



COLLEGE OF MEDICINE

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COLLEGE NEWS



HISTORICAL REMEDIES



ONE CRIME AT A TIME



WEIRD BUT TRUE



CLINICAL COMMOTIONS



MSA



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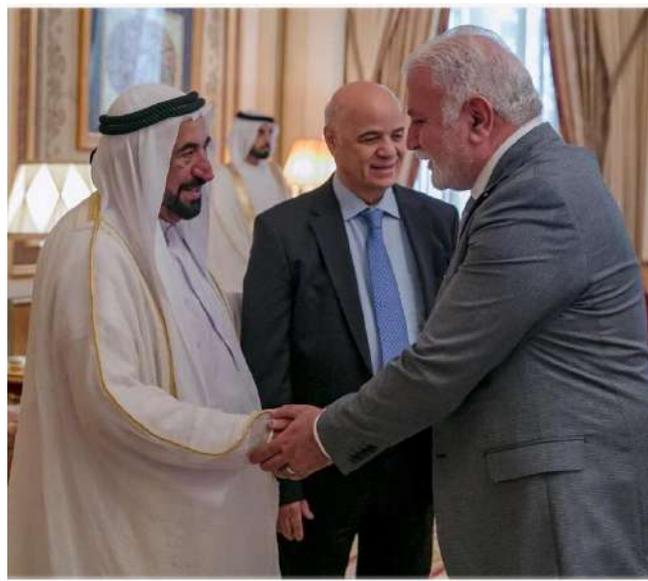
STUDENTS' CORNER



DOCTOR'S ORDERS

DEAN'S MESSAGE OF THE MONTH

We are nearly halfway through the semester, the college has been busy and I expect it will continue to be so with many upcoming events and student activities planned. Preparations for the Emirati German Congress in Medicine & Dentistry are well underway and it is looking very promising; I urge you all to attend this important event which is scheduled to be held soon. Prof. Hamid Al-Naimiy, Chancellor of the University of Sharjah recently met with the College Council members where he admired the extraordinary achievements of the College of Medicine including the excellent teaching, outstanding research, and productive community work. Since COVID-19, the campus has become digital and paperless. The college is currently utilizing a hybrid system. Many research grants have been acquired by our faculty members which is great news for our college on the research front. I look forward to seeing the results of those collaborative efforts.



Our students kept busy, not only with studying but also with activities outside their curriculum, in and outside the university. Some students have been volunteering in many organizations giving back to the community the way they can do best. They have represented the university and college very well. On another note, Prof. Lazarenko Victor, Rector of Kursk State Medical University recently visited us in Sharjah to discuss potential collaboration in teaching and research. Furthermore, an MOU was recently signed with G42, an artificial intelligence, and cloud computing company. As always, we will be working hard to provide the best education for our students, the best service for our community, and the best standard of research and clinical training.

COLLEGE NEWS

UOS signs MOU with G42

A Memorandum Of Understanding was recently signed with the Group 42 also known as G42, an artificial intelligence and cloud computing company founded in Abu Dhabi in 2018. The organization is oriented to the development of artificial intelligence industries in the government sector, healthcare, finance, oil and gas, aviation, and hospitality.



Visit by Kursk State Medical University delegates



Within the framework of the University of Sharjah's interest in research and scientific cooperation with many international academic institutions, Prof. Qutayba Hamid, Vice President of the University for Medical Colleges Affairs and Dean of the Faculty of Medicine at the University of Sharjah, met with Prof. Victor Lazarenko, President of the Russian State Medical University of Kursk. During the meeting, they discussed opportunities for joint cooperation in scientific, training, and research fields.



Recent Hospital Collaborations



In the pursuit of improving patient diversity while maintaining an exceptional learning experience, the College of Medicine has recently included a wide range of hospitals in its partnerships for training during clinical years. This decision has commenced after accepting an increased number of students in recent batches in order to ensure no compromise to the educational experience of the College's future graduates. New collaborations include the American Hospital in Dubai, NMC Royal Hospital Sharjah, Fakeeh University Hospital, Burjeel Hospital, and King's College Hospital. These partnerships have been a crucial step towards combating the current COVID-19 circumstances, which would have hindered the students' training otherwise.

University Medical Clinics



Under the directorship of Dr. Ali Shorbagi, the mission of the University Medical Clinics is to provide patient-centered care and services for disease prevention and health promotion. Currently, there are 5 full-time and 4 part-time specialist/consultant physicians, along with 11 nurses, providing health services to the University of Sharjah community. Specialties include General/Internal Medicine, Family Medicine, Obstetrics & Gynecology, Gastroenterology, Psychiatry, and Telemedicine (teleconsultations). Work is underway to expand services to other specialties.

