

MED TIMES





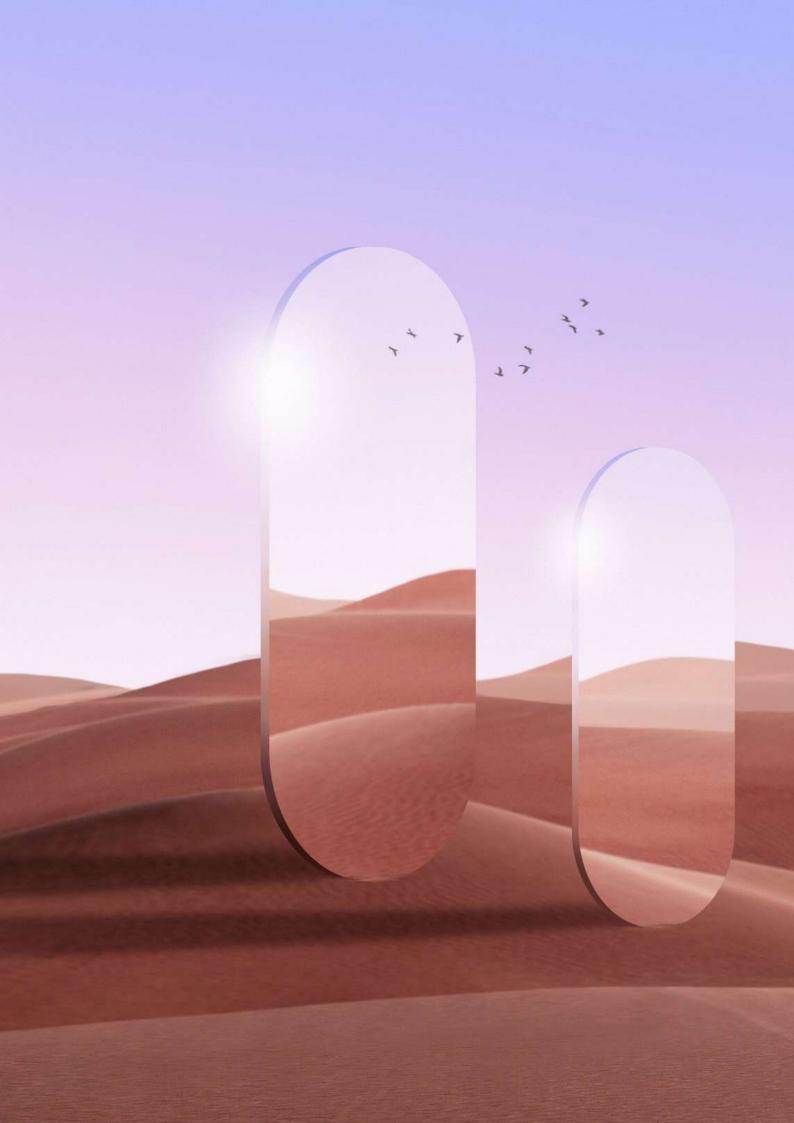


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It brings me great joy to contribute to this edition of MedTimes, thoughtfully curated by our outstanding medical students at Alfaisal University. The theme, "Medicine: Past, Present, and Future," offers a meaningful opportunity to reflect on the noble legacy of medicine, the remarkable progress of today, and the transformative potential of tomorrow.

Throughout history, medicine has been a testament to human resilience, empathy, and innovation. From early healers guided by instinct to today's clinicians empowered by data and technology, the evolution of this field speaks to our collective commitment to preserving life and alleviating suffering. This commitment continues to define the present moment—one shaped by rapid advancement and increasing complexity.

At Alfaisal University, we are proud that our students are not only embracing this new era of medicine but actively contributing to it. Whether through research, service, or innovation, they are demonstrating the values and excellence that the medical profession demands.

I would like to take this opportunity to express my sincere gratitude to Dr. Khaled AlKattan and Dr. Akef Obeidat for their unwavering support and invaluable guidance to our medical students. Their mentorship, dedication, and leadership have played a central role in shaping a new generation of compassionate and competent physicians.

As you, our students, look to the future, I encourage you to carry with you the spirit of inquiry, service, and integrity. The path ahead will be filled with challenges, but also immense opportunities to heal, to lead, and to innovate.

Congratulations on your journey so far. May this edition of MedTimes serve not only as a celebration of your growth but as a reminder of the responsibility and promise that come with the calling of medicine.

Warm regards,

President, Alfaisal University

-Dr. Mohammed Alhayaza



As far back as one may look, certain fundamental aspects have shaped the medical discipline. First and foremost, sound ethical principles rooted in beneficence and non-maleficence have guided medical practitioners across the ages. From the earliest days, relentless pursuit of knowledge and the truth has defined the medical field. Scientific inquiry is central to advancing medical knowledge, which is dynamic and ever-evolving, requiring healthcare professionals to commit to lifelong learning and professional development. Moreover, Medicine has always thrived as a collaborative endeavor, drawing from diverse disciplines such as biology, chemistry, psychology, and sociology—this interdisciplinary collaboration remains indispensable, now more than ever, in addressing complex challenges and delivering comprehensive care. From the revolutionary discovery of anesthesia and antibiotics to the latest advancements in medical imaging and telemedicine, medical science persists at the forefront of emerging technologies, reimagining the way we educate, heal and serve our communities. We have as much to learn from the past as we have to contribute to the future.

Therefore, we arrive at the threshold of a new era in medicine—one marked by unprecedented advancements. Artificial intelligence (AI) and machine learning may revolutionize healthcare as we know it, offering promising implications for drug discovery and advancements in diagnosis methods. Simultaneously, emerging areas of research like Space Medicine are informing novel approaches to the practice of medicine on Earth. Moreover, the practice is evolving towards a more comprehensive focus on mental health, spiritual well-being, and mindfulness, recognizing the interconnectedness of mind, body, and spirit on the quality of life. Additionally, efforts to increase longevity are not only looking to extend lifespans but also "healthspans", ensuring that individuals live not only longer but healthier fulfilling lives. Furthermore, sustainability is emerging as a critical Global priority in healthcare, with a growing emphasis on environmentally friendly practices, resource conservation, and equitable access to healthcare resources.

Here at Alfaisal, we stand at the intersection of tradition and transformation. As we navigate these changes, Alfaisal University remains committed to preparing our students to embrace the challenges and opportunities of this new era, equipping them with the knowledge, skills, and compassion to lead the way. Our students and faculty are not merely observers but the shapers of the future, stewards of knowledge and champions of progress. Through this institution, I am privileged to witness the transformative power of education and the indomitable spirit of our students who build upon the wisdom of the past and march forward with purpose and resolve as the future beckons.

As each of you persevere on your journey in the healing arts, remember that you are part of a community of scholars, innovators, and compassionate caregivers—a community bound by a shared commitment to excellence and an unquenchable thirst for knowledge that spans millennia. You inherit the responsibilities of addressing the Global health challenges of our time, carrying with you the legacy of the past and the aspirations of the future

As the minds captured within this magazine dedicate themselves to a life of learning, researching, teaching, and practicing, they create a World where health equity and improved outcomes for all are not just aspirations, but tangible realities.

Dr. Maha Al Saud, MD, MACP

Vice President of External Relations and Advancement, Alfaisal University

-Dr. Maha bint Mishari Al Saud

Consultant/Senior Clinical Scientist, Internal Medicine, King Faisal Specialist Hospital & Reserach Centre



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Dear beloved college of medicine family
It is with great pleasure I write few lines in your amazing Med Times
yearbook. In the era of accelerated technology that affected every aspect
of science, including medicine, I find your theme regarding medicine, past,
present and future an excellent choice.

We observed over our 16 years journey of college of medicine at Alfaisal university a true change from the medicine we learned before and medical education today. We moved from classes to interactive learning that included problem based and team-based learning, we focused on small and large group discussion and the student became the center in all teaching tools. Also, we moved from subject based learning to system-based learning in an integrated matters that reflect the true applied medical practice. The knowledge has expanded but became easier to acquire and therefore we focus on process of analytic and systematic thinking and on many skills that facilitate the use of these knowledge items into practical steps that improve patient care.

With our vision for health and wellness, vision 2030, we have adopted courses that educate about wellness, prevention, and screening in addition to the classic role of diagnosis and treatment. By that we create a healthy community and longevity and interact with other sector in the community to improve health care.

I must tell you, that you have a challenging future as doctors of today and we will prepare you for that. The evolution in technology and Artificial intelligence (AI) will create a new medicine of tomorrow and you must be well armed to utilize these tools. We are teaching you medical informatics to be able not just use future tools but to be part of the creation of high technology tools that will improve health care as we see it today. We created an Alfa-HI center of excellency to allow you to innovate and create AI based medical solutions that will reshape the medicine we know today. I am expecting you to always be part of this evolution and to keep updated with new innovations.

