHD is to be based on the unique aspects of adult patients with ADHD.

6

End-of-life Concerns for American Muslims

Shahid Athar, MD, FACP, FACE
Former Chair, Medical Ethics, IMANA
St. Vincent's Medical Center
Indianapolis, Indiana

Objectives: As the population of American Muslims is aging, many of them are wondering if they will live in a nursing home or a retirement community? If hospitalized with a terminal medical condition, who will make decisions for them if they are not able to make their own? Will they have Islamic rites upon death and will they be buried in a Muslim cemetery?

Material and Methods: Available knowledge from opinions of Muslim scholars about artificial life support and its withdrawal, mechanical ventilation, tube

feeding, advance directive and living wills, autopsies and organ donation are discussed. Interesting medical ethics cases involving end-of-life issues will be presented. Audience participation is encouraged.

Results and Conclusions: Some recommendations are made for individual Muslims as well as the community at large for all these issues in order to better prepare them to face these concerns before they become an issue.

The participants will learn:

1. What are the key issues at the end-of-life?
2. How to discuss these issues within family and the community?
3. How to prepare for end-of-life and the next journey?

7 Immune Rejuvenation in People 55 years or Older: Immunotherapy/Comprehensive Medicine and Holistic Medicine Approach

*Naima Abdel-Ghany, MD, PhD, FACPM
Wellness Clinic
Panama City, Florida*

The Multi-modality Immune Therapy (MIP) program considers the person as a whole, both body and mind. The program has several approaches to cancer and chronic diseases which complement each other:

1. Treatment such as surgery, radiation, chemotherapy, hormone therapy and hyperthermia, focused on the removal or reduction of tumor or the symptoms of the disease ;
2. Immunobiological treatment aimed at the restoration of impaired defense, repair and regulatory functions of the host:
 - A. Elimination of exogenous and endogenous causal factors:
 1. Diet designed to meet the needs of individual cancer patients with supplementation of vitamins, antioxidants, minerals, trace elements, and enzymes.
 2. Probiotic cultures to normalize intestinal flora
 3. Removal of foci of infection, such as dental and tonsillar foci.
 4. Neural therapy and acupuncture to neutralize the fields of neural disturbance.
 5. Psychological guidance, in single and

group therapy, biofeedback, relaxation techniques, medication, and visualization for stress relief.

6. Physical therapy, hydrotherapy, breathing techniques, massage, and lymph drainage, etc.
- B. Treatment of secondary damage to restore normal function of organs by activation of cellular respiration through oxygen-ozone therapy in various forms and ultraviolet irradiation.
 - C. Detoxification
 1. By activation of liver and kidney functions assisted by high fluid intake and enemas
 2. Antiaging effect of heavy metal detoxification and immune enhancement using chelation therapy and others.
 - D. Enzyme therapy, homeopathy and isopathy.
 - E. Regeneration of organs and compensation of losses by:
 1. Administration of organ extracts (e.g., liver extract, and thymus peptides).
 2. Hyperthermia, temporarily raises the white blood cell count and increases the release of interferon and interleukin.
 - F. Biological response modifiers, with autologous vaccines
 - G. Energy balancing using bio-feedback and other energy balancing modalities for aspects of the whole person's physical, mental, emotional and spiritual health

There is synergistic effect of these different treatment modalities which involves all the defense zones that maximize the healing effects.

8 Advanced Pain Management

Mohammad Nadeemullah, MD

Abstract not available.

9 A New You

Khalique Zahir, MD

Abstract not available.

Mohammad H. Bawani, MD, FACC, FACP¹

Muhammed Z. Bawany, MD²

¹Advocate Condell Medical Center
Libertyville, Illinois

²University of Toledo Medical Center
Toledo Ohio

Objective: To review the evaluation of patients presenting with diarrhea.

Materials and Methods: How should a patient be evaluated once the usual evaluation methods i.e. stool studies for ova, parasites, cultures, C diff toxin, have turned out to be negative?

Results: Additional testing should include thyroid status and serology for celiac disease. Endoscopic evaluation is an important tool in assessment of diarrheal illness. Neoplastic processes, aggressive peptic ulcer disease, and microscopic colitis may be detected with endoscopy. However unusual and uncommon causes of diarrhea such as carcinoid syndrome, hypergastrinemia, and hyperparathyroidism should be considered.