The clinics can be accessed through different means:

- Specialized Medical Center (Men's clinic), Main Campus, M2
- Women's Clinic, Main Campus, W2
- COVID-19 Test Center
- Satellite clinics in Al-Dhaid, Khor Fakkan, and Kalba campuses
- Mobile clinic

Renewal of Partnership Between CSTC and CMR Surgical

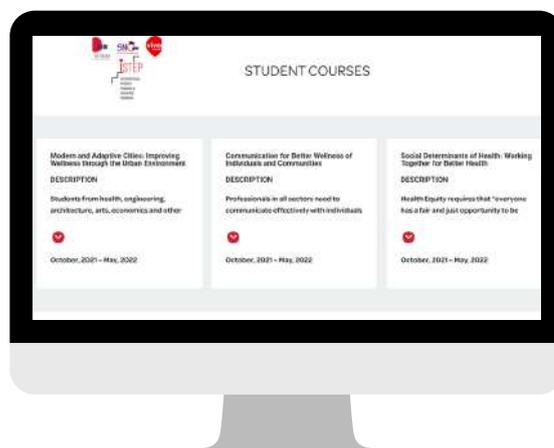
The University of Sharjah's Clinical and Surgical Training Center (CSTC) has renewed its Memorandum of Agreement with CMR Surgical in late September 2021. CMR Surgical is the UK's leading surgical robotics company, and the partnership has provided robotic solutions using minimal access surgery to over 100 practitioners since 2019. This partnership is under the patronage of Prof. Qutayba Hamid and Prof. Nabil Sulaiman, Director of the CSTC.



International Student Training & Exchange Program



Twenty students from the College of Medicine have been enrolled in the International Student Training & Exchange Program (ISTEPS). ISTEPS is a unique program designed by The Network: Towards Unity for Health (TUFH) Academy to connect students digitally. It creates an opportunity for students to experience international classrooms and multicultural collaborations, with more than 300 students enrolled worldwide. This participation also involved Dr. Mohamed Hassan Taha, Dr. Nihar Dash, and Dr. Ibrahim Eltayeb.



White Coat Ceremony



The College of Medicine held the White Coat Ceremony to celebrate the beginning of the medical journey for the students of Year 1 and Year 2. The ceremony took place in Al Razi Hall on two separate occasions commemorating the Year 1 students on Sunday, October 11th, and the Year 2 students on Thursday, October 14th. The event was planned by Dr. Basema Saddik and Dr. Hiba Barqawi together with the Medical Student Association, under the patronage of Prof. Qutayba Hamid, Dean of the College of Medicine and Vice-Chancellor of the Medical and Health Sciences Colleges. The faculty of the College of Medicine was also in attendance of this symbolic event and handed the students roses to hold as the students read out the oath promising their dedication and faithfulness to the practice of medicine.



Faculty Achievements



PLOS Global Public Health Editorial Board

Congratulations to Prof. Naveed Ahmed Khan for being chosen as an Academic Editor at the PLOS Global Public Health journal. The journal's mission is to highlight the inequities present in public health worldwide and aims to make research surrounding public health accessible to physicians, policymakers, and the community.

Webinars



Precision Medicine in the UAE



Dr. Maha Saber, Associate Professor of Pharmacology, presented a talk on the progress of 'Precision Medicine in the UAE'. The webinar was organized by the Ministry of Education as part of a community effort to introduce the idea of Precision Medicine. It was held on Monday, 18th October 2021.



Muscle Mechanics in Aging and Disease



In collaboration with the American Physiological Society and Aurora Scientific, Dr. Rizwan Qaisar presented a deep dive into the experimental protocols used to measure muscle function in both *in vivo* and *in vitro* research. It further explored the mechanisms associated with age-related disease. The links to the sessions are available on [Rizwan Qaisar - InsideScientific](#)

Interviews



Global Mental Health Day

Prof. Hamid Al Haj was interviewed by Sharqiya Kalba TV on the occasion of Global Mental Health Day on 10th October 2021. His talk explained what mental health is, how mental health problems can affect human wellbeing, and what we can do to improve it. The interview is available on: <https://maraya.sba.net.ae/episode/41206> and [صباح الشرقية / الضيف الدكتور حميد محمد الحاج - استشاري الطب النفسي - YouTube](#).

Al Sharqiya TV Interview

On Tuesday 28th September 2021, Dr. Balsam Qubais was invited to an interview on Al Sharqiya Kalba Channel discussing the types, causes, risk factors, and prevention of different respiratory tract infectious diseases.



Publications



Prof. Naveed Khan:

- Ahmed U, Anwar A, Ong SK, Anwar A, Khan NA. 2021. Applications of medicinal chemistry for drug discovery against Acanthamoeba infections. Med Res Rev. 2021 Sep 2. doi: 10.1002/med.21851. PMID: 34472107.

