



Editor: Hiba Jawdat Barqawi

Dean's message of the month

It brings me great joy that **His Highness Sheikh Dr. Sultan bin Mohammed Al Qassimi** inaugurated the mobile clinic this month and we look forward to serving the community in cooperation with the Department of Social Services in Sharjah by reaching the elderly citizens and people of disabilities in the region of Sharjah.

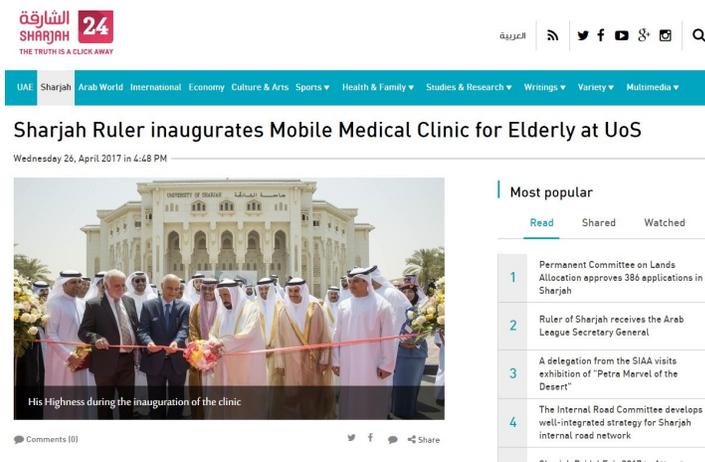
The Year 5 IFOM exam was successfully implemented using Exam-Soft on the 29th of April and I wish Year 3 the best of luck on their IFOM exam later this month. We invited a large number of external evaluators for the upcoming exams and we appreciate their support and assistance. We are looking to expand the PhD program and recruit more faculty in our college in time for the upcoming accreditation that will take place in 2018.

Professor Qutayba Hamid MD, PhD, FRCP, FRS
Dean of the College of Medicine

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Our College in the News



The screenshot shows a news article from Sharjah 24. The headline is "Sharjah Ruler inaugurates Mobile Medical Clinic for Elderly at UoS". The article is dated Wednesday 26, April 2017 in 4:48 PM. Below the headline is a photo of His Highness Sheikh Dr. Sultan bin Mohammed Al Qassimi inaugurating the clinic. To the right of the article is a "Most popular" section with a list of four items: 1. Permanent Committee on Lands Allocation approves 380 applications in Sharjah; 2. Ruler of Sharjah receives the Arab League Secretary General; 3. A delegation from the SIAA visits exhibition of "Petra Marvel of the Desert"; 4. The Internal Road Committee develops well-integrated strategy for Sharjah internal road network.

College News

SHARJAH RULER INAUGURATES MOBILE MEDICAL CLINIC FOR ELDERLY AT UOS

His Highness, **Sheikh Dr. Sultan bin Mohammed Al Qassimi**, Member of the Supreme Council, Ruler of Sharjah and President of the University of Sharjah was briefed by **Prof. Qutayba Hamid**, Dean of Faculty of Medicine, at University of Sharjah, on the mechanism of the clinic and its services to the community.

The clinic will operate outside the Faculty of Medicine to serve the community in cooperation with the Department of Social Services in Sharjah, it aims to reach the elderly citizens and people of disabilities in the cities and Regions of Sharjah.

The clinic will diagnosis of chronic diseases, such as diabetes, lung, and cancer, the clinic includes modern radiotherapy devices, ultrasound diagnostics and laboratory devices.

The clinic will operate for four days, and it will treat simple cases, but the difficult one it will be transfer to hospitals in Sharjah for treatment.

The inauguration of the clinic was attended along with His Highness the Ruler of Sharjah, by many officials.



Physiology Lab:

Under the patronage of the Chancellor **Prof. Hamid Al Nuaimy**, the inauguration of the Physiology lab was held on 12th of April 2017 and the first session took place on the 13th of April 2017 for Year 1 students during the Musculoskeletal Unit.



Adjunct Faculty in our affiliated hospitals:

Every month we will highlight one of the seven hospitals affiliated to us in the College of Medicine at the University of Sharjah. The 7 hospitals where our Year 4 and 5 students train and whose faculty are critical in the teaching of our students are: **Al Qassimi, Al Baraha, Al Kuwaiti, University Hospital Sharjah (UHS), Al Dhaid, Um Al Quwain, Khalifa Hospital (Ajman).**

Al Qassimi Hospital

Al Qassimi Hospital is a 750 bed government hospital and is one of the first hospitals to be affiliated with UOS College of Medicine. There has been a recent expansion at the hospital. It falls under Ministry of Health (MOH).

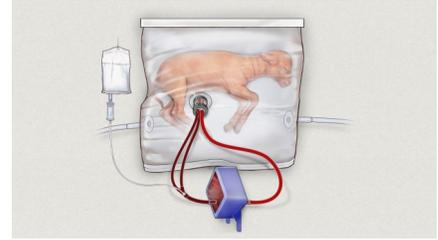


	Adjunct Faculty Name	Hospital	Department	Designation
1	Essam Mohammednoor Abdul Rahman Mohamme Howayyer	Qassimi	ER	Consultant
2	Ali Nasser Saleh	Qassimi	ER	GP
3	Ali Abdulrazaq Rashid Ali	Qassimi	ER	GP
4	Sameh Moukhtar Abd Al-Baki Banoub	Qassimi	Anaesthesia	Consultant
5	Yasser Samir Mahmoud El Mehallowy	Qassimi	Anaesthesia	Consultant
6	Amit Bhatia	Qassimi	Cardiology	Specialist
7	Anoop Mansoor	Qassimi	Cardiology	Specialist
8	Arif Abdulla Al Nooryani	Qassimi	Cardiology	Consultant
9	Jalal Ali Abdullah	Qassimi	Cardiology	Consultant
10	Rashid Uddin Ahmed	Qassimi	Cardiology	Consultant
11	Wael El Abbasi	Qassimi	Cardiology	Consultant
12	Waleed Moubark	Qassimi	Cardiology	Consultant
13	Safaa Maged Fathelbab Khalil	Qassimi	Radiology	Consultant
14	Tarek Said Aly	Qassimi	Radiology	Consultant
15	Mohamed Yousuf	Qassimi	Medicine	Consultant
16	Faiz Zaman	Qassimi	OBS/GYN	Consultant
17	Patretia Edward	Qassimi	OBS/GYN	Specialist
18	Shalini Malhotra	Qassimi	OBS/GYN	Specialist
19	Muna Khalfan	Qassimi	OBS/GYN	Consultant
20	Abdul Wahed Al Wahedi	Qassimi	Surgery	Consultant
21	Ahmed Abouelnaga Khallaf	Qassimi	Surgery	Consultant
22	Amr Hassan Mohamed Arafa	Qassimi	Surgery	Consultant
23	Fathelrahman Elhag Edris Mohammed	Qassimi	Surgery	Consultant
24	Hussain Ahmed latif	Qassimi	Surgery	Consultant
25	Mohamed Ibrahim El Desokie Ateia Hassan	Qassimi	Surgery	Consultant
26	Tarek Ibrahim Mohamed	Qassimi	Surgery	Consultant
27	Yaser A.Rasmi	Qassimi	Surgery	Specialist
28	Amal Mohd Sharif	Qassimi	Pediatric	Consultant
29	Asif Afridi	Qassimi	Pediatric	Specialist
30	Elham El Amiri	Qassimi	Pediatric	Consultant
31	Hayam Mohamed Abdel All Abdel Hady	Qassimi	Pediatric	Specialist
32	Jacqueline Mbabazi	Qassimi	Pediatric	Specialist
33	Muna Abdulla Khalaf Al alili	Qassimi	Pediatric	Consultant
34	Nibal Al Bitar	Qassimi	Pediatric	Specialist
35	Sumaya A. Al Zarooni	Qassimi	Pediatric	Consultant
36	Usama Ahmed	Qassimi	Pediatric	GP
37	Yamen Fayez Saeed El Moghanni	Qassimi	Pediatric	Specialist
38	Mona Salah Abdelaziz	Qassimi	Pediatric	GP
39	Syed Akbar H	Qassimi	Pediatric	Specialist
40	Mohamed Eltayeb Bakhiet Osman	Qassimi	Pediatric	GP
41	Anoud Saeed Sulaiman Seif Kaabi	Qassimi	Pediatric	GP
42	Fatma Lobko	Qassimi	Pediatric	Specialist
43	Batool Mai	Qassimi	Pediatric	GP
44	Maryam Yousuf Mohammad	Qassimi	Dermatology	Consultant
45	Emad William Sadek	Qassimi	Ophthalmology	Specialist
46	Fatima Ahmed Mohamed Fikri	Qassimi	Ophthalmology	Specialist
47	Fatima Ibrahim Mohamed M. Alameeri	Qassimi	Ophthalmology	Specialist
48	Magdy Rophail	Qassimi	Ophthalmology	Specialist
49	Mohammed Abdul Wahab Humaid Al Amri	Qassimi	Ophthalmology	Specialist
50	Tharwat Abdelghaffar Ali Ramadan	Qassimi	Urology	Consultant
51	Younis Hussain Al shamsi	Qassimi	Urology	Consultant
52	Ahlam Ahmed Bo Saber	Qassimi	Urology	Specialist