I am sure you will be the leaders of medicine in its futuristic way and Alfaisal graduated will have an impact not only nationally but worldwide to better serve the humanity and continue your mission as the doctors of today and the doctors of tomorrow.

-Dr. Khaled -Al-Kattan

Professor Khaled Al-Kattan VP Finance & Admin Dean of College of Medicine



11 Contrary to popular belief, looking back isn't necessarily a negative experience leading to desolate realisations. As we look back, we embrace everything we have managed to gather; an armful of prosperity. As students and medical professionals, we cultivate a path of knowledge for future generations. The MedTimes team brings us this enlightening issue, which serves as an ode to the world of medicine and what's to come. Curated by keen minds, it unveils and explores various parts of medicine, relating it to the great minds that have contributed to its nobility. I wish all readers to consider this issue the fruit of their efforts. I wish for you to savour it and reflect upon your achievements and what they entail for you. The students of Alfaisal are bound for great feats and this is a mere glimpse of it. Like an unbreakable link, we, the present of medicine, enjoin the past of this honourable field to its propitious future. - Dr. Aker Obeidat MSA Supervisor Vice Dean of Quality Assurance and Accreditation Vice Dean of College of Medicine

When all humans knew was to hunt or gather; intellect slowly on the rise, mankind was among the shadowy dawn of human understanding. Back then, to be afflicted by disease was a whisper of the gods – a curse from beyond or a demon from within. A duel between Man and God, a fight for a second chance in life; rituals of smoke and chant rose beneath moonlit skies, as shamans battled unseen forces with whispered incantations and sacred herbs. With all but flickers of hope, the hands of those who dared to heal trembled as talismans shivered – as wood and fire roared.

But as time carved its path, the ethereal gave way to the elemental. The ancients began to see the body as a vessel of flowing rivers—mystical channels that carried both life and disease. Egyptian healers mapped these pathways as with the precision of pyramid stones, draining blood to unstop its poisoned flow, while Greek physicians spoke of humors—four vital fluids that danced in delicate balance. Health was harmony; sickness, its discord.

A river with no dams, the flow of time pressed forward. From the schools of marble in Rome to the libraries of light in Baghdad, knowledge spilt across borders, following similar suits of silk and spice. With philosophers of Alexandria establishing logic and rhetoric, Arab scholars penned tomes that bridged faith and reason. Medicine, once bound to spirits and superstition, now began to wade into the waters of science, its grip on the ethereal slowly loosening.

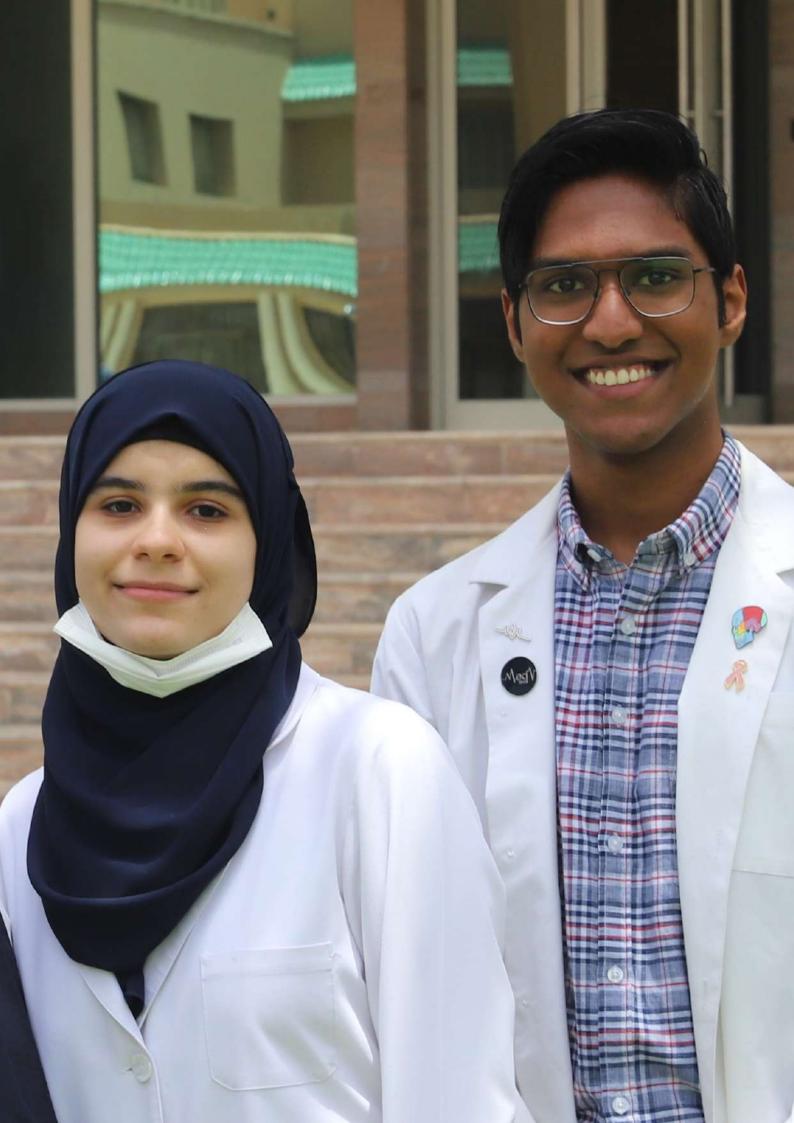
With each passing century, the invisible became visible. The pulse of veins, the rhythm of the heart, the branching of nerves—anatomy was charted, layer by layer, as if revealing the blueprints of life itself. The hand of the surgeon grew steady; the apothecary's shelves filled with remedies drawn not from divine mystery, but from the earth's own bounty. The journey from spirit to science was etched throughout the annals of medicine—an evolution from fear and faith to understanding and cure. And still, it marches forward, unyielding, as if daring us to look deeper, to know more, to heal what once was thought unhealable.

So, dear reader, to those who yearn to wield scalpels, and to those who dream to discover cures, look no further than the issue you hold in your hands. Learn from your history. Act here and now. Aspire beyond obstacles. For within these pages lies the story of our greatest endeavor—the relentless pursuit of healing through the past, present, and future of medicine.

Yours in the pursuit of healing and progress,

MedTimes Directors - 2023/2024

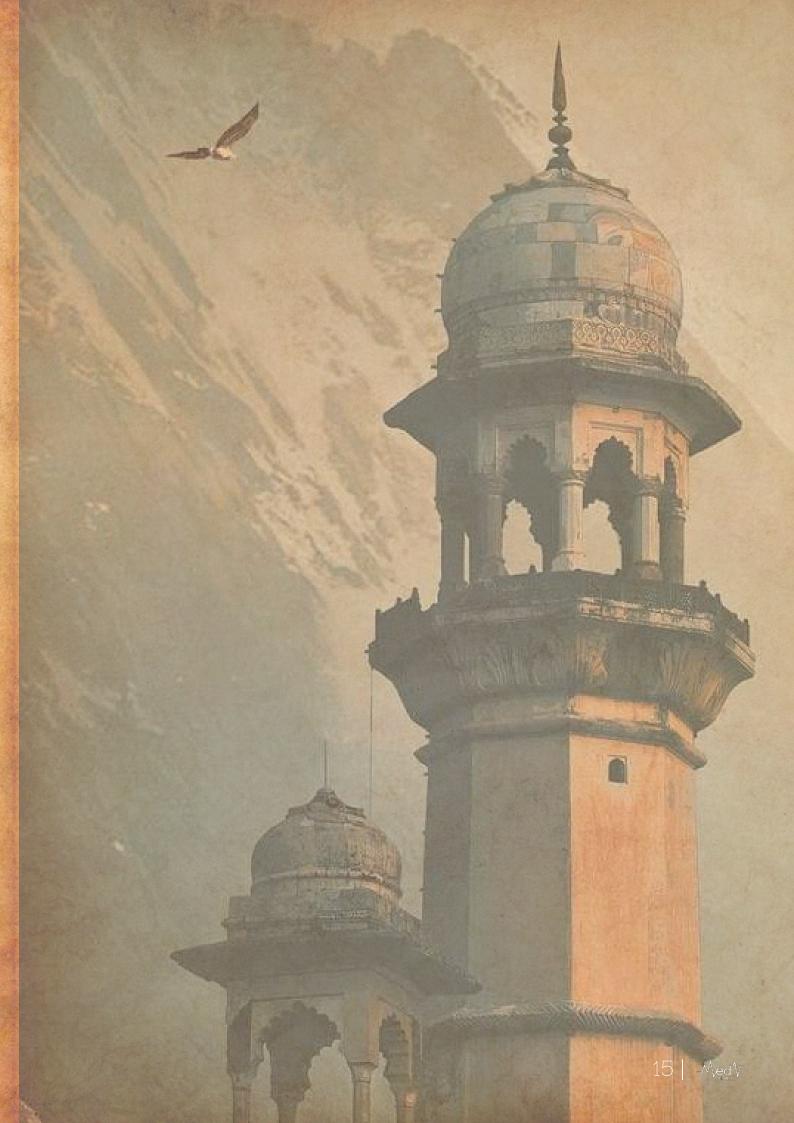
-Rushdan Firdous & Tasneem Al-Ibrahim



The

Of Islamic Medicine

Written by: Wajd Abosoudah Edited by: Nabah Hussain Designed by: Sumaiya Hassan





sama ibn Munqidh narrated in his book 'Kitab al-i'tibar' in the 12th century that, "They brought before me, he said, a knight in whose leg an abscess had grown; and a woman afflicted with imbecility. To the knight I applied a small poultice until the abscess opened and became well; and the woman I put on a diet and made her humour wet. Then a