Prof. Rifat Hamoudi:

- He developed novel methodology and algorithms to decipher the molecular basis for the treatment of disease with different drugs. The methodology was used to decipher the molecular basis of treating hepatocellular carcinoma with Metformin and Sorafenib and consequently identify the complex molecular pathways involved in treating such disease. This work led to a collaboration with Sorbonne University of Paris, France, and the manuscript for this work was recently published in the Molecular Pharmacology journal (doi: 10.1124/molpharm.120.000223).

Welcome New Faculty



Dr. Amna Khalid has recently joined as an Assistant Professor in Clinical Psychology in the Department of Family Medicine and Behavioral Sciences.

She obtained a Ph.D. in Clinical Psychology from The University of Edinburgh, UK, and a Postdoctoral Fellowship from the University of Glasgow, UK. Having been at the forefront of her specialty, Dr. Amna Khalid is also a member of the British Psychological Society and the American Psychological Association.

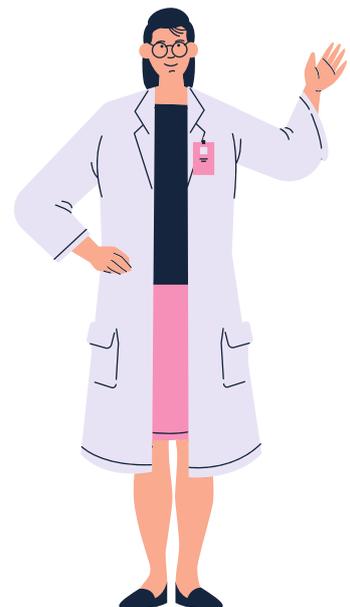
She is particularly interested in the mental health and well-being of young people with a focus on the surrounding socio-cultural aspects.



Dr. Suni Ebby has joined the University of Sharjah as a Lecturer in the Department of Basic Medical Sciences, College of Medicine.

She secured her Master's in Anatomy from Mahatma Gandhi University, India. Prior to joining the University of Sharjah, she worked as a lecturer in prominent medical universities within the UAE and India and has accumulated 16 years of teaching experience across the Medical, Dental, and Allied Health Science undergraduate courses.

Her research interests lie in the molecular and cellular studies of the musculoskeletal system as well as the functional anatomy of the hepatobiliary system. Additionally, her educational interests involve the development of innovative methods in teaching anatomy alongside the traditional principles of learning the discipline.





HISTORICAL REMEDIES

BLOODLETTING

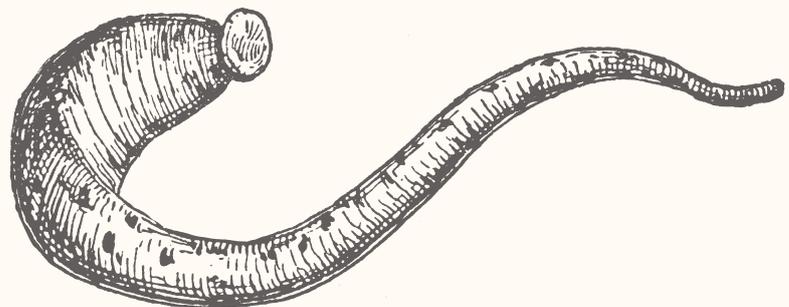


By: Rama Qadri

Blood, phlegm, yellow bile, and black bile—the four humors of the body, all held in a delicate balance. An imbalance of any of them, according to Hippocrates, resulted in sickness, and the only way to correct this disparity was to remove the excess. Physicians of old would purge the patient of the offensive fluid in any way possible, by inducing their patients to vomit, ordering them to starve themselves, and even draining them of their blood.

When Galen of Pergamum, a prominent physician of the 3rd century and now widely regarded as the founder of experimental physiology, claimed that blood was the most important humor of all, doctors all over the world raced to rid their patients of the foul blood inhabiting their bodies. They would cut the patient at the elbows and knees using scalpels or lancets. If the patient was too old, too young, or too sickly, they set leeches on them. The popular Chinese method of wet cupping was also used, where suction cups were placed on the person's skin to draw blood which would then be removed through an incision in the same area.

Bloodletting was so popular in medieval times that even barbers were trained to perform it on the sick. The ubiquitous red and white pole found outside of barbershops is symbolic of the bloodied bandages that were wrapped around the patients' limbs after the cut. The citizens of France in the 1830s used 35 million leeches a year to treat organ inflammation. Major historical figures were treated with bloodletting at their deathbed, which probably did not help matters. George Washington, the first President of the United States, fell critically ill after a ride in the snow. His physicians of the time plied him with laxatives, emetics, and bloodletting. After being drained of almost 40% of his blood, the famed general succumbed to his illness.