Viral News

Submitted by: **Dr. Mohammad Al Bataineh**

Written by: **Lauran Neergaard | AP**



Hope for preemies as artificial womb helps tiny lambs grow

Researchers are creating an artificial womb to improve care for extremely premature babies — and remarkable animal testing suggests the first-of-its-kind watery incubation so closely mimics mom that it just might work. Today, premature infants weighing as little as a pound are hooked to ventilators and other machines inside incubators. Children’s Hospital of Philadelphia is aiming for a gentler solution, to give the tiniest preemies a few more weeks cocooned in a womb-like environment — treating them more like fetuses than newborns in hopes of giving them a better chance of healthy survival. The researchers created a fluid-filled transparent container to simulate how fetuses float in amniotic fluid inside mom’s uterus, and attached it to a mechanical placenta that keeps blood oxygenated.

In early-stage animal testing, extremely premature lambs grew, apparently normally, inside the system for three to four weeks, the team reported Tuesday. “We start with a tiny fetus that is pretty inert and spends most of its time sleeping. Over four weeks we see that fetus open its eyes, grow wool, breathe, swim,” said Dr. Emily Partridge, a CHOP research fellow and first author of the study published in *Nature Communications*. “It’s hard to describe actually how uniquely awe-inspiring it is to see,” she added in an interview. Human testing still is three to five years away, although the team already is in discussions with the Food and Drug Administration. “We’re trying to extend normal gestation,” said Dr. Alan Flake, a fetal surgeon at CHOP who is leading the project and considers it a temporary bridge between the mother’s womb and the outside world.

Increasingly hospitals attempt to save the most critically premature infants, those born before 26 weeks gestation and even those right at the limits of viability — 22 to 23 weeks. Extreme prematurity is a leading cause of infant mortality, and those who do survive frequently have serious disabilities such as cerebral palsy. The idea of treating preemies in fluid-filled incubators may sound strange, but physiologically it makes sense, said Dr. Catherine Spong, a fetal medicine specialist at the National Institutes of Health. “This is really an innovative, promising first step,” said Spong, who wasn’t involved with the research. One of the biggest risks for very young preemies is that their lungs aren’t ready to breathe air, she explained. Before birth, amniotic fluid flows into their lungs, bringing growth factors crucial for proper lung development. When they’re born too soon, doctors hook preemies to ventilators to keep them alive but risking lifelong lung damage. Flake’s goal is for the womb-like system to support the very youngest preemies just for a few weeks, until their organs are mature enough to better handle regular hospital care like older preemies who have less risk of death or disability. The device is simpler than previous attempts at creating an artificial womb, which haven’t yet panned out.

How the “Biobag” system works: The premature lambs were delivered by C-section and immediately placed into a temperature-controlled bag filled with a substitute for amniotic fluid that they swallow and take into their lungs. “We make gallons of this stuff a day,” said fetal physiologist Marcus Davey. It’s currently an electrolyte solution; he’s working to add other factors to make it more like real amniotic fluid. Then the researchers attached the umbilical cord to a machine that exchanges carbon dioxide in blood with oxygen, like a placenta normally does. The lamb’s heart circulates the blood, without the need for any other pump.

The researchers tested five lambs whose biological age was equivalent to 23-week human preemies, and three more a bit older. All appeared to grow normally, with blood pressure and other key health measures stable and few complications during the weeks they were inside the womb-like device. The study didn’t address long-term development. Most of the lambs were euthanized for further study that found normal organ development for their gestational age. One was bottle-weaned and is now more than a year old, apparently healthy and living on a farm in Pennsylvania. Flake stressed that the womb-like system isn’t intended to support preemies any younger than today’s limits of viability — not what he calls the more “sensationalistic” idea of artificially growing embryos. He acknowledged that parents might question the approach, but notes that the preemies always could be whisked into standard care if they fared poorly in the new system. And while he said further adaptation of the device is needed before it can begin human testing, he envisioned parents being able to see the baby and even piping in the sound of mom’s heartbeat.