Frankish (Western European) physician came to them and said, "This man knows nothing about treating them. He then said to the knight "Which wouldst thou prefer, living with one leg or dying with two?" The latter replied "Living with one leg". The physician said

"Bring me a strong knight and a sharp axe." A knight came with the axe. And I was standing by. Then the physician laid the leg of the patient on a block of wood and bade the knight strike his leg with the axe and chop it off at one blow.

Accordingly he struck it – while I was looking on – one blow, but the leg was not severed. He dealt another blow, upon which the marrow of the leg flowed out and the patient died on the spot.

He then examined the woman and said, "This is a woman in whose head there is a devil which has possessed her. Shave off her hair."

Accordingly they shaved it off and the woman began once more to eat their ordinary diet-garlic and mustard. Her imbecility took a turn for the worse.

The physician then said 'The devil has penetrated through her head.' He therefore took a razor, made a deep cruciform incision on it, peeled off the skin at the middle of the incision until the bone of the skull was exposed and rubbed it with salt. the woman also expired instantly."



That was medicine in the Middle Ages: amputations and exorcisms. But it wasn't like that everywhere, especially in the Islamic world. After the spread of Islam in the 7th

century, the Abbasid calips, Haroun Al-Rashid, and his sons, al-Ma'mum established Bayt al-Hikmah (House of Wisdom) in late 8th century Baghdad, where for the next 150 years, scholars translated all Greek books of science and philosophy.

Moreover, the "bimaristan", a house of healing, or in simpler words, a hospital, was first constructed by Al-Walid bin Abd Al-Malik, a caliph of the Umayyad Caliphate. Embracing and building upon medical knowledge acquired from all across the world and constructing inclusive hospitals are just a few of the significant developments. Muslims have made in healthcare.

It doesn't end there. Al-Zahrawi, the father of modern surgery, wrote 'Kitab al-Tasrif li-man 'Ajizja 'an al-Ta'lif', the first book to illustrate and present surgery as its own discipline in medicine.

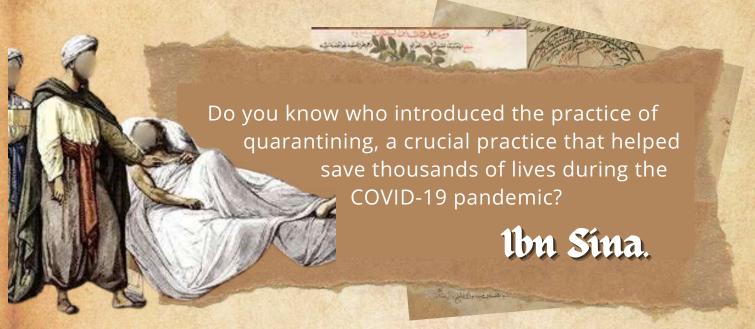
In it, he spoke about surgical procedures, techniques, and his inventions, namely the syringe, the surgical hook, the needle, the scalpel, and obstetrical forceps. His surgical techniques were the standard in Europe until the 16th century. He was also the first to use catgut for internal sutures, silk for cosmetic surgery, cotton as dressing, and mark incisions on patients' skin, all practices used in the present day.

Centuries before English physician William Harvey, Ibn al-Nafis discovered the pulmonary circulation of blood and that the heart had a solid, poreless wall between the right and left ventricle.

Similarly, Abu Bakr al-Razi (Rhazes) recommended cold baths for the treatment of slow fevers 900 years before it was common practice.

Ibn Zuhr also made ground breaking discoveries.

He was the first to describe pericarditis, meningitis, intracranial thrombophlebitis, and mediastinal tumors. He was also the first to explain the process of parenteral feeding and invent tracheotomy.



Ibn Sina, one of the greatest physicians of all time. He wrote 'The Canon of Medicine,' in which he delved into drugs, diagnosis, and the treatment of localized and systemic diseases. He wrote extensively on the workings of the human eye and the human psyche, making great feats in psychology when every disease and physiological manifestation was thought to be caused by demons.

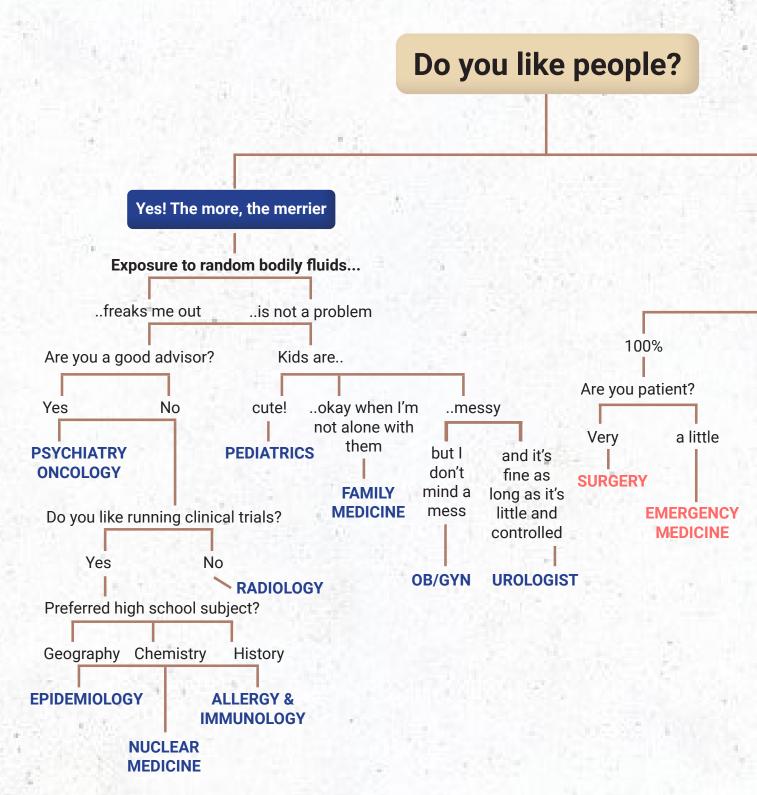
Al-Zahrawi, Ibn al-Nafis, Abu Bakr al-Razi, Ibn Zuhr, and Ibn Sina

are just a few of the innumerable Muslim physicians who contributed to the preservation of human health. Continuous development in medicine is crucial for maintaining the prosperity of human beings, so what contributions will vou make?



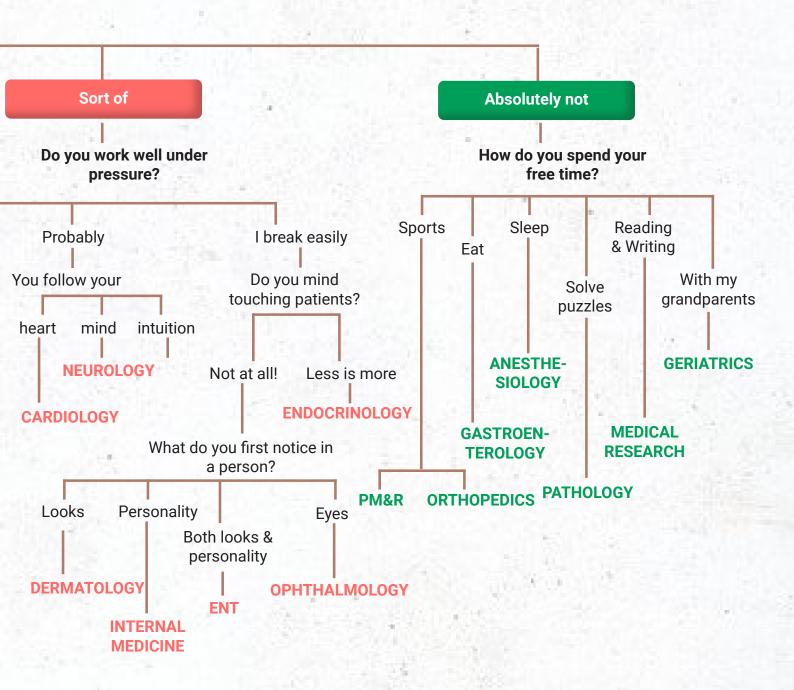
WHAT MEDICAL SPECIALTY MATCHES YOU?