Bloodletting reached its peak with Dr. Bernard Rush in the 1800s during the yellow fever epidemic in Philadelphia. He was a great proponent of bloodletting, and he believed that relieving the patient almost entirely of their blood was the best way to cure a fever. Unfortunately for him, such extreme measures drew controversy, and physicians began to doubt the efficacy of this treatment. It took a clinical trial conducted by the statistician Dr. Pierre Louis to convince the medical practitioners of the time to give up on bloodletting. Dr. Louis examined the effects of bloodletting on 77 pneumonia patients and concluded that it was not as effective as they had previously believed. His use of the scientific method impressed physicians, and many of them became detractors of the practice.

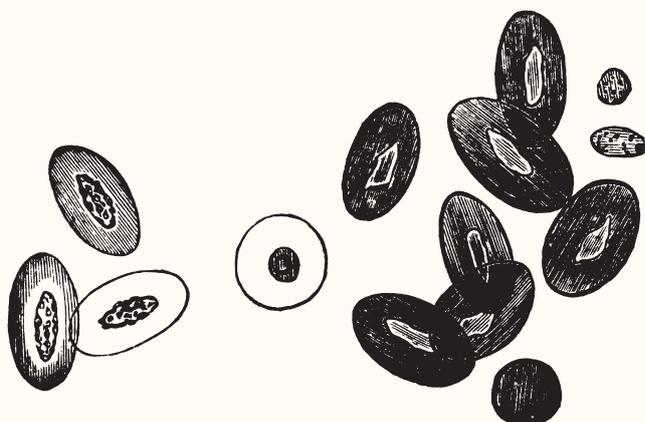
The final nail in the coffin of bloodletting was the discovery of the little microorganisms that cause disease. Previously, physicians traced fever and sickness to imbalances of the humors, of which blood was the most substantial, and thus the best course of action was to rid the patient of the root of evil. However, with the advent of the germ theory, spearheaded by Louis Pasteur, there was a paradigm shift. Physicians now understood the mechanism behind the disease and could target the real culprits: pathogens.

The question on your mind is probably this: was bloodletting an effective treatment? In short, no. In addition to the fact that it does not target the cause of disease, bloodletting could lead to anemia, infection, hypotension, and shock. The only cases where bloodletting may have had a positive effect are hemochromatosis, a condition where there is an excess of iron in the blood, or polycythemia vera, where the bone marrow overproduces red blood cells. In fact, therapeutic phlebotomy is conducted for both diseases in hospitals today, though it is done in a controlled manner that is a far cry from the fanatic drawing of blood centuries ago. It is thanks to the efforts of many scientists and physicians that the field of medicine has advanced to its current state today.

References:

Greenstone, G. (2010). THE HISTORY OF BLOODLETTING. BC Medical Journal, 52(1).

<https://bcmj.org/premise/history-bloodletting#1>





ONE CRIME AT A TIME

The Stanford Crime: Forever Unsolved

By: Salma Osama

Who makes the perfect victim of murder? Everyone has different taste, of course, but one particularly compelling, murder-evoking class of people are wealthy, beautiful women who live alone in extravagant mansions. The only thing that can make a person a better victim is being one of the cofounders of Stanford University.

Leland and Jane Stanford co-founded Stanford University in November 1885 in memory of their only child, Leland Stanford Jr., who died at the age of 15 from typhoid fever. The couple together funded and managed the university until it opened in 1891. After her husband's death in 1893, Jane was left to run the university on her own. She continued to live with her trusted servants and assistants in a mansion in Nob Hill, one of the safest neighborhoods in San Francisco. Despite the high security, lethal doses of strychnine were curiously found in the water bottle that she keeps in her bedroom. It was the 14th of January 1905 when an urgent call for help alarmed the staff of the Stanford mansion, making them hurry to Jane's room. After taking a sip from the bottle, Jane was very sure the water had a bitter taste to it and immediately induced herself to vomit. Whatever it was, she had to investigate the reason behind the water's queer taste, so she sent it for analysis. A few weeks later, the report came back and confirmed her suspicions: the water had been poisoned, and her murder was attempted.

A trip to Hawaii could help her recover from what had happened, or at the very least, that's what she had thought. Jane settled in Moana Hotel in Honolulu where she decided to let off some steam away from her busy life in San Francisco, which now also involved an ongoing investigation surrounding her attempted murder. The unpleasant events leading up to her death were unfolded by a sip from a bicarbonate soda she had requested from her assistant, Bertha Berner, to cure her indigestion. On the night of the 15th of February, 1905, Jane started losing control over her body as she screamed in extreme agony. Her calls for help were too late, and the doctors were unable to save her life.