How Gut Bacteria Tell Their Hosts What to Eat

Submitted by: **Dr. Mohammad Al Bataineh**

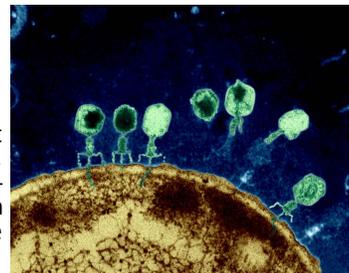
Scientists have known for decades that what we eat can change the balance of microbes in our digestive tracts. Choosing between a BLT sandwich or a yogurt parfait for lunch can increase the populations of some types of bacteria and diminish others—and as their relative numbers change they secrete different substances, activate different genes and absorb different nutrients. And those food choices are probably a two-way street. Gut microbes have also been shown to influence diet and behavior as well as anxiety, depression, hypertension and a variety of other conditions. But exactly how these trillions of tiny guests—collectively called the microbiome—influence our decisions on which foods to stuff into our mouths has been a mystery. Now neuroscientists have found specific types of gut flora help a host animal detect which nutrients are missing in food, and then finely titrate how much of those nutrients the host really needs to eat. “What the bacteria do for appetite is kind of like optimizing how long a car can run without needing to add more petrol to the tank,” says senior author Carlos Ribeiro, who studies the eating behaviors of *Drosophila melanogaster*, a type of fruit fly, at Champalimaud Center for the Unknown in Lisbon. In a paper published in *PLoS Biology* Ribeiro and his team demonstrated how the microbiome influences drosophila’s nutritional decisions. First, they fed one group of flies a sucrose solution containing all the necessary amino acids. Another group got a mix that had some of the amino acids needed to make protein but lacked essential amino acids that the host cannot synthesize by itself. For a third group of flies, the scientists removed essential amino acids from the food one by one to determine which was being detected by the microbiome. After 72 hours on the various diets, flies in the all three groups were presented with a buffet offering their normal sugary solution alongside protein-rich yeast. The researchers found that flies in the two groups whose diet lacked any single essential amino acid got a strong craving for yeast to make up for the missing nutrients. But when scientists increased five different types of bacteria found in the flies’ digestive tracts—*Lactobacillus plantarum*, *L. brevis*, *Acetobacter pomorum*, *Commensalibacter intestini* and *Enterococcus faecalis*—the flies completely lost the urge to eat more protein. The researchers found the flies’ amino acid levels were still low, indicating the bacteria were not simply replacing nutrients missing from the flies’ diet by producing the amino acids themselves. Instead, the microbes were functioning as little metabolic factories, transforming the food they got into new chemicals: metabolites that the researchers believe might be telling the host animal it could carry on without the amino acids. As a result of this microbial trick, the flies were able to continue reproducing, for example—even though an amino acid deficiency usually hampers cell growth and regeneration, and therefore reproduction, Ribeiro explains. Two kinds of bacteria were particularly effective in influencing the appetite of flies this way: *Acetobacter* and *Lactobacillus*. Increasing both was enough to suppress the flies’ protein cravings and increase their appetite for sugar. These two bacteria also restored the flies’ reproductive abilities, indicating their bodies were carrying out normal functions that typically get restricted when there is a nutritional deficiency. “How the brain handles this trade-off of nutritional information is very fascinating, and our study shows that the microbiome plays a key role in telling the animal what to do,” Ribeiro says. Next the team removed an enzyme needed to process the amino acid tyrosine in flies, making it necessary for the flies to get tyrosine via their food, just like other essential amino acids. Surprisingly, they found that *Acetobacter* and *Lactobacillus* were unable to suppress the craving for tyrosine in the modified flies. “This shows that the gut microbiome has evolved to titrate only the normal essential amino acid intake,” Ribeiro explains. The research adds a new perspective on coevolution of microbes and their hosts. “The findings show that there is a unique pathway that has coevolved between animals and the resident bacteria in their gut, and there is a bottom-up communication about diet,” says Jane Foster, who is a neuroscientist at McMaster University in Ontario and not associated with the study. Although the study does not specify the exact mechanism of communication, Ribeiro thinks it could take various forms. Strong evidence from the study indicates microbially derived metabolites carry information from the gut to the brain, telling the host whether it needs a particular kind of food. “One of the big evolutionary mysteries is why we lost the ability to produce essential amino acids,” he says. “Maybe these metabolites gave animals more leeway to be independent of these nutrients, and to deal without them sometimes.” Microbes may also have their own evolutionary reasons for communicating with the brain, he adds. For one thing, they feed on whatever the host animal eats. For another, they need host animals to be social so the guests can spread through the population. The data is limited to animal models so far but Ribeiro believes that gut–brain communication can provide fertile ground for developing treatments for humans in the future. “It’s an interesting therapeutic window that could be utilized to improve behaviors related to diet one day,” he says.

Source: *Scientific American*

Resistant Superbugs Meet Natural Foe in Phage Therapy

Submitted by: **Dr. Mohammad Al Bataineh**

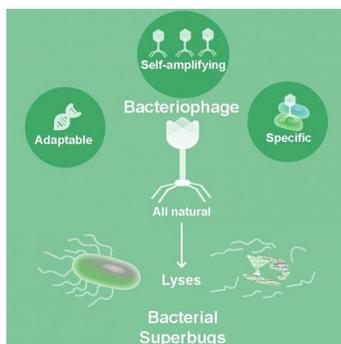
When people get sick, they often think of bacteria as the cause of their illness and wouldn't even begin to think of bacteria as having the capability of becoming infected themselves. Yet, scientists have known for decades about viruses that specifically attack bacteria—called bacteriophages or phages for short. Originally proposed as a therapeutic tool by French-Canadian microbiologist Félix d'Herelle in 1926, looking at these viral invaders again may help solve the growing problem of bacterial infections that are resistant to antibiotic treatment.



This is exactly what investigators at Baylor College of Medicine and the Michael E. DeBakey Veterans Affairs Medical Center have been researching, releasing their new findings that phages can effectively reduce bacterial levels and improve the health of mice that are infected with deadly, antibiotic-resistant bacteria. The results of the study were published recently in *Scientific Reports* in an article entitled "Bacteriophages from ExPEC Reservoirs Kill Pandemic Multidrug-Resistant Strains of Clonal Group ST131 in Animal Models of Bacteremia."

"Our research team set out to determine whether phages can be effective at killing a large group of bacteria that have become resistant to antibiotics and cause deadly diseases in people," explained senior study investigator Anthony Maresso, Ph.D., associate professor of molecular virology and microbiology at Baylor. "We are running out of available options to treat patients who have these deadly bacterial infections—we need new ideas."

According to the National Institute of General Medical Sciences, sepsis affects more than 1 million people in the United States every year. About 50% of patients with sepsis die—outnumbering the U.S. deaths caused by prostate cancer, breast cancer, and AIDS combined. Antibiotic treatment usually can control bacterial growth and prevent the deadly consequences of sepsis, but an increasing number of bacteria are becoming resistant to antibiotics. As resistance continues to climb, the number of sepsis cases per year is increasing, which underscores the need for new strategies to fight bacterial infections.



"The driving force behind this project was to find phages that would kill 12 strains of antibiotic-resistant bacteria that were isolated from patients," noted co-author Robert Ramig, Ph.D., professor of molecular virology and microbiology at Baylor. "As the virologist on the team, my first contribution was to go phage hunting. I have a number of phages in my lab, but none of them killed the antibiotic-resistant *Escherichia coli* we were working on—the sequence type 131, currently pandemic across the globe."

Interestingly, birds and dogs often carry the bacteria the researchers were interested in, and may be one environmental reservoir of these pathogens. They also carry phages specific for those bacteria, so the research team went phage hunting in local parks and bird refuges to collect avian and canine feces.

"We isolated a number of phages from animal feces," said Dr. Ramig. "No single phage would kill all the 12 bacterial strains, but collectively two or three of those phages would be able to kill all of those bacteria in cultures in the lab."

This allowed the researchers to move on to the next step—determining whether the phages also would be able to kill the antibiotic-resistant bacteria in an animal model of sepsis. One of the animal models the researchers worked with mimics how cancer patients develop potentially life-threatening infections during their cancer treatment.

"A number of cancer patients who undergo chemotherapy sometimes develop infections that come from bacteria that normally live in their own gut, usually without causing any symptoms," remarked lead study author Sabrina Green, a graduate student in the molecular virology program at Baylor. "Chemotherapy is intended to kill cancer cells, but one of the side effects is that it suppresses the immune system. A suppressed immune system is a major risk factor for infections with these bacteria, which sometimes also are multidrug resistant."

Using immunosuppressed mice, the researchers were able to determine if the phage viruses could keep the antibiotic-resistant bacteria in check.

"When the phages were delivered into the animals, their efficacy in reducing the levels of bacteria and improving health was dramatic," Dr. Maresso stated. "What is remarkable is that these 'drugs' were discovered, isolated, identified, and tested in a matter of weeks, and for less money than most of us probably spend in a month on groceries."

Phages are very specific for certain species or strains of bacteria but can be made broadly acting via cocktails, if desired. Thus, unlike antibiotics, using phages may not be associated with some of the side effects observed, such as clearing beneficial intestinal microbiota. They also don't infect human cells. Another advantage over antibiotics is that phages can evolve. Should resistance develop against one set of phages, new phages can be identified in the environment or evolved in the laboratory in a matter of days.