By Maleeha Urooj Farhan



PROMPT: A guide or recommendation list of which specialty to choose depending on one's personality or lifestyle preference - alignment chart guide - will require some research

Disclaimer: Results may be inaccurate and vary from personal interests



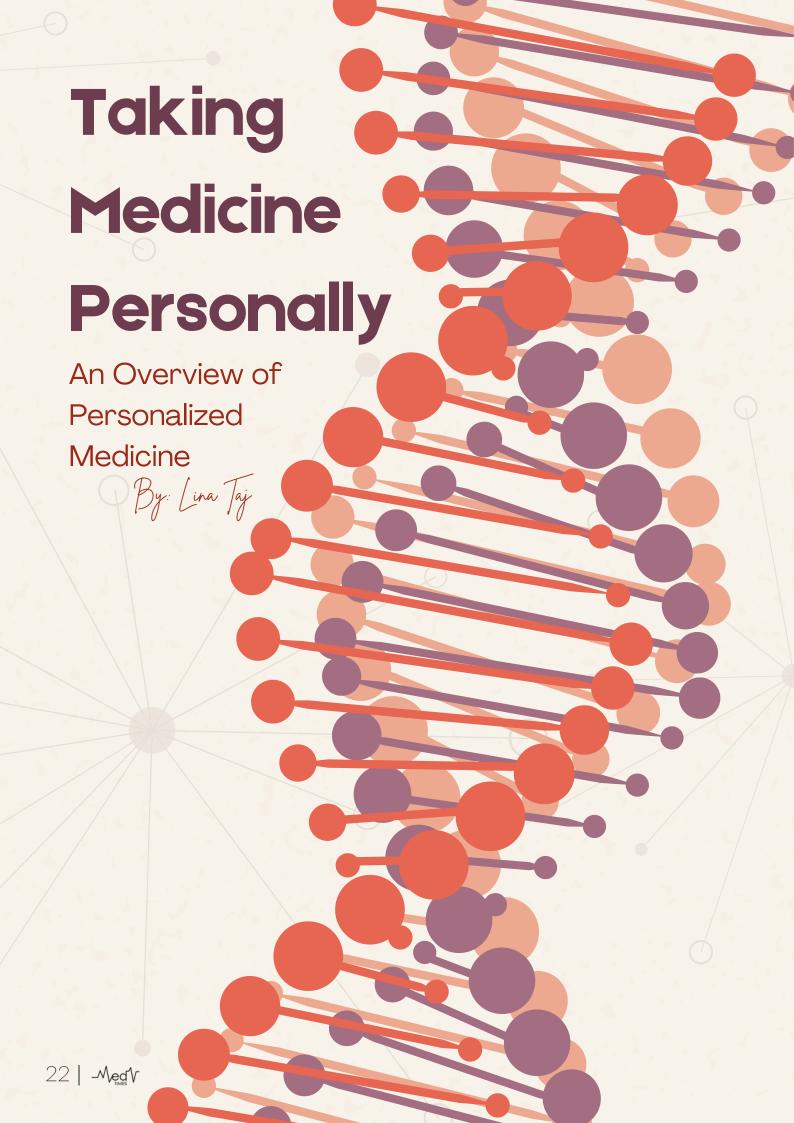
Opportunities offered by the

International Office &

- The International Office is a student-led organisation in Alfaisal University established on (date). It offers various programmes and opportunities for every Alfaisal medical student, whether they are undergraduates, interns, or even if they have already graduated. The opportunities vary from local to international level!
- Here are the main ones:
- SPIRIT (Summer Program for International Research Internship and Training): A programme which allows undergraduate medical students to work on a research project abroad in summer for 10 to 12 weeks.
 - LRTIP (Local Research Training & Internship Program): A program collaborated between Alfaisal University and King Faisal Specialist Hospital & Research Center where a medical student passionate about clinical research can connect to a physician. This program promotes local scientific research in Saudi Arabia.
 - The eligibility criteria: Full-time medical student / no misconduct / previous research experience

- ASPIRE (The Alfaisal Scholar Program in Research Excellence): This programme gives the medical student experience in basic and clinical research in various ways. One of them is through journal club sessions; where students are given a chance to read, analyse, and critique scientific literature. They then present their findings to their peers and engage in discussions.
- Alfaisal Medhub: It has its own YouTube channel and podcast as well! It assists medical students in making informed career choices by presenting available options and providing explanations from their senior colleagues.
- AlfaMed (Alfaisal's medical community): A platform made to connect with the graduates of Alfaisal University and expand the social circle of medical students.





Eversince the practice of medicine gained momentum and sailed off, patients have been regarded as one entity, and their diseases as a communal occurrence. However. now. medicine as advances, and locked chambers of knowledge slowly open to us, we realize that more often than not, there isn't always a communal occurrence of illnesses that spreads uniformly among patients, and that the characteristics of each disease may all come down to the patient's genetic profile.

A genome determines our set of features that make us or break us and help us fight off diseases or succumb to their pressure. Taking that into consideration and establishing that patients might not present their symptoms similarly or respond in the same fashion to medications is one huge step towards a medical practice that works with equity, not equality.

An example often used to set the concept of personalized medicine into place is marching into a shoe store and randomly picking out whatever you desire without checking the size, and, just like that, medicine cannot be one-size-fits-all.

Recently, excellent utilization of personalized medicine has been in children with leukemia, where TPMT genes are assessed to determine the correct dosage of medication that would produce the least side effects.

Another usage of personalized medicine has been in genotyping, to identify enzymatic variations that might be responsible for altering a patient's sensitivity to commonly prescribed anticoagulants. Again, this helps to decide the correct medication dosage in order to achieve the desired outcomes.

Many more examples of personalized medicine show us how the tiniest details in a person's twists and turns of DNA might not present minutely at all when it comes to physical manifestations.

It is time to set aside the concept that sensitivities to medications responses to diseases are uniform and unchanging from generation to generation. Albeit the idea of personalized medicine might still be new and unfamiliar to most, it is also worth noting that everything that has made a huge advancement in the medical field once started out as new and unfamiliar.

Edited by: Salma Metwally

Desgined by: Rahma Khan

ثم توالت الغزوات والحروب، وصار من المهم علاج الجرحي ومداومتهم وتخصيص مستشفى ميداني يلائم احتياجاتهم من الإسعافات الأولية والرعاية الطارئة. فكانت خيمة رفيدة الأسلمية رضي اللَّهٌ عنها وصويحباتها موضع ثقة النبي صلى اللَّهٌ عليه وسلم فلقد كانت تملك من المهارة في الطب والرعاية وتنفق على المعدات الطبية من مالها ما جعل صنيعها يظل محفورًا في ذاكرة المجاهدين.. فحين أصيب سعد بن معاذ (سيد الأنصار وحبيب رسول اللَّهٌ) أشار النبي صلى اللَّه عليه وسلم على أهله فقال (اجعلوه في خيمة رفيدة حتى أعوده من قريب).... رحم اللّه رفيدة الأسلمية واحتسبها عنده في سجل العاملين المخلصين.

وأما الحارثين كلدة الثقفي طبيب أعرابي مسلم عاصر رسول اللّهٌ والخلفاء الراشدين مشهور ببراعته في الطب فقد كان يحاور كسري ملك الفرس فيعجب كسرى بفصاحته ورجاحة عقله ... فسأله مرة فقال: ما أصل الطب؟ قال: ضبط الشفتين ، والرفق باليدين. قال: أصبت!! فما الداءُ الدُّويّ؟ قال: إدخال الطعام على الطعام، وهو الذي يُفني البريَّة، ويُهلكُ السباع في جوف البرّيَّة. قال: فما الجمرةُ التي تلهَبُ منها الأدواء؟ قال: هي التخمة، إن بقيت في الجوف قتلت، وإن تحللت أسقمت. قال: صدقت... فما تقول في دخول الحمام؟ قال: لا تدخله شبعان، ولا تنم بالليل عريان، ولا تقعد على الطعام غضبان، وأرفق بنفسك يكن أرخى لبالك، وقلل من طعامك يكن أهنأ لنومك. قال: فما تقول في الدواء؟ قال: ما لزمتك الصحة فاجتنبه، فإن هاج داءٌ فاحْسمه بما يردعه قبل استحكامه، فإن البدن بمنزلة الأرض ، إن أصلحتها عَمَرتْ، وإن تركتها خَربتْ. قال: فما تقول في الشراب؟ قال: أطيَبه أهناه، وأرَقه أمراه، وأعذبه أشهاه، لا تشربه صِرفا فيورثك صداعًا، ويثير عليك من الأدواء أنواعًا.

