Pre-ISNA Program

Islamic Medical Association of North America

Heritage Medicine Potpourri

Thursday, September 1 - Friday, September 2, 2005
Hyatt Regency O'Hare, Rosemont, IL, USA

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1 Asthma Pathophysiology and Management

Naveed Akhtar, M.D.
Assistant Professor of Internal Medicine, University of Illinois at Chicago, Chicago, IL.

Objectives:
1. To describe the role of inflammation in asthma.
2. To describe the role of inflammatory mediators.
3. To discuss strategies to manage and alleviate symptoms.

Asthma is a serious global health problem. People of all ages in all countries are affected by this chronic airway disorder that can be severe and sometimes fatal. Incidence of asthma and morbidity have been increasing every year. Asthma can be a significant burden not only in terms of health care costs but also of lost productivity and reduced participation in family life. Fortunately, recent advances in science have improved our understanding of asthma and our ability to manage it effectively.

2 Lung Cancer: Molecular Markers in Diagnosis, Prognosis, and Therapy

Abida K. Haque, M.D.
Medical Director of Pathology Laboratories, San Jacinto Methodist Hospital, Baytown, TX

Objectives:
1. To discuss the new genetic markers of lung cancer, both small and non-small.
2. To discuss novel treatments based on knowledge of these molecular markers.

Lung cancer is the second leading cancer in Asian men and third in Asian women in North America. Asians seek treatment much later than overall population, and fewer live after diagnosis. The 5-year survival is 14.9% overall, and, for small cell lung cancer (SCLC), less than 5%. Molecular markers used for diagnosis, are now being studied extensively for prognosis and therapy of small cell (SCLC) and non-small cell lung cancers (NSCLC).

Diagnostic and prognostic markers may be divided into genetic markers, differentiation markers, proliferation markers, and markers of metastatic propensity. The most studied marker is p53-p21 pathway that controls the G1/S transition in cell cycle; other markers include retinoblastoma (Rb) gene, p16, K-ras, Bcl2, CerbB2, VEGF, and EGFR. Over-expression of oncogenic markers and deletion of protective tumor suppressor markers is seen in most NSCLC.

Early diagnosis is crucial in improving survival in lung cancer, especially in SCLC. Some of the markers expressed by SCLC are being investigated to develop serum tests. These include Chrom A (CgA), synaptophysin, progastrin releasing peptide (Pro GRP), NSE, CytoK 19 and CYFRA 21-1. Encouraging results are reported with CgA and NSE assays. A group of cell cycle component, receptor tyrosine kinases (RTKs), whose overexpression in the tumor is associated with poor outcome, is being studied as a target for therapy. C-Kit (CD 117) is another kinase over-expressed in SCLC, and has Gleevec available for targeted therapy.

Therapy: Treatment options for early NSCLC include surgery, with chemo- and radiotherapy, and almost always chemo- and radiotherapy for SCLC. Several novel treatments using the knowledge of molecular markers are under trial as second line therapies for advanced or recurrent disease. VEGF-2 inhibitor and docetaxel as a second-line therapy, VEGFR and carboplatin/ paclitaxel, EGFR-TKI- gefitinib (RESSA), oral EGFR tyrosine kinase inhibitor (Tarceva, erlotinib) are some of the ongoing studies. Differential Immunization for Antigen and Antibody Discovery (DIAAD) technology is the latest effort in the treatment of SCLC that is developing monoclonal antibodies (MoAbs) against SCLC-specific antigens.

3 Osteoarthritis: A Review For The Clinician

Saima Chohan, M.D.
University of Chicago Department of Medicine Section of Rheumatology

Objectives:
1. To define osteoarthritis.
2. To understand its pathogenesis.
3. To identify its signs, symptoms and radiographic findings.
4. To understand its treatment modalities.

Osteoarthritis (OA) is the most common form of arthritis. It is defined as a constellation of conditions with joint symptoms and signs which are associated with defective integrity of articular cartilage. It affects as many as 12% of the US population between

the ages of 25 and 74 years and is estimated to be the number one cause of chronic disability in adults. OA is caused by aberrations in the cartilage matrix and inflammatory cytokines in the synovium. Symptoms include joint swelling and pain while examination reveals joint effusions, crepitus, and abnormalities in gait. Typical Xray findings are osteophytes and joint space narrowing. Goals of treatment include control of pain and swelling as well as improving quality of life. In addition to physical therapy and noninvasive treatments, pharmacologic options for treatment are numerous.