"On the other hand, an antibiotic is a chemical; it cannot change in real time," Dr. Maresso concluded. "It may take years to develop a new antibiotic and at costs that can run into the billions. But a phage can evolve to efficiently kill a resistant strain and then be propagated. It gives me great personal satisfaction when I think of the irony of this—the next antibacterial treatment may use the very same mechanisms bacteria have been using against us for 60-plus years now."

Source: *GEN News*

Manuka honey could stave off catheter-associated UTIs

Submitted by: **Hiba Barqawi**

Manuka honey has long been hailed as a health food, with a number of studies reporting its antibacterial and anti-inflammatory properties. Now, a new study provides further evidence of such benefits, after finding it can halt the development of bacterial biofilms - groups of microorganisms that can adhere to surfaces and facilitate transmission of infections.



Study co-author Bashir Lwaleed, of the Faculty of Health Sciences at the University of Southampton in the United Kingdom, and colleagues report their findings in the *Journal of Clinical Pathology*.

Manuka honey is produced by bees that pollinate the Manuka tree, native to New Zealand. While a delicious, albeit expensive food, previous research has suggested Manuka honey also offers health benefits. The strongest evidence is for its antibacterial properties; a 2012 study, for example, suggested Manuka honey may be effective against chronic wound infections caused by *Streptococcus pyogenes*. For their study, Lwaleed and team set out to determine whether Manuka honey has the potential to prevent the development of bacterial biofilms.

Diluted Manuka honey reduced bacterial 'stickiness' by up to 77 percent. After 48 hours, the team found the lowest concentration of Manuka honey reduced the "stickiness" of *E. coli* and *P. mirabilis* bacteria by 35 percent - an indicator of reduced biofilm development - compared with plain medium honey or artificial half-strength Manuka honey. After 72 hours, the team found the highest dilution of honey - 16.7 percent - had reduced the stickiness of bacteria by 77 percent, and all other dilutions had reduced stickiness by at least 70 percent by that point.

In terms of biofilm growth, the researchers found all concentrations of Manuka honey had reduced growth after 4 hours; the highest concentration decreased growth by 38 percent after 4 hours, increasing to 46 percent after 24 hours. The higher concentrations had an even stronger effect on biofilm growth after 48 hours, the team reports, but this was not the case with the 3.3 percent and 6.6 percent concentrations.

The researchers caution that their study has only shown how Manuka honey can reduce biofilm development or growth in laboratory conditions, so further studies are warranted to determine how the honey fares against bacteria in real-world settings. "However, the model used demonstrates a capability of honey to inhibit the formation and early development of biofilms on solid plastic surfaces at concentrations that are not unduly viscous," they add. Adding honey to diet is 'unlikely' to help fight infection.

Lwaleed said the results could be beneficial for patients fitted with urinary catheters; according to the Centers for Disease Control and Prevention (CDC), of all hospital-acquired urinary tract infections, 75 percent are related to a urinary catheter.

Asked whether adding Manuka honey to the diet may help fight infection, Lwaleed said that it is unlikely. "One of the reasons for using it in the bladder is that it is essentially a topical application, almost, if you will, an 'external' use comparable to current cutaneous use (impregnated in wound dressings, for example)," he explained. "The bladder wall structure and physiology is geared to preventing passage of substances from the urine into the body or the blood circulation, and the bladder lumen essentially is more or less in direct communication with the environment. The caveat here is that bladder wall integrity may be partially compromised in disease states, so tolerability studies will need to include patients with some degree of bladder irritation or dysfunction".

Source: MNT

Lessons From Top Cardiologists: What Makes a Physician Leader?

Submitted by: **Dr. Azma AbdulMalek.**

By: Tricia Ward, March 06 2017 Medscape

What does it take to be a leader in medicine? More than 40 world-leading cardiologists have shared their insights in interviews over the past several years. We collected their ideas to reveal the keys to their success.

Rocky Beginnings

If you didn't go to an Ivy League school or weren't top of the class, that doesn't mean that you have no hope of reaching the higher echelons of medicine. When the man who quite literally wrote the book on cardiology, Dr Eugene Braunwald, was asked about mentoring people to become leaders, he revealed that he is more impressed by "what knowledgeable people say about the candidate rather than [them] having gone to the best schools or having the highest grades." Like so many medical students, Dr Richard Schatz was accustomed to being an A student, but he often found himself in the bottom half of his medical school class. He went to the dean in a panic, concerned that he might not be able to cut it. As he recalls, the dean told him, "It's real simple, Richard. You're really just not as smart as you think you are." The dean then advised him to "relax—we picked you for a reason." After his initial shock, Dr Schatz said that he felt relieved. He went on to develop the eponymous Palmaz-Schatz coronary stent. Fellow cardiovascular innovator Dr John Simpson, who invented the first over-the-balloon catheter for use in coronary angioplasty, applied to several medical schools and was rejected by all of them. He worked as a bank teller until he was fired for losing golfer Jack Nicklaus' US Open winnings check. Yet Simpson didn't give up; he studied immunology and applied to medical school again, getting into Duke on his second try. Mayo Clinic's Dr Bernard Gersh admits that he enjoyed the extracurricular aspects of medical school a bit too much and had to repeat his first year (something that wouldn't be allowed today, he noted). He was on the verge of flunking when a close friend was involved in a car accident after partying. "I got called in the early hours of the morning and had to go and identify him.... He died, and it was a wakeup call." Dr Gersh knuckled down to his studies and went from 121st in a class of 122 medical students to top of the class.

Determination

Regardless of class placement, all of these top docs showed grit and determination in their career pursuits. In the 1970s, Dr Ray Gibbons remembers telling a Harvard admissions representative that he wanted to be a clinical investigator in cardiovascular diseases in a major academic center; the rep rebuffed that goal as a ridiculous idea. At that time, there was no clear career path in academic medicine, but Dr Gibbons got the last word. "I haven't ever followed up to see what became of him, but I know what became of me," he said, "and I ended up doing exactly what I said I would do." This former president of the American Heart Association (AHA) received its Distinguished Leadership award in 2007. **When I take risks, I want them to be big risks.** Tehran-born American Dr Roxana Mehran's medical school plans were upended by anti-Iranian sentiment during the hostage crisis that began in November, 1979. Ignoring her advisor's recommendation to wait it out, she applied to over 65 US medical schools. She didn't get an interview for a single one, despite excellent grades. Unbowed, she went abroad to St George's University in Grenada; even the US invasion of that island didn't deter her from completing her studies. "I just said... I need to proceed because this is what I want to do," explained Dr Mehran, who is now a leading researcher in the field of interventional cardiology.