وقد كانت السيدة عائشة رضي اللّه عنها عالمة في الطب وذلك أنه لما مرض رسول اللّه صلى اللّه عليه وسلم وكان في حجرتها جاءها الوفود من كل مكان فجعلوا يتحدثون بالوصفات الطبية فاحفظهم وتكثر السؤال والبحث في كل شيء من حرصها واهتمامها فلها الفضل على الأمة أجمع.

وكل ما أوصانا به النبي صلى الله عليه وسلم هو طبٌ وشفاء وعافية من كل ابتلاء، منه العسل والحبة السوداء. وقد كان صلى الله عليه وسلم يبل إصبعه بريقه الشريف ثم يضعه في التراب ثم يضعه على الجرح ويقول:(بسْمِ اللَّهُ تربَة أَرْضِنَا، بِريقةِ بَعْضِنَا، يُسْفَى سَقِيمُنَا، بإذن رَبِّنَا). وقد وجز العلم الحديث أن دهان الجسم بالطين يعالج بعض الأمراض الجلدية كالصدفيّة والحساسية ويخفف كثيرًا من الآلام الروماتيزمية، ويشترط في التراب أن يكون طاهرًا وفي الريق أن يكون طاهرًا غير ملوث بالتدخين وغيرها.

قبض النبي صلى الله عليه وسلم تاركًا خير أمة أخرجت للناس .. واقفة على ثغورها وسراجًا وهاجًا أشعلت أوروبا منه قناديلها لتضيء لهم الدرب في ميادين الطب فقد روي في الحروب الصليبية أن الجندي الصليبي كان عندما يصاب إصابة بليغة يفر ناحية معسكر جيوش المسلمين لعلمه أن المسلم رحيم لا يقتل الجريح، وبثثته بالطبيب المسلم الذي اشتهر بتفوّقه في علاجات الحروب بشتى الطرق التي تؤدي للشفاء بإذن ربها دون بترِ أو كي.

هكذا كان للطب عزه ومجده وتاريخه الطويل بقائمة أبطال مسلمين أفنوا حياتهم بالعلم والتعلم وبخطوة تتبع خطوة، رُسم الطريق فإن أردت أن تكون من نفس الفريق فاحذ حذوهم وإياك أن تلتفت لقطاع الطرق بل امض، وخذ معك الزاد والعتاد فالنفوس عطشي والطريق طويل ومعك لهم شفاء ورواء.

- ربي. المرفق البغدادي في الطب من الكتاب والسنة د. محمود المسيني في الطب النبوي والعلم الحديث ج٣ كتاب نجوم في فلك النبوة كتاب نجوم في الحال النبوة التحديث بع التحديث بع التحديث بع التحديث بع التحديث بعد التحديث بعد التحديث التحديث
- حتب مبرم عن الطب عند المسلمين والعرب في القرن الأول الهجري كتاب الحروب الصليبية كما رآها العرب

کتابة وتحریر: جنی کورینی تصمیم: حنان عرابی

الأسلام مُعَد السلام مع السلام مع

ما الطب إلا تضميد الجراح وتخفيف الأوجاع رجاء حصول الشفاء من رب العباد .. (وإذا مرضت فهو يشفين) .. فإن أذن بالعافية نَعم الجسد بالصحة والسلامة، وإن بقي الألم فطوبى له بالأجر الكبير. فإنه ما من مسلم تصيبه شوكة فما فوقها إلا كفّر الله عنه خطاياه، هكذا جاء الإسلام ليطمئن قلوبنا ويعلمنا أن أولى مفاتيح الطب يكون بالتوكل على الله مهيئ الأسباب وخالق الأرباب، والبعد عن الشعوذة والسحر والخرافات، بعد أن كانت تسمى طبًا كما يزعم أصحاب العقول

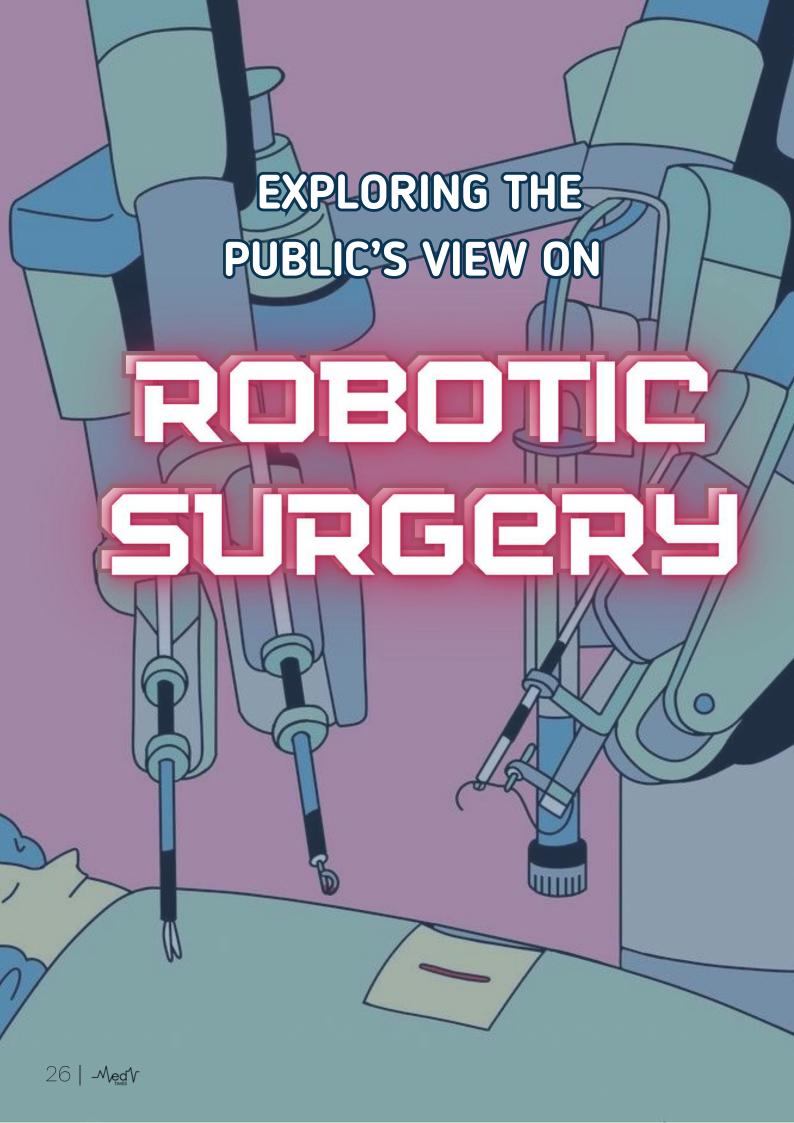
الصمّاء.

وقد أخبرنا رسولنا الكريم، المعلم الأول والمربي الأمثل، بأن المعرفة سلاح المؤمن وأن المؤمن القوي خير وأحب إلى الله من المؤمن الضعيف وأن خير الناس أنفعهم للناس وأمّل في أمته الخير الكبير. فكأنما كانت تلك نقطة البداية، وفتيل السراج الذي أشعل همم المسلمين رجالًا ونساءً كبارًا وصغارًا في تعلم أهم العلوم وأنبلها، واكتشاف سبل العلاج والوقاية من أمراض أنهكت الأبدان وأوجعت قلوب الأهل والأحباب.

فعن سهل بن سعد الساعدي رضي الله عنه يقول:{جُرِحَ وَجْهُ رَسُولِ اللهِّ صَلَّى اللهُ عليه وَسَلَّمَ، وَكُسِرَتْ رَبَاعِيَتُهُ، وَهُشِمَتِ البَيْضَةُ (الخوذة) علَى رَأْسِهِ، فَكَانَتْ فَاطِمَةُ بنْتُ رَسولِ اللهِّ صَلَّى اللهُ عليه وَسَلَّمَ تَغْسِلُ الدَّمَ، وَكانَ عَلِيُّ بنُ أَبِي طَالِبٍ يَسْكُبُ عَلَيْهَا بالمِحِنِّ (الترس الذي يتقى به من ضربات السيف) فلمَّا رَأَتْ فَاطِمَةُ أَنَّ المَاءَ لا يَزِيدُ الدَّمَ إلَّا كَثْرَةً،أَخَذَتْ قِطْعَةَ حَصِيرٍ فأَحْرَقَتْهُ حَتَّى صَارَ رَمَادًا، ثُمَّ أَلْصَقَتْهُ بالجُرْح، فَاسْتَمْسَكَ الدَّمُ.