Conclusion: Persistence and perseverance in determining the cause of diarrhea may at times yield results that are surprising and worth the effort.

11 Successful Use of Erythropoietin (EPO) and Intravenous Iron Therapy in Pregnant Hemodialysis (HD) Patients and Long-term Effects on Children

Mohammad Akmal, MD; N. Arutyounian, MD;

Elain M. Kaptein, MD

Division of Nephrology, Department of Medicine
Keck School of Medicine

University of Southern California
Los Angeles, California

The use of erythropoietin (EPO) and parenteral iron therapy to improve anemia in pregnant hemodialysis (HD) patients is limited. We prospectively examined the following program in HD pregnant women; one gram of intravenous (IV) iron Infed (100 mg/dialysis) and EPO therapy during the third trimester. The study involved six full-term pregnancies in five patients. In contrast to the usual weekly ≥ 20 hours of

HD, we evaluated the efficacy of nine hours of HD weekly in pregnant women and the long-term effects on children born of these HD pregnant women.

Pertinent data are as follows:

Initial HCT%*	Peripartum HCT%	Mean EPO Dose Units/Kg**	Cumulative Dose Units
24.2 \pm 3.3***	32.4 \pm 1.4	27.7 \pm 2.7	187402 \pm 7650.7

*Hematocrit

**Pregnant woman body weight

***Mean \pm SEM

The patients tolerated HD without any untoward events during the course of pregnancy. Intravenous iron and IV EPO maintained and/or replenished iron stores and adequately increased hematocrit percentage (HCT). No maternal or fetal complications were observed. All the children have reached age 14-19 years of age without any complications. These data demonstrate: 1) IV EPO and IV iron can be safely utilized to correct anemia and iron deficit in pregnant HD patients, and 2) full-term pregnancy can be safely achieved with three hours of HD three weekly (nine hours/week). It is concluded that IV EPO and IV iron therapies are safe and efficacious in pregnant HD patients and there is no short- or long-term adverse effects on children born of pregnant HD patients.

12 Nutritional Guidelines for School Lunch Programs: Creating a Culture of Healthful Eating at U.S. Islamic Schools

Sumiya Khan, MS, RD;¹ Ziena Saeed, BS RD;²

Hanifa Hameed Diwan, BS, RD;³

Iqra Hussain;⁴ Sarah Amer, MS, RD, CDN;⁵

Mohamed M. Haq, MD⁶

¹Chair-Elect, Muslims in Dietetics and Nutrition (MIDAN), a Member Interest Group of the American Dietetic Association, Hamden, Connecticut

²Michigan State University, USDA Nutrition Education Program, Greater Lansing Islamic School, East Lansing, Michigan

³Consultant Dietician, Dallas, Texas

⁴University of Houston; Houston, Texas

⁵Ramsey, New Jersey

⁶Chairman, Public Health Committee, IMANA
Houston, Texas

Objective: To determine the status of lunch programs in Islamic schools in the United States and develop recommendations for improving them.

Study Design: The Islamic Medical Association of North America (IMANA) conducted a survey of lunch programs by mailing questionnaires to 100 Islamic schools in the United States.

Results: Forty-eight Islamic schools responded to the survey. Only 20 schools follow guidelines, and only six have dietitians advising on menu planning. Based on this survey, IMANA, with the assistance of Muslims in Dietetics and Nutrition (MIDAN), a Member Interest Group of the American Dietetic Association, has developed a summary of guidelines that schools could follow. It includes sample menus in American and ethnic foods and sources for funding.

Conclusions: IMANA and MIDAN, recognizing the religious and scientific relevance of nutritious diet, have developed these recommendations. This information is provided to aid Islamic schools in implementing guidelines for nutritional school lunch menus and creating a culture of healthful lifestyle.