Try Again, Fail Again, Fail Better

Exploring new areas of medical research will bring you up against the naysayers, so it helps to have a thick skin. Professor Keith Fox learned this the hard way. When he gave a presentation at the AHA scientific sessions on the potential role of thrombolysis in myocardial infarction, he was mocked by a famous pathologist who called the blood clot a "post-mortem artifact." At that time, medical students were taught that blood clots had no role in heart attacks. Prof Fox oversaw a reduction in heart attack deaths through the use of evidence-based care as co-chair of the Global Registry of Acute Coronary Events (GRACE) program. Skeptics doubted the potential of balloon angioplasty in treating coronary artery disease: "Our colleagues laughed at it and said, 'You're wasting your time, this will never work.' But we pursued it," noted Dr Carl Pepine, who published one of the first studies suggesting that angioplasty could be a reasonable alternative to lytic therapy in patients with myocardial infarction. Dr Judith Hochman was principal investigator of a groundbreaking trial in patients with cardiogenic shock. But getting there wasn't all smooth sailing, and she emphasized the need to be tenacious: "The SHOCK trial took me three submissions to the National Institutes of Health to get funding. The first time it was reviewed, it was sent back 'NRFed'—not recommended for further consideration. That's how poor that one was." **Don't get discouraged by the different obstacles that fate puts in your way.** Dr Martin Leon explained that he believes in the "Teddy Roosevelt philosophy" to dare greatly. "When I take risks, I want them to be big risks, so if I succeed, I can succeed in an important way. If I fail, I fail." This approach served him well in helping to bring transcatheter aortic valve replacement (TAVR) into US practice in 2011. The AHA included TAVR on their list of top ten advances in cardiology that year. Dr Simpson—the bungling bank teller—reflected that being an innovator is not for everyone. "Many would like to just keep doing it the way we've always done it. It's easier and simpler." He described himself as having a pretty high threshold for disappointment in his pursuit of novel coronary devices.

Fate and Resilience

Personal setbacks often pose even more challenges than professional ones. An "unexpected hard stop in our life," is how Dr Clyde Yancy described his wife's diagnosis of breast cancer. After she died, he had to face life as a single dad to two young daughters. "You can either look at these experiences and shrink away and just say, 'I don't want to re-engage,' or you can learn from those experiences... and keep trying to square your shoulders and move forward," he said in 2010.

Dr Salim Yusuf had similar advice: "Don't get discouraged by the different obstacles that fate puts in your way," he said in his 2009 interview. Dr Yusuf learned this after undergoing chemotherapy for testicular cancer while also running one of the first big clinical trials in cardiology. "I can't say it was particularly brave. I was frightened. I even broke down a couple of times. But something kept me going. Maybe it [the trial] was a distraction." Fate can also bring opportunity. Dr Kim Eagle has held numerous leadership positions within the American College of Cardiology (ACC), but it was his prowess at fly fishing that got him started. While working as a fly fishing guide, he met a philanthropic business man, Don Hopkins, who became his mentor. "He helped my parents pay for college, and then when I got into medical school..., this fellow decided that I was a good investment for him, and he funded my medical school." Coming from a family of four kids and one math teacher salary, Dr Eagle doubts that he would have become a physician without this support. Dr Magnus Ohman credits pure chance for kick starting his career as a clinical trialist. "I was at a wedding with [investigator] Peter Sleight in Ireland, and he said they needed a man in Ireland—so I became the man in Ireland." That led to his involvement in the ISIS trial on lytic therapy in acute myocardial infarction.

The Pursuit of Knowledge

While he was undoubtedly lucky to have opportunity knock at his door, Dr Ohman could not have taken advantage of this chance encounter if he hadn't already taught himself about research—a subject that wasn't included in his medical training. "The first book on statistics that I read was Stuart Pocock's book [Clinical Trials: A Practical Approach]. I read that and started learning about research," he relayed in his 2014 interview. This continual pursuit of knowledge is another hallmark of these leading docs. All of us, at some stage in our career, are part of a social contract where we need to give back. Adding more strings to your bow need not be limited to clinical information. Heart failure expert Dr Ileana Piña already has an MPH in addition to her medical degree and is now considering an MBA program. Her reasoning: "Physicians are terrible business people.... We're being faced with all these models of care: medical home, bundled payments, accountable care organizations. Do any of us really understand what they mean? I'd like to learn more."

Find a Mentor, Be a Mentor

A common theme among these profiled doctors is that they received guidance and support from those higher up the academic food chain. "People don't realize the importance of a mentor. Somebody who really believes in you or somebody who is committed to you...these are critical people who really model your life," commented Journal of the American College of Cardiology editor in chief Dr Valentin Fuster. Being a mentee is not just for the early career physician. "There is a chair of the Department of Medicine at a major university who is mentoring me as I learn this," noted Dr Anne Curtis in 2011, as she prepared to take on that job at the University at Buffalo. As much as these leaders are grateful for their mentors' guidance as they scaled the heights of their careers, many are careful not to pull the ladder up behind them. "All of us, at some stage in our career, are part of a social contract where we need to give back," explained Dr Paul Armstrong, founding president of the Canadian Academy of Health Sciences. Cardiovascular textbook author Dr Braunwald agrees, admonishing mentors not to compete with their mentees. "That comes up much more in the research world than in the clinical world." An example of good practice is that of Philip Poole-Wilson, the late professor of cardiology from Imperial College in London, who was incredibly influential to Professor John McMurray during his training in Glasgow. "People could have seen Glasgow and London as rivals in the heart failure sphere, but Philip was absolutely not like that," recalled Prof McMurray. In that spirit, McMurray is happy to continue the tradition. "When I see all of these young people coming along below me, they are so much brighter, so much smarter, so much better than I was.... It is a privilege for me to try to help them." **I think clinicians as well as academicians can sort of run out of steam because they work too hard.** Stanford Chair of Medicine Dr Bob Harrington credits a fellow blue-collar premed student with getting him back on track when he "was adrift" after his mother's death. "Michael [Collins] took me under his wing.... He believed in this notion of pay it forward." Now that Dr Harrington is the experienced mentor, he suggests that "you have to guide people, but you can't tell them what to do. You have to let them find where they're going." Mentoring is not the only way to give back. Dr Eagle, our fortuitous fly fisherman, started Project Healthy Schools after learning that his son's school had canceled recess in favor of "tater tot day." He embarked on many other philanthropic endeavors including a recycling program for pacemakers "fueled by my own experience where one person made a huge difference in my life," he explained in 2016.

Work Hard, But Not Too Hard

All of these consummate cardiologists may have been dedicated to their work, but not to the exclusion of extracurricular interests. Many of them had alternative passions, most often sports. "My other dream was to be a center fielder for the New York Yankees," noted Brooklynite Dr Leon, who ran the 100-meter dash in his youth. Bostonian Dr Harrington's off-field sports dream is to be a radio commentator for the Boston Red Sox. "I tell people that the three things that are most important in my life are my family, my job, and the Boston Red Sox.... Some days my wife will ask if they really go in that order." Former ACC President Dr Patrick O'Gara played baseball at Yale "when there were fewer people twice my size competing." Later, he was president of the local community little league team that his sons played on. Before fleeing Austria in 1938, Dr Braunwald's parents took him to the Vienna Opera, instilling a lifelong love of music. The eminent cardiologist took an opera course at New York University with a professor who had a connection at the Met. "I made my debut carrying a spear in Aida. It was a dollar a night, which, with current rates of inflation, would be about \$500." University of Buffalo Chair of Medicine Dr Curtis has been an avid tennis player over the years. "It is a great stress reliever, in a way, to just focus on something completely different," she said. Horse riding and travel helped Dr Suzanne Oparil refuel during her time off. "I think clinicians as well as academicians can sort of run out of steam because they work too hard," warned the hypertension expert. Dr O'Gara echoed her concern. "We don't want a work force fatigued, narrowly focused, always thinking about career." When former World Heart Foundation President Dr Sidney Smith was asked if you had to have a huge ego and/or be a jerk to be a good leader, he replied that, "Charisma is an important factor in leadership, but good leaders are good listeners, and good leaders understand their people." A universal recommendation from these top docs for the next generation of medical leaders is to follow your passion. "I tell them to go where they think that they will have fun. Don't try to figure out where the money will be or where the success will be," said Dr Ohman in 2014. SHOCK trialist Dr Hochman concurred. "Follow your passion. Work hard. Become part of a team." Dr Fuster tells fellows: "You have to work on a project that is risky and is going to make your life if you succeed." Dr Nanette Wenger, who entered Harvard Medical School in 1954 when women doctors were a rarity, recommends stepping outside of your comfort zone to investigate unexplored areas in medicine. "If you believe in yourself and believe in what you're doing and begin the investigation, you then become the leader in the area—the go-to person," she advised.