The bicarbonate soda was implicated in the murder, and the findings on a general inspection of the corpse were characteristic of strychnine poisoning, which included purple discoloration of the corpse, locked jaw, and rigid limbs. After the final autopsy report was released, the dots were connected and a final conclusion was made: strychnine poisoning introduced through the bicarbonate soda Jane had drunk.



Strychnine is an alkaloid toxin known to cause painful, involuntary skeletal muscle spasms. It does so by inhibiting the postsynaptic glycine receptors in the spinal cord, which results in an uncontrolled stimulation of the postsynaptic neuron 15–30 minutes following ingestion. Respiratory failure, which was Jane's probable cause of death, is caused by respiratory muscle spasm and airway compromise.

The motive behind her murder remains unclear and the offender managed to escape justice, leaving behind a forever unsolved crime. There were two theories later deduced about the suspects of Jane's murder:

First: Bertha Berner.

She was Jane's personal assistant who had been present during both poisoning incidents. She was also the one who handed Jane the bicarbonate soda prior to her death. Despite living comfortably in the Stanford mansion, Bertha was suspected of Jane's murder due to the fortune she was set to inherit after her death. With unrestricted access to Jane's food and drink, Bertha must've had the golden opportunity to easily kill her lifelong friend for the money.

Second: Dr. David Starr Jordan.

He was the university's president during the time of Jane's murder. Many disagreements followed by growing tension arose between the two, giving Jordan a valid motive for murder. Following Jane's death in Hawaii, Jordan immediately hurried there and escorted her body back to San Francisco. He questioned the validity of the investigations and discredited all the findings related to the poisoning. He even went as far as publicly declaring the cause of death to be a sudden heart problem and was widely believed for quite a while.

Was Bertha Berber the culprit, or was Dr. David Jordan the man behind the murder? Perhaps the murderer was a third person so proficient at poisoning that their name has never been mentioned. The answer may be forever lost to time, and the mystery of Jane Stanford's murder will go unsolved.



References:

Robert W. P. Cutler. The Mysterious Death of Jane Stanford.
Stanford, Calif.: Stanford University Press, 2003.
<https://stanfordmag.org/contents/who-killed-jane-stanford>

WEIRD But True



By: Drishti Kampani

GOING TO YOUR LOCAL SURGEON FOR A SHAVE AND HAIRCUT WAS ROUTINE – NOT ANYMORE.

Until the mid-19th century, the belief that prevailed amongst physicians was, "There is no more science in surgery than in butchering". Surgeries were painful, quick, and dangerous. In the 1830s, 30-50% of patients died during these procedures, cementing the mentality that surgeons were barbaric and unskilled. Doctors were religiously too virtuous to cut someone. Most universities did not even provide formal education in surgery, and it was deemed as a trade because of its manual nature.

Barbers, with their knowledge of sharp tools, filled the gap to help the public and created a professional category known as barber-surgeons. They commonly performed bloodletting, abscess removal, facial ulcers and eye cataracts surgeries, removal of bladder stones and castrations. The rise of surgery as a medical profession – from undereducated, unskilled barbarians to respected, highly paid doctors – happened with the development of anesthesia. Surgeons could now work methodically in controlled, professional environments, significantly reducing morbidity and mortality; thus, garnering newfound respect.

SURGEONS AS PERFORMERS TO A THEATRE AUDIENCE – NOT ANYMORE.

Ever wondered where the 'operating theatre' got its name from? During the Renaissance, anatomical amphitheaters were the norm. Public dissections were conducted a few times per year to expose 'the secrets of nature revealed by God'. For a small admission price, one could watch surgeons perform an autopsy on a convicted body. The room would be lit with scented candles, and sometimes featured music by a flutist or a pianist. Dissections were a form of entertainment. The scope of anatomical theatres expanded to operating theatres, especially in a university setting.

A quick search of 'operating theatre' will lead you to countless paintings that demonstrate the voyeurism of surgery, especially by Dr. Thomas Eakins. Meanwhile, picture yourself lying down on a table on a stage with hundreds of faces staring down at you from viewing galleries. Three surgeons walk in with their billowing coats and knives, then the lead surgeon bows to the crowd and says, "Time me, gentleman." And so, the spectacle to innovation and miracles would begin. Sadly, the entertainment of such a show was cut short after the acceptance of Pasteur's germ theory and the increasing realization that crowds heightened the possibility of infection. Consequently, the operating theatre was significantly tightened to the operating room that we see today.

References:

<https://www.mentalfloss.com/article/66664/how-uneducated-butchers-and-barbers-became-todays-skilled-surgeons>

<https://www.theatlantic.com/health/archive/2012/10/time-me-gentlemen-the-fastest-surgeon-of-the-19th-century/264065/>



INTUITIVE VS. ANALYTIC THINKING

By: *Anas Obaideen*

“I feel as though someone is squeezing my chest,” a patient in the emergency department (ED) complains to you. “My left shoulder and arm ache, too.” You promptly start managing the patient as a typical case of myocardial infarction (MI), and it was a job done well from your side. However, what was it that led you to decide your course of management for this patient so rapidly yet confidently?