4 Culturally Responsive Care

Sheik N. Hassan, M.D.
Associate Dean for Academic Affairs and Associate Professor of Medicine, Howard University College of Medicine, Washington, D.C.

Objective: To stress the importance of cultural sensitivity in the practice of medicine.

The population in the United States has become very diverse in terms of demographics. Medical care cannot be delivered in the context of "one size fits all", or worse yet – unequal care. Among the factors that should be considered are communicating appropriately with patients, demonstrating respect for patients' culture and religion and allowing patients to participate in their care. Office staff should be equally sensitized to these items as well. Physicians and other healthcare providers cannot be expected to understand every culture and religion, but they should be prepared to appropriately find assistance.

5 Cerebral Venous Thrombosis

Fariha Chaudhry, M.D.
Chief Neurology Resident, University Of Illinois-Chicago, Chicago, IL.

Objectives:
1. Review venous anatomy of brain.
2. Etiology of thrombosis of cerebral veins and sinuses.
3. Clinical signs and symptoms.
4. Investigation and diagnosis.
5. Treatment.

Cerebral venous thrombosis in an often-overlooked entity that if treated promptly can have good outcomes. It differs from arterial thrombosis in many ways. It affects a younger age group and has a broader variety of causes and specific yet varied clinical symptoms.

6 Post Renal Transplant Hypertension (PRTH)

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:
1. To understand the frequency and role of hypertension in renal transplant patients.
2. To understand the importance of its control in reducing the cardiovascular morbidity and mortality.

Renal allograft survival has progressively improved since the inception of this surgical miracle first described in the 1950s. In particular the decades of the 1980s and 1990s have shown significant improvements in graft survival, patient survival, graft function and rejection rates. Despite these improvements, the incidence of hypertension, as a post-transplant complication, has seen a dramatic increase. This increase may largely be due to the use of calcineurin inhibitors, which also are responsible for the overall improvement in transplant results.

Medical therapy for post renal transplant hypertension (PRTH) is largely similar to those used for essential hypertension. In spite of close follow-up of renal transplant patients their hypertension remains less than ideally controlled for a variety of reasons. Further understanding and better control of this common complication is crucial in alleviating the long-term cardiovascular morbidity and mortality in this patient population.

7 Professionalism in the Practice of Medicine

Sheik N. Hassan, M.D.
Associate Dean for Academic Affairs and Associate Professor of Medicine, Howard University College of Medicine, Washington, D.C.

Objective: To define professionalism and its Islamic perspective.

Physicians have a mandate to conduct themselves

openly in a manner that is expected by the profession. This mandate is by virtue of their acceptance of their careers as healthcare providers. The most basic and the essence of what is expected of the physician is altruism, that is placing the interest of the patient above that of the physician. Other components of professionalism include accountability, excellence, duty, honor, and respect. In as much as there is a charter on professionalism and training programs are now formally teaching and evaluating this, the glorious Qur'an and the sunnah of Prophet Muhammad (PUBH) are the best sources for information.

8 Cardio-Renal-Anemia Syndrome: Renal Perspectives in Heart Failure

Hamid Humayun, MD. , FACP:
Associate Clinical Professor Loyola Stritch School of Medicine. Medical Director, Nephron, Maple Ave, & Garfield Kidney Centers.

Objective:
1. To discuss a new concept in the treatment of heart failure.
2. To stress the need for anemia management in heart failure.

The mortality of heart failure has not improved in the last 50 years, in spite of great advancement in the management of coronary artery disease. (Levy et al NEJM, 2002; 347:1397)

Recently Silverberg DS et al JACC.2001:37:1775 & Wisniacki e al.Heart 85 (suppl I p4 2001) have shown independently that the severity of heart failure is related to the degree of anemia. They also showed that treating anemia with erythropoietin and intraveneous iron to raise the hemoglobin to over 12.5 grams/dl results in:

1. Improved ejection fraction of heart
2. Decreased hospitalization
3. Decreased diuretic dose
4. Improved cardiac function
5. Improved renal function

Further larger studies are needed to confirm these very exciting observations.