To Post It, Or Not To Post It... That's The Qs!

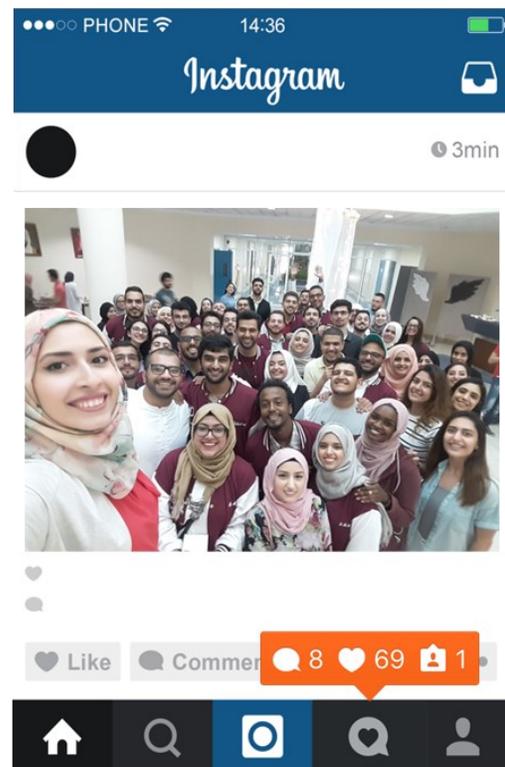
Written by: **Dr. Heba Walid Mohammed**

Are we using social media to feed our ego? Have you ever shared a photo and kept logging in to check how many “Likes/Comments” you got? Has it ever occurred to you that the photos you have been sharing may have affected the mental well-being of someone else? Many of us do portray our daily life activities by different means through social media. Photo-led sites, namely Snapchat, Instagram and to a lesser extent Facebook, have grabbed the attention of adolescents and young adults and orchestrated their lives in a manner where they are racing nowadays to gain social approval based on the number of “Likes” they get.

A great deal of research has been conducted so far relating social media to human psychology. A study in 2013 by the University of Michigan deduced that frequent use of social media might be linked to narcissism. Recent studies focused on the impact of Facebook on mental health. The most significant study was conducted by experts at 2 German universities, Berlin's Humboldt University and Darmstadt's Technical University. The study concluded that Facebook can make you feel socially isolated and miserable because seeing friends' happy pictures triggers feelings of envy. They claim one in three people feel worse after visiting the site and that their 'general dissatisfaction' with life had increased. The German researchers studied 600 people and found that those who browsed without contributing were more likely to feel bad afterwards. Positive images of friends enjoying holidays, commenting on their happy lives or simply posting pet pictures was enough to trigger feelings of jealousy. The Facebook test group said what riled them most were happy holiday snaps of 'Facebook friends' followed by gushing prose of fabulous lives, great jobs and cracking social diaries. The academics added people who surfed a lot on such sites were in danger of becoming socially isolated and depressed.

However, Facebook is not the frenemy with the most heads. That title goes to Instagram, the only rightful Colosseum for the gladiatorial battle of selfies. Being exclusively image-driven, Instagram provokes immediate social comparison that can trigger feelings of inferiority. Experts have defined an “envy spiral” peculiar to social media. By seeing beautiful photos of friends on Instagram, one would compensate by self-presenting with even better photos. Self-promotion triggers more self-promotion, and the world on social media gets further and further from reality. Having said that, Instagram creates a purer reality-distortion field since it is image-based. One spends so much time creating flattering, idealized images of him/herself, sorting through hundreds of images for that one perfect picture, but he/she doesn't necessarily grasp that everybody else is spending a lot of time doing the same thing.

Nevertheless, no one can deny the fact that taking pictures captures memorable moments. It requires some wisdom though when it comes to sharing personal life details through the social media without fishing for social approval. It is my turn now to take some selfies!



FASTING DURING EXAMS?

Here's how students can manage fasting during exams as Ramadan falls in the summer months

Plan, Plan, Plan:

Planning your time out is essential, even more so than normal. Develop a timetable that works for your routine and commitments. Use your breaks from studying in a productive way by reading some Quran or spending time listening to a beneficial talk

Be realistic:

While you may want to do every act of worship, attend every family gathering and events at the local mosque, you have to be honest to yourself. Set realistic goals for Ramadan and aim to work towards them slowly throughout the month

Eat well:

Ensuring you have a healthy, balanced diet is essential. Drink plenty of water as dehydration will cause difficulty in concentrating and that will of course cause problems with revising

Sleep well:

Schedule short power naps if you are able to. Take scheduled breaks to take a walk to wake yourself up. Try to sleep as much as you can when it is dark as this will help keep your sleeping pattern as regular as possible



Featured Faculty– Recruitment

We welcome the following new faculty to our college:

Prof. Saleh Ibrahim, MD

recently joined SIMR-College of Medicine
holds the position of Professor in Immunology/Genetics
Joint appointment: Professor of Genetics, University of
Lübeck, Germany



Since finishing his medical training in Egypt, Dr. Ibrahim has been studying autoimmunity for the last 20 years. He started this research at the Department of Bacteriology and Immunology of the Helsinki University (Finland) with a doctoral thesis in immunology, studying the potential influence of bacterial surface proteins on the B cell repertoire. He then moved to the Department of Molecular Biology at Princeton University (USA), where he studied the genetic basis and molecular mechanisms of B cell tolerance and received his training in molecular genetics. In 1997 he moved to the Institute of Immunology, University of Rostock (Germany), where he established an independent research group studying the genetic basis of autoimmune diseases. There he also established a transgenic animal unit and developed novel experimental models, e.g. the mitochondrial mutant mice resource. In 2008 he moved to the University of Lübeck as a professor of genetics. Since then his group has focused on studying the role of mitochondrial genome and gene-microbiota interactions in the pathogenesis of autoimmune diseases.

Selected Research Projects:

- Host genome-microbiota interaction and its influence on chronic inflammation in the mouse
- The Genetics of Bullous Pemphigoid
- The Genetics of Autoimmune Pancreatitis
- Systems Biology of Skin Inflammation in Mice
- Mitochondrial Genome Variations in metabolic and autoimmune diseases

We welcome Prof. Saleh and wish him the best of luck in his projects!

Faculty & Staff Achievements, Awards and Special Recognition

CONGRATULATIONS!

We would like to congratulate **Professor Qutayba Hamid** on being appointed as Vice Chancellor for the Colleges of Medicine and Health Sciences. We wish him all the best in this new position and on his journey of success.



Publications:

- **Professor Salman Guraya** recently had the following publications:
 - * **Salman Y. Guraya**, Hamdi H. Almaramhy. Mapping the factors that influence the career specialty preferences by the undergraduate medical students. Saudi J Biolog Sc 2017; <http://doi.org/10.1016/j.sjbs.2017.03.019>
 - * Yasir Elhassan, **Salman Y. Guraya**, Hamdi Almaramhy. The prevalence, risk factors, and outcome of surgical treatment of acute perianal abscess from a single Saudi hospital. Biosc Biotech Res Asia 2017; 14 (1): 153-59
- **Dr. Iman Talaat** has been granted a fund of 40,000dhs for the Seed Research Grant (New Faculty) from the University for a research project entitled: 'Role of miRNA-16 Expression in Cutaneous T- cell Lymphomas (CTCLs) and its Relation to Apoptosis Related Genes (bcl2, survivin)'
- **Dr. Eman Abu-Gharbieh** has been granted a fund of 40,000dhs for the Seed Research Grant (New Faculty) from the University for a research project entitled: 'Targeting of PI3K-FoxO-Survivin axis with different flavonoidal compounds to overcomes trastuzumab resistance in on BT474 HER2-overexpressing breast cancer cell line'.