يقول الدكتور محمود النسيمي(مؤلف كتاب الطب النبوي والعلم الحديث): بأن الرماد يمتص قسمًا كبيرًا من الماء المصل الدموي فيساعد على تكوين الخثرة البدائية من الصفيحات الدموية كما يزيد من تخرب الصفيحات (platelet degradation), وبالتالي زيادة إفراز العديد من العوامل التي تحفز على النمو وتكوين أوعية دموية جديدة وتطلق (thromboplastin) المكون الرئيسي لتخثر الدم كما تطلقها أيضًا الأنسجة المجروحة. فإذا انضم إلى وجود مواد قابضة كالعفص في المادة المحترفة فإن فعل رمادها يكون أقوى في إيقاف النزيف.

ويعلل د.عبد المعطي الأمر بأن الرماد يعمل عمل المواد القابضة، فهو عندما يطبق على الجرح تترسب بروتيناته السطحية، وتشكل طبقة ساترة على التهتكات والجروح تحميها من المخترقات الجرثومية وتوقف النزيف بترسب العنصر البروتيني في الدم. كما أن لها خاصية ترسل البروتين في جسم الجراثيم فتموت ليكون فعلها في حماية الجرح والقضاء على أي جرثوم قريب منه.



SINCE

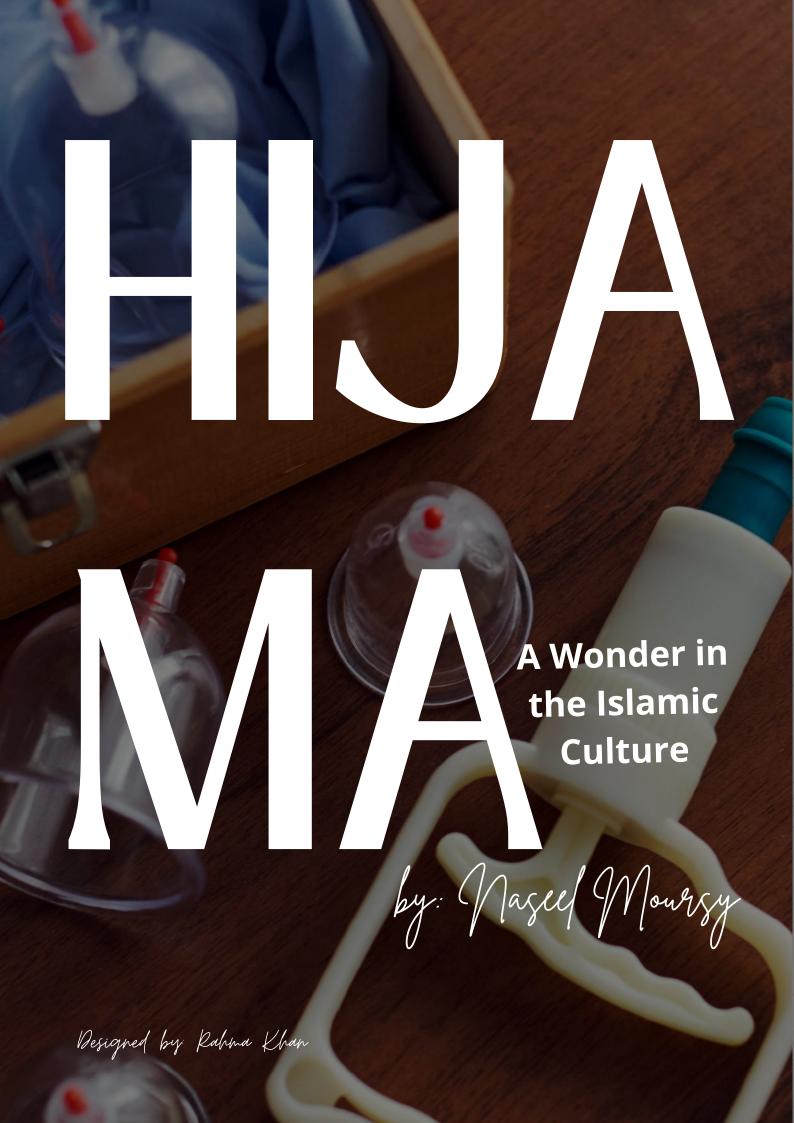
the 1980s, robotic surgery has been a remarkable feat of human innovation. In 1985, a robot was used to perform a brain biopsy with an astounding accuracy of 0.05mm, paving the way for groundbreaking advancements in the field of medical science. Since then, robotic assistance in surgery has become increasingly popular, aiding in precision and accuracy. However, while it's certainly a helpful tool for surgeons, it's important to note the public's perspective on the concept of robotic surgery as well.

studies Some showed considerable difference in opinion between males and females regarding this topic. For instance, females were more skeptical of the notion of robotic surgery than males. Females expressed that their concerns circulate around trust; after all, humans are more likely to trust something they're familiar with. Males, on the other hand, didn't seem troubled by the idea of Other robotic surgery. studies showed that 70% of participants were at peace with the idea of robotic surgery. They appeared to understand the advantages offered over traditional surgery and mentioned that they would choose it if it was offered.

Robotic surgery seems to be the perfect choice; it is minimally invasive, offers faster recovery, is less expensive, and is less timeconsuming. However, it is worth noting that a fair number participants don't know much about robotic surgery in the first place. This lack of awareness is a limitation in many scientific articles highlighting this topic. Likewise, some people confuse laparoscopic surgery & robotic surgery, which, in turn, affects their outlook on this topic.

The public's opinion on this topic is influenced by the simple nature of the human brain; it's programmed foreign to reject concepts. Considering how sci-fi films discuss the topic of robots, coupled with the lack of awareness of the advantages of robotic surgery, it becomes clear why participants opted against robotic surgery. With this in mind, more measures must be taken to public enhance awareness robotic surgery, such as educational campaigns in hospitals and utilizing social media.

> Written by Ghedaa Armosh Edited by Usman Ali Designed by Alzahraa Alkatmah



Hijama, or wet cupping,

is an ancient form of therapy widely practiced by Muslims. It differs from conventional or dry cupping which involves placing cups on the skin at certain trigger or acupuncture points, after which the skin is sucked into the cup and left for several minutes. This allows blood to move, reducing inflammation, and serving as a massage technique. The cups can be of plastic or glass, along with a suction tool or fire respectively. Fire, in the case of glass cups, works by removing the oxygen from inside the cup and creating a vacuum by which the skin is sucked inwards.

In Hijama, another step is performed after the suction, and that is the extraction of blood. After the standard cupping, the cup is removed, and a medical blade or blood lancet is used to scratch or prick the skin. Next, the cup is placed back onto the same spot and blood is extracted. The blood can appear clotted, bubbly, or sticky. It is then cleared, and the skin is then sterilized. Wet cupping is virtually a two-step process, as opposed to dry cupping, which does not include blood withdrawal.

Therapeutically, conventional cupping aids people with musculoskeletal conditions, as the movement of the blood generally eases pain. On the other hand, Hijama has a wider range of benefits and has been found to be effective in various diseases. By removing blood, heat and toxins are cleared from the body and, other subsequently, inflammation and pathological issues. In other words, "bad" blood is drawn out. Examples of conditions treated by wet cupping therapy include blood disorders, rheumatic diseases, skin problems, fertility inflammatory digestive diseases, issues. autoimmune conditions, high blood pressure, migraines, anxiety, and depression.

Hijama is a Sunnah that was highly encouraged by Prophet Muhammad (peace be upon him).

It was reported by Anas ibn Maalik that the Messenger faid:

"Indeed the best of remedies you have is Hijama..." [Saheeh al-Bukhari (5371)]

Moreover, Abu Hurairah anarrated that the Prophet said:

"If there was something excellent to be used as a remedy then it is Hijama"

[Sunan abi Dawud (3857), Sunan ibn Maajah (3476)]

Furthermore, in the Ahadith, Hijama was recommended by angels, labeled as a preventative therapy, and stated to be a cure and a blessing. Another fascinating concept is that Hijama at specific times of the month is a cure for every disease.