9 Physician Initiative to Provide Access to Affordable Health Care in the Metro Chicago Area: An Update

Azher Quader, MD., FACS.
Executive Director, Compassionate Care Network (CCN), Chicago, IL

Objectives:
1. To describe a program to provide access to affordable healthcare in an office setting.
2. To describe the growth and development of this program through its first year of operation.

In January 2004 a program to provide access to affordable healthcare in the office setting was launched by a group of Muslim physicians in the Chicago area. Some 30 physicians formed the provider base initially. They agreed to discount their fees to enable patients enrolled in CCN to access health care at affordable pricing. This physician group has grown to 60 at the present time and includes several specialists. Similarly the number of labs and imaging centers agreeing to discount their fees has steadily increased. Currently there are over 200 persons enrolled. These include both Muslims and non-Muslim members. There are no exclusions for pre-existing conditions. Dental and eye care is provided. Immigrant status is not a qualifier either. Enrollment is carried out through community health screenings which are free and open to the public. Screenings are regularly done for diabetes, hypertension, cholesterol, obesity, dental health, cataract, glaucoma and prostate cancer. Free health information lectures are offered in the community on various topics of general health.

As the program has grown, some local major health care foundations have increasingly provided support.

10 Cerebral aneurysms treated by conventional surgery or endovascular "coiling"

Ghaus Malik, MD

Abstract not available.

Compassionate Care Network (CCN): A Muslim

11 HIV/AIDS Testing in Privacy of Home like the Glucose monitoring and Pregnancy Tests

Waheed N. Khan, M.D.
Director, Infectious Disease Research and Microbiology, Children's National Medical Center, Washington, D.C.

Objectives:
1. To provide a rationale for home testing for HIV/AIDS.
2. To discuss FDA regulation in regards to home testing.

At present HIV diagnostic tests are performed in laboratories, hospitals, specialty clinics and doctor's office which adhered strictly to the rules set by the Food and Drug Administration (FDA). This has not been very productive. One third of all suspected people with HIV do not know their HIV status. The result is that HIV/AIDS continue to be a serious problem, with 40,000 new cases of HIV positive individuals every year in this country. Being HIV positive is not a death sentence like it used to be. Life-saving treatment is available now if HIV is detected early enough. Being HIV positive is a reportable event and there is extreme stigma attached to it. These combine to deter people from getting tested. Quite often those who get tested under peer pressure do not go back to get results. An example is when Home Access test for HIV-1 became available a few years ago in pharmacies. 30,000 people paid $40 per test and sent in the test card but never called to get the results. They were afraid that in this day and age with caller ID some one would know who is calling for the HIV test results. There are a number of FDA approved HIV tests that are available in the market. OraQuick (HIV-1) and OraQuick Advance (with oral fluid) are good examples. These tests come with well-written, easy to understand, well-illustrated instructions so an average person can do the test. The test results are visually determined and no equipment or complex procedures are involved. Nevertheless, the FDA has restricted performing these tests to trained technicians only at clinics or hospitals. These tests are so simple and easy to perform, and they compare well with over the counter glucose monitoring and pregnancy tests. There are 16 million diabetics in this country and they all perform blood glucose measurement tests at home by pricking their finger for a drop of blood to perform the test. There have been no adverse reaction reports on these millions of tests performed in the privacy of a home. As a matter of fact doctors keep reminding their patients to keep up and monitor their glucose levels to take the appropriate dose of insulin. The main reason given for the FDA restrictions is the fear that people might commit suicide after they know that they are HIV positive. There are 80,000 suicides per year in this country (CDC figure) and they are not related to being HIV positive. In fact I am not aware of even one report. There could be pre-and post-counseling to a prospective user of the HIV test by a clinic of his/her choice on the phone. The British Journal of Medicine recommended in February 2005 that precounseling be dropped from the test procedure.

12 Society, Sex and Spirit

Muhammad Ata, M.D., F.R.C.P., F.R.C. Path, F.A.C.P.
Professor of Medicine at Shifa College of Medicine. Islamabad and Clinical Director of Shifa Foundation Clinic, Shifa International Hospital, Islamabad.

Recent events and new world order need to be addressed even in medical meetings. The desecration of the Holy Qur'an rightly arouses anger amongst us. The societies in which we live need to understand Islamic values, but how? No one harms us more than we do ourselves. In this context the role of Muslims, especially in the sexual and spiritual aspects of life, need to be addressed. The educational needs and demands of current times, the role of spirit, the physiological development during the formal education and especially the role of Muslim Physicians will be discussed.