And recently published the following paper:

- * **Abu-Gharbieh E.** and Shehab NG. "Therapeutic potentials of Crataegus azarolus var. eu-azarolus Maire leaves and its isolated compounds". BMC Complement Altern Med. 2017 Apr 18;17(1):218
- **Dr. Ahmed El-Serafi** recently had two poster presentations in the International society for Stem Cell Research:
 - * Investigating the Role of DNA Demethylating Agent 5-Aza-2-Deoxycytidine and Histone Deacetylase Inhibitor Suberanilohydroxamic Acid in Stem Cell Differentiation into Beta Cells. Poster presentation in Translational Opportunities in Stem Cell Research; ISSCR, Basel Stem Cell Network and StemBANCC 2017 International Symposium, Basel Switzerland, 2017.
 - * Modulation of Adipogenesis by the Epigenetic Modifiers 5-Aza-Deoxycytidine and Suberoylanilide Hydroxamic Acid. Poster presentation in Translational Opportunities in Stem Cell Research; ISSCR, Basel Stem Cell Network and StemBANCC 2017 International Symposium, Basel Switzerland, 2017.

And an accepted manuscript:

- * Mai Tolba, **Ahmed El-Serafi** and Hany Omar (2017). Caffeic acid phenethyl ester protects against glucocorticoid-induced osteoporosis in vivo: Impact on oxidative stress and RANKL/OPG signals. Toxicology and Applied Pharmacology 324: 26–35.

Student Corner

MSA Walk Away from Obesity (4th April 2017)

The community committee of MSA, with the help of the various other committees, organized a walkathon titled "Walk Away from Obesity" to raise awareness about metabolic syndrome. Students and doctors walked around campus in a lively atmosphere of exercise and music. There were light snacks at the end to celebrate the finish line. It was the perfect balance of healthy and fun.



MSA Book Carnival (9th April 2017)

Adventures, ideas, thoughts and feelings can sometimes transcend our real world. That's why the MSA's Innovation and Creation committee held the first ever Book Carnival, where passionate students described their favourite books in an intimate setting. There was something for everyone; self-motivation, fantasy, real stories, and even self-written books. In addition, the central area of M27 was decorated with paintings and a creative photo booth to further set the students' imaginations free.



MSA Emergency Medicine Event (12th April 2017)

The last event of the year by MSA was the Emergency Medicine event, also the first of its kind. **Dr. Lubna Saffarini** and **Dr. Nour Sabobeh**, graduates from our College and currently working at Rashid Hospital in Dubai attended and Dr. Lubna gave an interesting talk about her experience with emergency medicine that resonated well with a lot of the students. In addition, there was a competition where teams from each batch competed against each other in answering questions related to emergency and first aid protocols. There were questions, demonstrations, and even acting involved! In the end, it was the Year 4 team that prevailed as the winner.



MSA General Assembly and Ethnic Dinner (17th April 2017)

To conclude the academic year, the MSA held its last general assembly where the distinguished members of the month, as well as the member, head and committee of the semester were recognized for their hard work and passion. In addition, 5 ambitious students who applied to become the MSA's president next year tried to convince students why they were the best candidate. MSA members then voted for their favourite candidate, once anonymously after hearing their plans, and once after hearing them talk personally. After tallying the scores, the new president was announced: congrats to **Tala Tillawi**, currently a year 4 student, on being elected as the new MSA president for the academic year 2017-2018.

As the very end, the MSA held a huge Ethnic Dinner, where everyone enjoyed socializing to delicious food from various countries. It was the perfect celebration of a wonderful year filled with incredible achievements and memories.



UOS Explore: A step forward

From an idea on a dinner table that hoped to broadcast the hidden voices of many inspiring people; UOS explore was born. Last year was when the event saw light for the first time, where its concept was to be “from the students, to the students, for the students” and it had over 700 attendees and gained a large fan base; hence, the legacy had to be continued. With the hard work, determination and innovation of this year’s organizers, the event that took place on Thursday, 27th of April 2017, was, once again, a great success.

The process to getting this year’s participants was not an easy one, however, with most of the auditions being in the Medical College, it was efficiently and skillfully handled. The event kicked off with the guests having a tour around the booths that were set up outside the hall; each holding various stories, concepts and innovative ideas ranging from artwork to emphasis over the importance of volunteering, as our fellow colleague in the medical college, Lujain Al Mubarak, depicted so splendidly.

As the national anthem was played and Quran was recited, the host, **Abdullah Malek** (Year 2 medical student) introduced HH Shaikh Sultan Bin Khalid Al Qassimi where he gave his truly motivational speech titled “The Age of Knowledge Economy: The Road Forward”. Several speakers after that followed, starting with **Alaa Al Amin** (4th year medical student) giving speeches that touched the hearts of many and was delivered with enough pent up energy to crumble the highest of walls if it had the ability to hear. Intertwined, was two short segments that played along the same notes of the beautiful song being orchestrated but with a change of rhythm, the first being portrayed via poetry and the second was an eye opening concept.

<i>First Guest Speaker</i>	HH Sultan Bin Khalid Al Qassimi
<i>First and second student speaker</i>	Alaa Hisham Al Amin: optimism & God's will. M. Mustafa: the struggle of a blind person throughout their lives
<i>First Filler</i>	Zaynab Osaid Kailani: poetry
<i>Third and Fourth Speaker</i>	Marya Moutaz Kattout: manage your relationships and the different views of love Sabal: Finding the light of the soul while believing in the gravitational rule of attraction
<i>Second Filler</i>	Abdulaziz Al Jabr: The true value of perspective
<i>Second Guest speaker</i>	Jameela AbdulHaq
<i>Fifth and Sixth student speaker</i>	Aisha AlJaberi: exploring the inner strength that leads to determination to chase their dreams Reinad Abu Rabah: exploring one's own inner self

As a part of our everyday life, we are faced with many hurdles that seem impossible to jump over, particularly with the increased load or burdens on our shoulders; that's where events like this come in play. Giving us a sense of appreciation to what we have and to what some of our own university mates are dealing with only to bring us together, strengthening the links between us and restoring a little bit of humanity within us. With that being said, special thanks goes to the team that was able to put all this together, to all the speakers that had the courage to channel their positivity to the rest of us, to the guests that honoured us with their humble presence and of course to the sponsors, especially, "National Paints" that boosted the event's potential. The night was suffused with shimmering vibes and warm feelings of hope, perseverance and faith for new beginnings and greater tendency for more amazing things in the near future until UOS Explore 2018.

Prepared by: **Abdulla Nidal**, UOS explore organizer (MSA representative) Year 1



Student Awards

Year 3 student **Mohamed Shaieb** was granted the **Sheikh Hamdan Award for Distinguished Academic Performance: University Student Category** by His Highness **Sheikh Hamdan bin Rashid Al Maktoum**, Deputy ruler of Dubai, Minister of Finance. This award is given annually to five male and five female students who are enrolled in higher education institutes around the UAE.