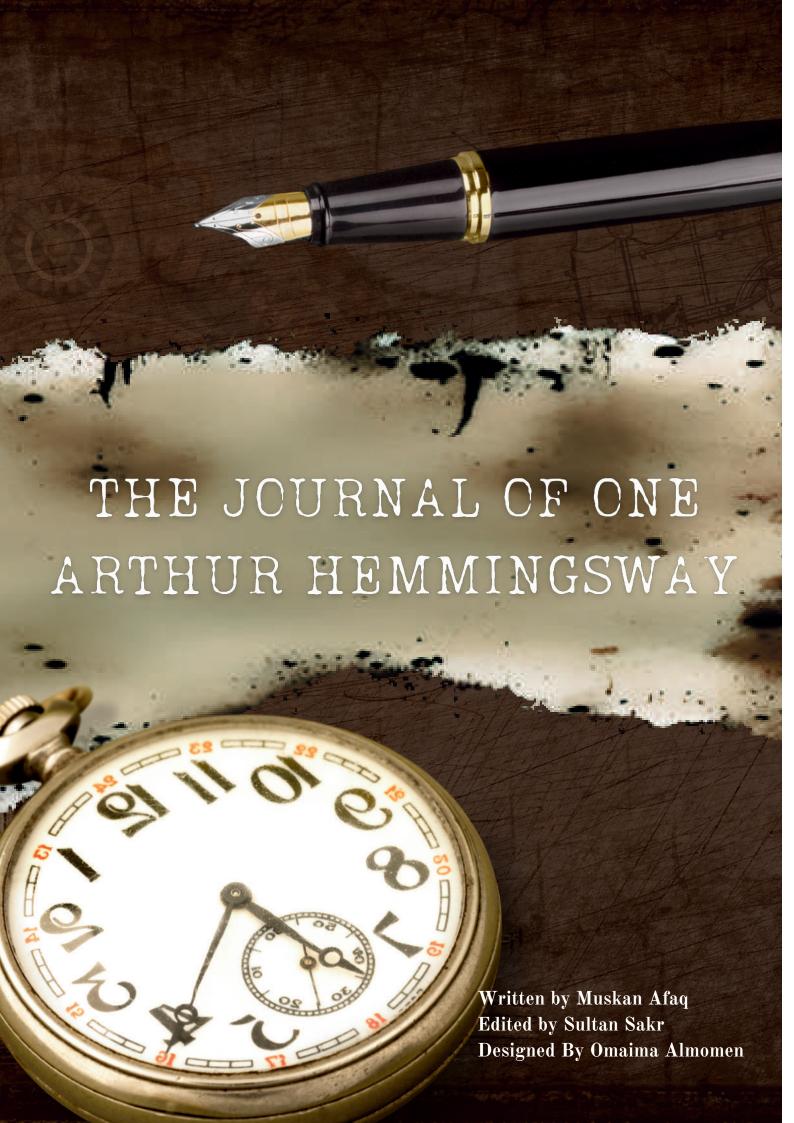
According to Abu Hurairah , Prophet Muhammad said:

"Whoever performs Hijama on the 17th, 19th, or 21st day (of the Islamic lunar month) then it is a cure for every disease."

[Sunan abi Dawud (3861)].

From an Islamic perspective, Hijama has multiple healing effects mentioned in the Sunnah. It helps cure headaches, bruises, magic, and poison while also strengthening memory and intelligence. In addition, the points Prophet Muhammad (peace be upon him) used for Hijama were the two veins at the back of the neck and the base of the neck. During Ihram, the Messenger (peace be upon him) was cupped at the side of his head for unilateral headache and on the top of his foot for pain. Thankfully, Hijama does not void Wudu. However, there has been an ongoing debate regarding whether it breaks the fast or not. Imam Ibn Baz's answer to this dilemma was that Hijama does indeed break a Muslim's fast, as the Hadith stating this is more recent.

In essence, Hijama is one of many wonders of the Islamic culture. Although it does not involve any sort of medical therapy, it has been proven to significantly heal diseases, Subhan-Allah. Most importantly, its use by Prophet Muhammad (peace be upon him) highly advocates for its practice amongst Muslims.



17TH MAY, 1875

The past week's fine mornings presently pay us visits with a rather darkened, rainy sky as I write this. Ordinarily, I would choose to sit on the benches that would sometimes be covered in autumn leaves, under the morning sunlight, near the dewdrops of the grass blades outside. Charlatan Library. But my oh my, barely a few steps can be seen outside with all the fog and the bleak rain.

So I chose to sit inside, near a window. Mr. Rorich was kind enough to light some candles for my writing as well as brewing a fresh cup of chamomile tea for me. It served well, as just yesterday I had been scratched violently by a black cat, and much of my research accounts for the anti-inflammatory properties chamomile leaves possess. Echinacea roots and stalks work just as well, but they should be used for people who come down with colds or respiratory infections.

My hands trembled all day today to note down the epitome of my discoveries for the past few months. You see, I had been tirelessly working to search for herbs and extracts one could use to prevent cancer cells from dividing further into a late-stage disease. My colleague Rosetta concluded her research on berries and nuts and submitted her proposal to the Council, but I wanted to look for something much more... enticing if you could say.

And today in Lady Persimmon's apothecary, we discovered a combination of herbs that could biologically prove very effective. The secret here all along was that I was searching for something no one would have ever heard of when the answer was right there in plain sight. Rosemary, thyme and mint leaves paired with a bit of parsley: It was a prescription one of my patients had been taking recently and the tumor in his knee remained the same size and consistency for the last 2 years. It was a strange case honestly, and I could not figure out what was the miracle behind his condition until he told me about the tea contents that he took every day.

The leaves just outside my window are rustling like the ghosts of my manor at midnight. My candle has half burnt out and I am pretty honest when I say I assume Mr. Rorich has fallen asleep upon his books behind me under the warm glow and comfort of his candle. Times change really fast, my hair will turn white soon, and perhaps my son could take over my research for me for the betterment of the world.

Perhaps there will once be a day when the community has discovered the real cures to the cancerous diseases I see every day. All I can do is hope that my research can prove beneficial to them and that their circumstances for dealing with debilitating illnesses are far better than mine.

Signed, Arthur Hemmingsnay

The DARK SHADOW of Medicine

Written by Sidrah Fatima

Edited by Salma Metwally

Designed by Alzahraa Alkatmah

of the main things we learn in medical school is the importance of being empathetic and compassionate towards our patients. Every patient has the right to medical treatment, regardless of race, gender, or religion, and should be treated with care and respect. Additionally, the treatment should aim to benefit the patient and should not be administered if the harms outweigh the benefits. These are the ideals that we, as individuals in the medical field, hold to be true. However, throughout history, these beliefs were challenged by countless doctors who performed unethical medical practices to pursue knowledge, money, or fame. This article will discuss three unethical medical operations and how they misalign with important ethical considerations.

It is necessary to address that knowledge alone is insufficient to mold a good doctor; it requires a blend of empathy, integrity, and ethical conduct. An example is Dr. Christopher Duntsch,

a neurosurgeon known as "Dr. Death". This apparent betrayal of trust emphasizes that although expertise is vital in the medical field, it needs to be paired with an unwavering dedication to moral values and patient care. His story became well-known in the medical world. Dr. Duntsch had excellent training and technical proficiency, but his lack of compassion and unethical behavior resulted in several disastrous procedures in the Dallas-Fort Worth region. As a consequence of his careless and reckless actions, patients experienced severe injuries and paralysis and even passed away. Without such integrity, even the most educated practitioner can go off the path of being a good doctor, leaving a trail of ethical dilemmas and compromised patient care in their wake.

Furthermore, the lack of manners and a blatant disregard for the value of human life among physicians have historically resulted in unethical medical experiments, demonstrated by the infamous 1939 Monster Study. The Monster study, directed by Dr. Wendell Johnson at the University of Iowa, intended to determine how negative speech therapy affected children's speech development. However, the study's approach was seriously defective and unethical. Children were divided into two groups, with one group receiving positive speech therapy and the other exposed to harsh criticism and labeling as "stutterers" regardless of their actual speech abilities. This psychological manipulation caused significant distress to the children and long-term psychological harm. The Monster Study serves as a clear reminder of the dangers posed by medical professionals who neglect basic ethics and humanity in pursuit of scientific knowledge, proving

the critical need for respecting human dignity in medical research and practice.