13 The Moral Obligation of Cultural Competence in Healthcare-The Roles of the Muslim Physician and the Muslim Community

Imran Rafi Ahmed Punekar
Villanova University

Objectives:
1. Presenting the audience with the idea of cultural competence and its importance to the Muslim community in North America.
2. Familiarizing the audience with the basis and

principles of Western ethical theories.
3. Outlining the methods by which the challenges to providing healthcare to Muslims patients can be overcome and by which unified resources can be put in place to facilitate this goal for Muslim communities, Muslim physicians, and, perhaps most importantly, non-Muslim healthcare providers.

Islamic medical ethics is a popular topic these days, with many articles, speeches and books being put out in the field. Many tend to focus on making sure that Muslim patients are treated in a way that is acceptable and respectful towards their religion. However, this direct approach is often confounded by the fact that there is no such thing as a standard "Muslim patient." The American Muslim society is incredibly diverse, culturally, linguistically, and socio-economically. This introduces the need for cultural competence, which in the context of healthcare I define as 'the ability of the physician to transcend differences in culture, language, beliefs, and values in the patient-physician relationship in order to ensure that the integrity and obligations of that relationship are maintained.' Currently, however, American physicians are largely not aware of Islamic regulations and recommendations concerning healthcare, nor are they familiar with the diversity of Muslims and resultant diversity of viewpoints regarding healthcare. Unfortunately, Muslim patients are often just as unfamiliar with these matters, and due to the lack of any unified Islamic authority, are likely to revert to cultural practices which in extreme cases may even violate Islamic guidelines. This presentation explores specific obligations of the Muslim community, and outlines my outlook of the road to better healthcare, from how to use and address the Western ethical groundwork, to assessment, the development of resources, and involvement and implementation in the American medical community.

Ramadan Fasting And Muslim Patients---Some Guidelines

Shahid Athar, M.D. F.A.C.P., F.A.C.E.
Department of Medicine and Endocrinology, St. Vincent Hospital, Indianapolis, IN USA

Objectives:
1. To describe the medical aspects of Ramadan fasting.
2. To discuss the criteria for who can fast.
3. To provide some helpful guidelines for those who do fast.

Muslims who are physically ill are in general exempt from fasting in the month of Ramadan. Many do fast even if they have diabetes mellitus type 2, hypertension, asthma, coronary artery disease and other chronic conditions. In this presentation medical aspects of Ramadan fasting, criteria for who can fast and some helpful guidelines for those who do fast are discussed in light of research on fasting in Ramadan.

Islam, Organs Transplants and the Problem of Organs Trafficking

Debra Budiani, Ph.D.* and Othman Shibly**, D.D.S, M.S.
*Research Associate, Department of Anthropology, Michigan State University and Visiting Research Associate, Center for Bioethics, University of Pennsylvania
**Diplomate, American Board of Periodontology. Director, Visiting Scholar Program Coordinator, International Advanced Education Scholar Program. Associate Director, Center for Clinical Dental Studies, University of Buffalo, Buffalo, NY.

Objectives:
1. To discuss Muslim scholars' declarations on organ transplants.
2. To discuss the prevalence of organ trafficking in Muslim societies
3. To discuss solutions to this problem.

The majority of Muslim scholars have agreed that organ donation is permitted and encouraged based on the conditions that it will help the recipient with certainty and it does not cause harm to the donor. The *'ulamā'* have thus far largely not addressed the subject of organ donation from the perspective of the *Maqāṣid Al-Sharī'a* (goals of Islamic laws, developed by Al-Shāṭibi and others) that requires universal social justice and respect of human rights. Based on *Maqāṣid Al-Sharī'a* principles, organ donation is permissible if recipients are granted equal access to donated organs regardless of race/ethnicity, religious identity, class, or financial situation. These conditions aim to assure equitable access to donated

organs and tissues and prevent exploitation of the poor who may sell their organs to wealthier but ailing patients.