When a physician is faced with a diagnostic problem, they immediately start searching for any recognizable patterns. This type of cognitive processing is known as **intuitive thinking**: a form of decision-making that is hardwired, instinctive, and gained by repeated experience. Intuitive thinking is the start point by which the majority of differential diagnoses are made and involves generating several hypotheses based on the patient’s clinical presentation.

After the patient in the ED informed you of their chest pain, you quickly thought of different hypotheses: MI, pneumonia, pericarditis, or aortic dissection, amongst others. You were instantly capable of creating a mental image of what the patient could have, largely due to related patterns you learned previously. Hence, intuitive thinking is the preferred route of judgment during the initial steps of diagnosis.

Nevertheless, it is not uncommon to encounter cases where you are unable to generate even a single differential diagnosis. “I hear a crunching noise every time I move my eyes,” a confused patient informs you. In such situations, meticulous data-gathering and consultations are required, along with a slow and rational approach. This approach is known as **analytic thinking** and is the preferred method in unusual cases not encountered routinely.

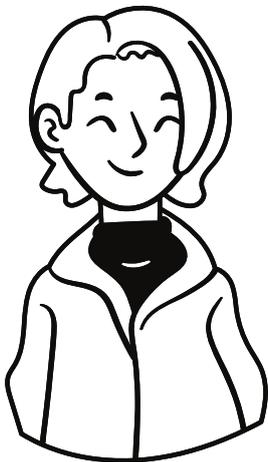
Both intuitive and analytic thinking can be simultaneously active, in order to provide a cross-checking purpose. Knowing when, as well as how, to use each thinking process helps minimize inaccuracies in diagnosis. Clinicians should embrace intuitive thinking and analytic thinking as complementary, instead of one approach being pitted as “less accurate” than the other. Simply put, a physician must have an open mind as the clinical situation of a patient unfolds.

References:

Pile, J., Baudendistel, T., & Harte, B. (2013). Clinical care conundrums (1st ed., pp. 7-8). Wiley-Blackwell.

QUICK QUIZ

TEST YOUR GENERAL MEDICAL KNOWLEDGE WITH THIS QUICK QUIZ. YOU ONLY HAVE ONE MINUTE TO ANSWER 10 QUESTIONS, SO MAKE EVERY SECOND COUNT!



TAKE QUIZ



SCIENTIFIC COMMITTEE

WORKSHOPS



The Scientific Committee held a number of workshops under their Self-Development program. Workshops about email etiquette and CV writing were organized with the collaboration of the Career Advancement and Student Training Office (CASTO). The committee also launched its research program by organizing the "Introduction to Research" workshop hosted by Dr. Basema Saddik.



DEBATE



A debate event was organized by the Scientific Committee. Students were asked to argue in favor of selected topics and discuss their points with the opposing team with the aim of convincing the audience of their point of view.



EXPO TRIP EXPO 2020 DUBAI UAE

The Scientific Committee held a trip to Expo Dubai 2020 on 16th October 2021, allowing students from Years 1-3 to explore different pavilions.



WEATHER THE STORM



Weather the Storm was the Scientific Committee's major on-campus event for this semester. It took place on 24th October 2021. It aimed at introducing students to different mental disorders by engaging them with different activities and informative talks.



COMMUNITY COMMITTEE

VOLUNTEERING



Under the Community Committee's volunteering program, over 50 members of the committee were sent to volunteer at several places, including One Central Dubai Vaccination Center, the Autism Trust Foundation in Dubai, and the Clinical Training Center at the University of Sharjah. There are also upcoming opportunities at Al Thiqah Club for Handicapped and the mobile clinic. The committee is also preparing for its big event happening this November.

AUTISM TRUST FOUNDATION



ONE CENTRAL VACCINATION CENTER



PACADEMIA IS NOW ON YOUTUBE

PACademia, a program developed under the umbrella of the Peer Advisory Committee, is a combined effort for the students, by the students. The team strives hard to develop bite-sized content covering some of the most challenging topics through pre-clinical medicine.

Here's a small introduction to the channel.



Quick reminder to some of our other programmes and how you can learn more about them.

Look forward to our messages on WhatsApp and posts on *Peer Advisory Committee (@pac.medicine)* • *Instagram photos and videos*  for updates on upcoming orientations and workshops.

Peer-to-peer advising is a platform that allows juniors to connect with seniors for all things related to academics, career, or life at the College of Medicine. Students can contact members of the PAC team on Whatsapp, via email, or even by booking a virtual one-on-one session with one of them through - <https://msa-edu.org/pac/p2p>. Three simple steps – log onto the website, pick your advisor and click on the calendar icon.