*The following abstracts were accepted
but will not be presented.*

13

Assessment of Robotic Hysterectomy for Benign Indications

Mona Orady, MD

Division of Minimally Invasive Gynecology

Women's Health Services

Henry Ford Medical Group

Detroit, Michigan

Introduction: Hysterectomy is one of the most common gynecologic procedures performed for benign indications. To date more than 80% of hysterectomies are still performed via laparotomy. Minimally invasive, laparoscopic and vaginal hysterectomy procedures were limited by uterine size, complex pathology, patient body mass index (BMI) and history of previous surgeries. The advent of robotic surgery using the da Vinci Surgical System,

developed by Intuitive Surgical, has given laparoscopic surgeons the ability to approach more complex cases with minimum invasiveness, thus decreasing the need for laparotomy. Since its approval by the United States Food and Drug Administration for use in gynecologic procedures in 2005, the adoption curve for da Vinci Hysterectomy has been growing exponentially.

Objectives: To review available data and studies conducted, assess the risks and/or benefits of robotic hysterectomy and evaluate possible advantages and disadvantages of its adoption as compared to traditional approaches to hysterectomy.

Methods: A Medline and Ovid literature search of all publications with key words "robotic hysterectomy" was performed. Search results were then screened to exclude assessments of surgery performed in the setting of cancer diagnoses. Outcome comparisons were made in terms of findings including differences in blood loss, complication rates, surgical time, and length of stay in the hospital for both routine hysterectomy and those with complex pathology.

Results: Da Vinci hysterectomy has been shown to be safe and effective with low morbidity and fewer conversions to laparotomy than the traditional laparoscopic approach to hysterectomy. Blood loss and length of hospital stay are comparable to a laparoscopic hysterectomy. Although operative time is initially increased, this decreases significantly with increasing surgeon experience and becomes comparable to laparoscopic hysterectomy towards the end of the learning curve.

Conclusions: Since its approval for use in gynecologic procedures, robotic-assisted hysterectomy with the Da Vinci System, has allowed the performance of complex hysterectomies with the same advantages of traditional laparoscopic surgeries without increasing complication rates or conversions to laparotomy. Thus, its continued adoption and expansion of usage in hysterectomy is likely.

Muslim Patients and Ramadan Fasting

Shahid Athar, MD, FACP, FACE

St. Vincent's Medical Center

Indianapolis, Indiana

Objective: Many Muslims, in spite of having pos-

sible exemption from fasting on medical grounds, want to fast. They will seek advice from Muslim physicians. Our responsibility is to give appropriate advice and help them to fast safely if they decide to.

Material and Methods: Medical aspects of Ramadan fasting, including effects on nutrition and carbohydrate, protein and lipid metabolism will be discussed. Guidelines for management of diabetes mellitus (type 2) will be presented. Also discussed are questions of permissibility of blood tests and sports during fasting and fasting for pregnant and nursing mothers

Results and Conclusions: Ramadan fasting is beneficial for patients with stable diabetes mellitus type 2, metabolic syndrome and mild hypertension. Fasting in Ramadan encourages spirituality and prepares us for a better lifestyle in months after Ramadan.

The participants will learn:

1. Which patients are to be told not to fast in Ramadan.
2. Which patients can fast and how they can modify their medications.
3. How to enjoy blessings of Ramadan's spirituality

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Thyroid Update for the Primary Care Physicians

*Shahid Athar, MD, FACP, FACE
Department of Medicine and Endocrinology
St. Vincent Hospital
Indianapolis, Indiana*

Objective: Thyroid diseases present difficult diagnostic and treatment challenges for busy primary care physicians. They often seek opinion of a consultant endocrinologist to help them in patient care.

Materials and Methods: Interesting clinical cases from endocrine practice of the presenter in areas of hyperthyroidism, hypothyroidism, thyroiditis, and thyroid cancer are presented and discussed.

Results and Conclusions: Thyroid function blood tests as well as thyroid scans and fine needle biopsy are discussed. Treatment options are also presented.

Participants will learn:

1. Diagnosis of various thyroid conditions
2. Treatment of these conditions
3. Effects of accidental radioiodine exposure

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Update on Gastroesophageal Reflux Disease

*Ashraf M Sufi, MD
Ashraf M Sufi, MD LLC
Olney, Maryland*

Over the last few years many new and impressive nonsurgical and surgical treatments of gastroesophageal reflux disease (GERD) have been recognized and performed in the gastroenterology field. These will be updated and discussed.

New ways continue to evolve in following and treating Barrett's esophagus, which develops as a result of GERD and is considered a premalignant condition. A new entity, eosinophilic esophagitis, is commonly recognized on endoscopy. Its diagnosis and the challenges of its treatment will be discussed.