In addition to established *fatāwā* and *sharī'a*, state laws and international declarations also prohibit the sale of human organs in most of the world (apart from Iran which is presently the only country worldwide where the state pays donors for a kidney donation). Regardless of these various mandates, the global trafficking of human organs which relies on the recruitment and procurement of organs from living donors for financial compensation also operates in the Middle East and North Africa (MENA) and elsewhere in the Islamic world. A survey among transplant specialist in twenty-one countries in the region indicates that donations from living unrelated donors is a prominent issue facing organ transplant programs in the region (Shaheen et. al. 2001). In a recent study in Egypt for example, medical professionals estimated that between 80-90 percent of all kidney donations were from living unrelated donors (Budiani in publication).

In this presentation, we will discuss Islamic declarations about organ transplants and the procurement of organs, particularly from non-related living donors. Next, we will address the extent to which violations are thus far documented in the MENA region and other Islamic countries. Finally, we will discuss an initiative for a coalition to bring together advocates, including the *'ulamā'*, state officials, laboratories, and medical professionals in Muslim countries, to collectively seek solutions to this problem.

16 Transformative Dialogue: American Muslim Physician and the World

Alex Kronemer
Unity Productions Foundation

Abstract not available.

17 Spirituality and Medicine: The Role of Physicians

Shahid Athar, M.D., F.A.C.P., F.A.C.E.
Department of Medicine and Endocrinology, St. Vincent Hospital, Indianapolis, IN USA

What is the role of physicians beyond offering the diagnosis and therapeutic options? Does or she need to understand the spiritual needs of the patient? How does his own spirituality affect the way he treats his patients. Should he incorporate spirituality and prayers as an adjunct to conventional treatment modalities and does it make any difference in the outcome? All these questions and their answers are discussed in an interactive informal format.

18 A Stained Glass Window in Princeton University Chapel

Husain F. Nagamia, M.D., F.R.C.S.
Chief Emeritus, Cardiovascular and Thoracic Surgery Clinical Assistant Professor of Surgery at University of South Florida Medical School Chairman, International Institute of Islamic Medicine

Objectives:
1. To describe the existence of a stained glass window in the Princeton University Chapel and how it was found.
2. To encourage similar efforts to unearth historical monuments to our Islamic scientific heritage.

It is interesting to know that the chapel at Princeton University in Princeton, New Jersey, USA has a stained glass window depicting the famous Muslim physician, Al-Razi.

It took some interesting work to unravel the mystery as to how it got there and what it depicts.

It is also interesting that none of the present members of the church staff, including the present pastor, knew about the existence of this window in the chapel.

This paper will relate the interesting anecdote of how the window was rediscovered with some effort. We will recount the achievements of Al-Razi, which led to him being recognized at Princeton.

19 A Review of Primary Immunodeficiency Disorders in Children

Javeed Akhter, M.D.
Director, Pediatric Pulmonology Hope Children's Hospital Christ Hospital and Medical Center, Oak Lawn, IL

Objectives:
1. When to suspect an immunodeficiency?
2. Discuss highlights of some common primary immuno-deficiency disorders (PID).
3. Review initial workup to confirm a PID.
4. Guidelines of therapy.

20 Legal Considerations and Challenges for Muslim American Physicians

Farhana Khera[1], LaDale George[2], and Mahsa Khanbabei[3]

[1]Executive Director, National Association of Muslim Lawyers (NAML)
[2]Senior counsel in the Chicago office of Foley & Lardner
[3]Co-chair of the NAML Immigration Committee, attorney with the Mulberry Law Group, Springfield, MA

Objectives:
1. To provide an educational and informative session on key legal issues related to the practice of medicine in the United States, particularly business, immigration and charitable activities.
2. To educate Muslim American physicians about the legal issues their community faces in the practice of medicine especially post-September 11th and in the wake of the USA PATRIOT Act.
3. To build an alliance between Muslim lawyers and physicians who share a desire to advance the human condition.

The National Association of Muslim Lawyers (NAML) will present a panel of lawyers to discuss legal issues relating to the practice of medicine and to being a Muslim physician in the United States. The following issues will be discussed:

1) Corporate issues related to managing a medical practice.
2) Immigration issues as they relate to foreign doctors seeking to practice in the United States, and also as they relate to IMANA members who seek to sponsor such individuals to join their practices.
3) Issues regarding charitable activities conducted by physicians and IMANA in a post-September 11th climate and how the PATRIOT Act applies to medical records and its implications for physician and patient privacy.

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