STUDENTS' CORNER



LEAF SUSTAINABILITY PROJECT



'Linking Education and Farming' (LEAF) is a project that aims to raise awareness about how different items are wasted, and how we can turn them into useful tools in our daily routine.

Some of the initiatives started by LEAF at our college include:

- Collection of excess water from disposed of plastic water bottles both inside and outside the campus, with the purpose of watering plants before depositing the bottles in BEEAH sorting stations.
- Minimizing the amount of food waste being thrown into trash bins and eventually ending up in landfills by installing a deep freezer in the medical college, where students and faculty can place food remnants (e.g., fruit peels, vegetables, or food leftovers such as rice or salad).
- Converting the collected biodegradable food waste into high-grade soil. More than 2 tons of food waste has been collected and composted since November 2019, which has been utilized to grow fruits and vegetables.
- Making such activities a habit amongst ourselves while promoting them among friends, relatives, and the community.

Garden experience:

On Monday, 18th of October 2021, a group of university students and faculty participating in the LEAF project contributed to a new sustainable garden project at the College of Medicine campus. The students and faculty sowed 10 different varieties of UAE-grown corn and bean seeds, aiming to harvest them in order to produce local and organic food. Not only will students be able to observe their hard work pay off, but they would also raise awareness on how to upcycle some of the unused facilities in the University, turning them into productive units. Additionally, it would be a means of stress relief for students and would help them develop their teamwork, sense of responsibility, and creativity.

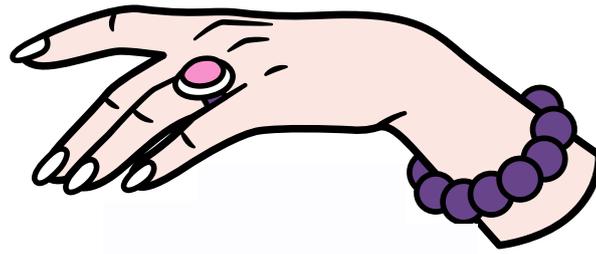
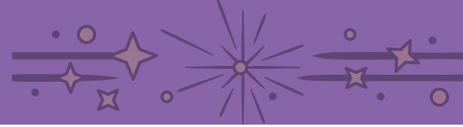


Student Feedback about the garden experience:

As a medical student, you wouldn't think that you'll be involved in anything other than medicine, but this gardening experience opened my eyes toward the good cause it stands for: embracing nature by growing our own crops. Gardening made me realize that we can be involved in other matters and enjoy them with our colleagues while benefiting the environment. This experience allowed us to connect with our colleagues and doctors in a different atmosphere - Houria, year 3

Every minute I spent in the university's garden was worthwhile. Dr. Anu nurtured in us the love and care of our surroundings. I learned that education and farming come hand-in-hand, as both taught me to possess the patience and perseverance to firmly adhere to the process and, eventually, be able to reap what you sowed. - Mutaz, year 3





**STAY ALERT
FOR THE NEXT
PIECE FROM
OUR MYSTERY
WRITER!**

Mystery Box

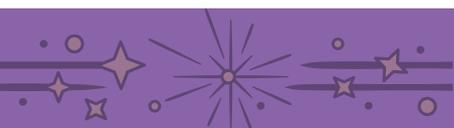
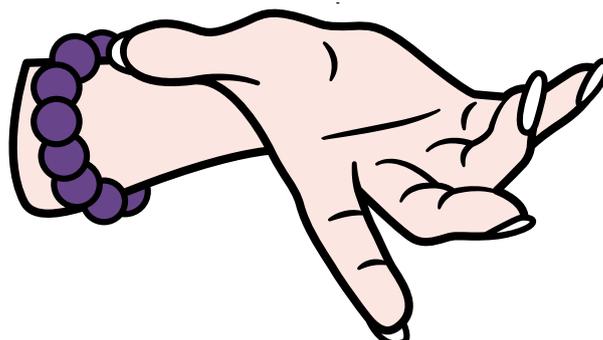
I burnt the house down. On our first day moving across the globe to Australia, whilst deeply asleep, I threw a blanket onto the heater placed near my bed. Needless to say, it exploded and set the entire room on fire.

This burning incident (no pun intended) I caused as a seven-year-old would later be the reason I feared change for so long. Leaving home behind, moving to a new country, and settling in a new school are definitely among the top 10 worst things a child dreads, setting a new house in a foreign country on fire definitely makes the cut too.

Change scared me, be it big or small. In my mind, change came hand in hand with disastrous surprises and of course disappointments. Consequently, trying new cuisine and going through puberty were no different occurrences to me as the outcome was one: "I don't want to do this."