Student Sports Participation

The MSA's Football League Final was held between Year 4 and Year 2 teams on 16th April 2017. Year 4 won 3-2 after Penalty shootouts. **Dr. Nihar Dash** attended the game and congratulated and presented the winning team with the trophy.



Events-

Journal Club:

The College of Medicine is resuming the COM Journal Club (JC) Presentations Series. The JC is a monthly activity for the faculty members of the COM who are all welcome to participate by giving a monthly oral presentation.

On Wednesday 26th April 2017, **Dr. Ibrahim Eltayeb** reviewed an interesting article titled “Double-dorsal versus single-volar digital subcutaneous anaesthetic injection for finger injuries in the emergency department: A randomized controlled trial”. The next journal club meeting will take place on the 22nd May 2017 where **Dr. Adel Elmoselhi** will review and discuss a paper. The activities of the COM JC are coordinated by **Dr. Bashair Mussa**.



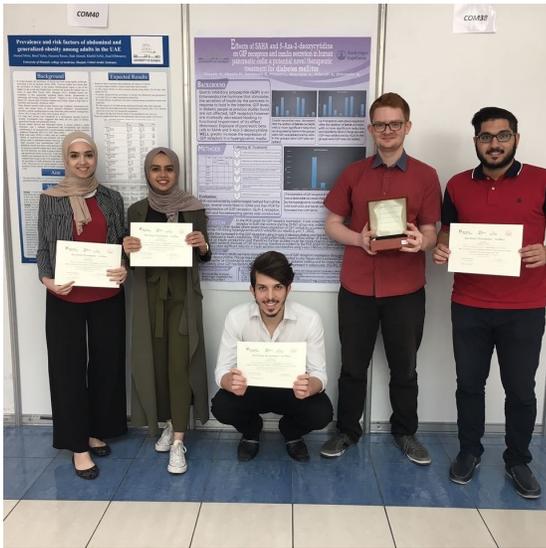
Student Based Research Week:

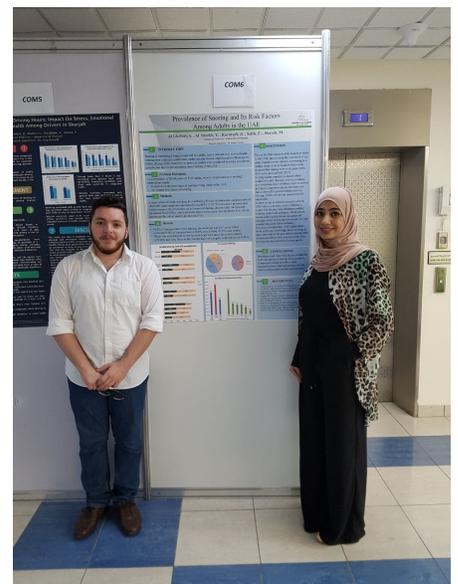
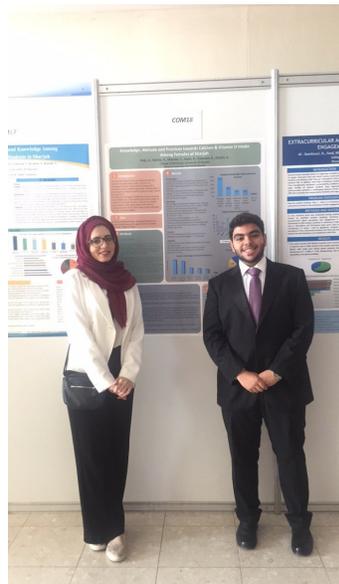
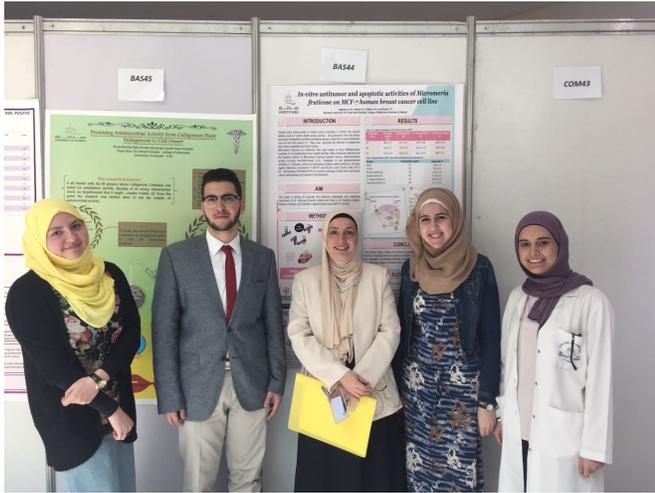
The Opening Ceremony was held on the 16th of April 2016 at Al-Razi Auditorium in the presence of the Chancellor **Prof. Hamid Al Naimiy**. This involved an introductory speech by our dean **Prof. Qutayba**, followed by talks by **Prof. Nabil Sulaiman**, **Prof. Azzam Magazachi** and medical students **Abdulla Wahba** and **Farah Hassan**. Then the Chancellor and the Dean presented students who had achieved awards, grants or publications for research achievements in the past academic year awards for their exceptional accomplishments.

Research Week took place over five days with a scientific program that included poster presentations and oral presentations by participants from our college and university as well as from universities and hospitals on a national scale.

This week was organized by the Research Committee at the College of Medicine and an organizing subcommittee was assembled which included: **Prof. Azzam Magazachi**, **Dr. Bashair Mussa**, **Dr. Mohammad AL Bataineh** and **Dr. Mena Al Ani**, **Mohamed Shieb**, **Abbas Jarrahi** and the **Medical Students Association**. They worked hard on planning this event, inviting medical, dental, pharmacy, health science and science students from the University of Sharjah as well as from other universities in the UAE to submit abstracts for oral and poster presentations and arranged for internal and external reviewers to assess the students work. This event culminated in an awards ceremony where the best posters/ presentations were selected and the students involved in these projects were awarded.







For any comments regarding this newsletter or suggestions for improvement please contact the Editor **Hiba Jawdat Barqawi** on hbarqawi@sharjah.ac.ae
[Ext: 7268](tel:7268)

Doctor's Orders

This Issue's "Doctor's orders" is submitted by: **Dr. Imad Khan**

If You Use Aluminum Foil, Stop It Right Now

We all use aluminum foil in the kitchen, for cooking, and wrapping, and we often use it to treat some common ailments. Yet, a recent study has found that there are some important things we do not know about this kitchen staple.



First of all, aluminum is a neurotoxic heavy metal that has severe side-effects on the function of the brain and has even been associated with Alzheimer's disease. According to medical experts, the exposure to this heavy metal might cause long-lasting adverse effects, including mental decline, and loss of balance, memory, coordination, and bodily control.

This study has found that cooking with aluminum foil affects the bones, as aluminum builds up inside the bones and takes the space of calcium, reducing its levels. Moreover, researchers have related cooking with aluminum foil with pulmonary fibrosis and other respiratory issues as a result of the inhalation of aluminum particles. The same effects are achieved in the case of grilling with aluminum.

Numerous people are still unaware of the fact that when aluminum foil is exposed to high temperatures, it emits parts of the metal into the food, and the heavy metal might leech in it.

Dr. Essam Zubaidy, a chemical engineering researcher at the American University of Sharjah, has evaluated the effects of aluminum on cooking and found that a meal cooked in aluminum foil can include up to 400mg of aluminum. This means that "The higher the temperature, the more the leaching. Foil is not suitable for cooking and is not suitable for using with vegetables like tomatoes, citrus juice or spices."

The RDA (recommended daily allowance) for aluminum, according to the World Health Organization, is limited to 60mg daily.