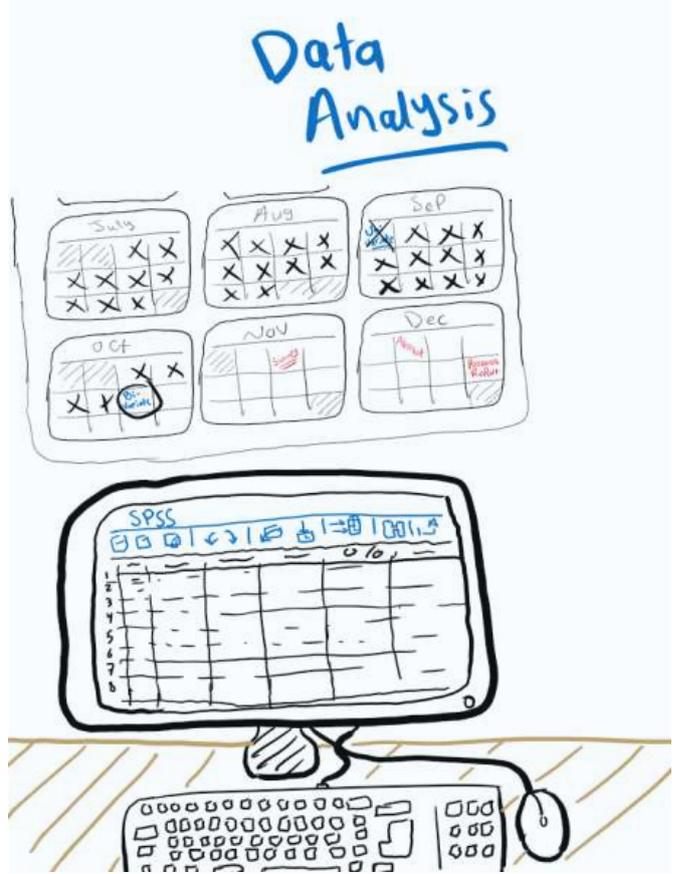
Seven-year-old me would be completely taken aback by twenty-year-old me today. I am always pushing for change; actually, I never order the same item off a menu twice. Growing up fearing any change life might throw at me, made me fathom out that I change every day. Every encounter I have, every song I listen to, every skill I learn, every memory I cherish, every city I visit, and every fire I set, changes me bit by bit. Those tiny bits add up and keep me growing. We were built not only to dynamically change, but also adapt to it with time. I want my younger self to know that change doesn't always have to set the room on fire, if anything it could revive it.

MARIAM ELEMAM



RESEARCH PROGRAMS

By : Awab MUSAAD



Awab

DOCTOR'S ORDERS

DR. SARRA SHORBAGI



PREMENSTRUAL SYNDROME VS. PREMENSTRUAL DYSMORPHIC DISORDER

1 in every 3 women suffers from Premenstrual Syndrome (PMS). A diagnosis of PMS requires at least one of the symptoms listed below, occurring during the five days prior to menstruation for three consecutive cycles.

PMS Affective Symptoms

- Angry outbursts
- Anxiety
- Confusion
- Depression
- Irritability
- Social withdrawal

PMS Somatic Symptoms

- Abdominal bloating
- Breast tenderness or swelling
- Headache
- Joint or muscle pain
- Swelling of extremities
- Weight gain



Premenstrual Dysmorphic Disorder (PMDD) is a hormone-based mood disorder, differing from PMS by its increased severity, frequency, and duration. Affecting 1 in every 20 women, PMDD diagnosis requires at least five symptoms occurring in the week before the onset of menses in the majority of menstrual cycles. Symptoms include:

- **Marked affective lability** (mood swings, feeling suddenly sad or tearful, or increased sensitivity to rejection).
- **Marked irritability** (anger or increased interpersonal conflicts).
- **Marked depressed mood** (feelings of hopelessness or self-deprecating thoughts).
- **Marked anxiety** (tension or feelings of being on edge).
- **Decreased interest in usual activities.**
- **Subjective difficulty in concentration.**
- **Lethargy**, easy fatigability, or marked lack of energy.
- **Marked change in appetite**, overeating, or specific food cravings.
- **Hypersomnia or insomnia.**
- **A sense of being overwhelmed** or out of control.
- **Physical symptoms** such as breast tenderness or swelling, joint or muscle pain, a sensation of "bloating," or weight gain.



Self-screening for possible PMS or PMDD is important for the wellbeing of all women. A visit to your primary healthcare physician should help guide you on what treatment option is the best fit for you if required.

For further information, check these links out:
<https://familydoctor.org/condition/premenstrual-dysphoric-disorder/>
<https://www.aafp.org/atp/2016/0801/p236.html#sec-4>
<https://iqpmd.org/about>