In addition to being highly skilled medical professionals, physicians must be compassionate and kind in their interactions with patients. The unsettling story of Dr. Harold Shipman, a British general practitioner who transformed into one of the most prolific serial killers in history, serves as a striking example of this reality. Despite having a medical degree, Dr. Shipman lacked the essential traits of empathy and compassion for his patients. Rather, he mercilessly betrayed their trust by giving them lethal doses of medicine, which ultimately resulted in the deaths of hundreds of people, especially elderly individuals. This terrifying instance highlights the serious repercussions that arise when doctors disregard their humanity since a lack of empathy can result in severe moral transgressions and patients

Physicians need to understand the fundamental link between their humanity and their profession, as it is through compassion and empathy that doctors uphold their oath to treat and better their patients' quality

of life.

suffering irreversibly.



Congrats Grad!

...What Now?

Written by: Hnda Syed Edited by: Suttan Sahr Designed by: Rahwa Khan We all look forward to the day we grab our tassels and flip them to the other side, yet there's always that impending question: what's next? While many of us are familiar with the most popular pathways after finally holding that medical diploma, here we'll discuss some of the other diverse roads you can embark on after that graduation stage. There are numerous careers we can pursue after completing our medical education, from health care and research to law or marketing, and several other pathways you can take that can work towards each career choice. This guide will outline some of the more commonly taken paths, keeping in mind that every student has his/her unique journey.

Physician

- Description: This is a path we are all quite familiar with. To become a practicing physician, residency programs allow you to specialize in a particular field of medicine such as Internal Medicine, Surgery, Psychiatry, etc. If you want to further sub-specialties in a particular field, a fellowship program is a way to go.
- Pathway: After MBBS, you need to sit for entrance exams specific to the country where you want to pursue your residency. Once you qualify, you apply for the match and wait! After your residency, you can continue practicing in your speciality or you can apply for fellowship programs; entrance requirements may vary depending on the speciality and institution.



- Description: We've all seen our professors working hard to carry us through these tough years. Medical academia involves teaching medical students, conducting research, and even providing clinical care, depending on the individual job. This path can often lead to positions in medical schools, universities, or research institutions.
- Pathway: Taking on a role as a Teaching Assistant is a great way to start your teaching career. Look for opportunities to further your teaching experience during residency and go on to seek academic positions.

Medical Pack

Public Health

- Description: We've all had our fair share of exposure to the field of public health, with the Health Promotion Project Exhibition being our witness. Within the public health sector, you focus on promoting and protecting the health of communities and populations on a wider scale. Opportunities in public health include epidemiology, health policy, global health, etc.
- Pathway: While you can pursue a career straight after graduation, obtaining a Master's in Public Health or a related field is a great way to gain new skills. Aim to gain experience through internships or research in public health settings.

Hospital Administration/ Management

- Description: Oversees the administration of health services. You will be responsible for planning, organizing, and directing the various functions of a hospital or other medical facility.
- Pathway: Pursue a Master of Health Administration (MHA) or Master of Business Administration (MBA) with a focus on healthcare management. Gain experience through internships or administrative roles in healthcare settings.



- Description: This is a great option for our talented writers. It involves writing articles and pieces revolving around medical topics for publications, websites, or healthcare newsletters/blogs.
 In addition, you have the choice to either work as an employee or independently.
- Pathway: Develop strong writing skills and gain experience through internships or freelance opportunities. Consider pursuing additional training in journalism or medical communication.

Medical Journalism

Clinical Researcher

- Description: Involves conducting medical research to advance healthcare knowledge and improve patient care. Being diverse in its applications, it can also involve conducting clinical trials to develop new technologies.
- Pathway: Several pathways and fields involve clinical research and getting into research early on is a great way to prepare yourself. Approach doctors and try to find research opportunities during your education. Pursuing postgraduate degrees such as a Master's or PhD is another way to advance in the field. Continue gaining experience through research opportunities during residency or fellowship.

Medical Entrepreneurship

- Description: Maybe the College of Business is starting to seem like a good option?
 Medical Entrepreneurship is a great combination that involves starting or managing
 healthcare-related businesses, such as medical clinics, telemedicine platforms, or
 healthcare technology startups. If you want to start a business and aspire to be self employed, this is also a great path to consider.
- Pathway: Gain business knowledge through in-person or online courses you'll be surprised at the resources available - or an MBA program. You can identify healthcare needs and develop innovative solutions to address them.

Physician Attorney

- Description: Handles a wide range of legal matters within the healthcare industry including medical malpractice cases, healthcare regulations, compliance issues, and healthcare policy development.
- Pathway: Pursue a degree in law after medical school, following the country-specific path to practicing law. Gain experience through internships or clerkships with law firms specializing in medical malpractice.



From Systeriato Sealing: THE EVOLUTION OF PSYCHIATRY

The history of medicine, few fields have experienced such a significant change as psychiatry. From its dark origins, shrouded in superstition and misconception, to its current position as a well-regarded medical specialty, the evolution of psychiatry showcases humanity's advancement and tireless effort to comprehend the intricacies of the mind.

The early days of psychiatry were marked by the belief that mental illness was linked to

supernatural influences or perceived moral shortcomings, which resulted in practices like exorcisms and life-long confinement in asylums, which were more akin to a prison sentence than a treatment.

During this time, there was a disturbingly common diagnosis, hysteria, a term used to characterize various emotional and psychological disturbances amongst women. "Symptoms" such as anxiety, fainting, crying, unexplained physical ailments, and even feminism were frequently attributed to a wandering womb or perceived female "weakness."

Wandering womb: The uterus was once believed to be a sentient, hungry animal residing inside a woman. It would move around inside of her, trying to find semen. If it moved upwards towards the woman's spleen, it would be the cause of heartburn and indigestion. If it moved down, then it's the reason behind constipation or menstrual irregularities, and so on! Wost if not all symptoms reported by women were attributed to this semen-hungry, troublemaking uterus.

The treatment for hysteria included methods ranging from isolation, using leeches to suck out "impure blood," and hanging a woman upside down to nudge the uterus back into place. When all else failed and the woman was unwed, it was believed that a knight in shining armour, a husband assigned by the physician, would be the cure to a woman's most gruesome ailments.

The darkest chapter in the history of psychiatry is marked by the widespread use of lobotomies in the mid-20th century. Developed by Portuguese neurologist Egas Moniz, this procedure involved severing connections in the brain's prefrontal cortex in an attempt to alleviate symptoms of mental illness. While initially hailed as a revolutionary treatment, lobotomies soon revealed their horrific consequences, leaving many patients permanently disabled or even dead. So, while a patient would now be permanently bed-bound with an IQ of a toddler, at least they weren't complaining about their condition!

Psychiatry began to undergo a renaissance in the latter half of the 20th century. Psychoanalysis, pioneered by Sigmund Freud, revolutionised the field by emphasising the role of unconscious thoughts and childhood experiences in shaping mental health. Freud's theories laid the groundwork for psychotherapy, a cornerstone of modern psychiatric practice. The mid-20th century also witnessed significant advancements in pharmacology, leading to the development of psychiatric medications such as antidepressants and antipsychotics. These medications offered new hope for individuals struggling with conditions like depression, schizophrenia, and bipolar disorder, providing relief from debilitating symptoms and improving quality of life.

As psychiatry entered the 21st century, there was a growing emphasis on evidence-based practice and interdisciplinary collaboration. Research in fields such as neuroscience and genetics shed light on the biological foundation of mental illness, challenging long-held beliefs about the nature of psychiatric disorders. Furthermore, the stigma surrounding mental illness began to erode as advocacy groups and mental health professionals worked to

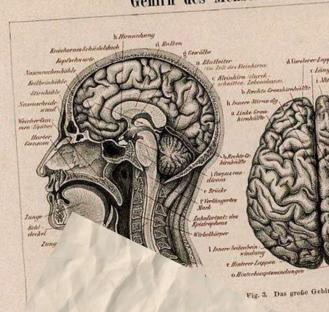
raise awareness and promote acceptance.

While psychiatry has made tremendous strides over the centuries, significant challenges remain. Disparities in access to mental health care persist, particularly in disadvantaged communities and rural areas. Stigma and discrimination continue to deter individuals from seeking help, perpetuating cycles of suffering and isolation. Furthermore, women seem to be unable to catch a break. Now, more women report physicians underestimating and downplaying their symptoms, dismissing them as "hysterical" or attributing their distress to hormonal imbalances.

Reflecting on the evolution of psychiatry, from its dark origins to its current state, one thing becomes clear: Through continued research, advocacy, and collaboration, we can build a future where mental health is prioritised, stigma is eradicated, and healing is within reach for all. A future where we don't call women hysterical, or whichever synonyms exist of the term, and claim that marrying a man will magically make her the happiest being there is. A future in which mental health is not deemed a taboo topic for men.

Written by: Yorna Alongi Designed by: Rahma Khan

Gehirn des Menschen.



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Building an Efficient Doctor:

The Role of Health Education in the Specialization and the Holistic Care

By Hammam Sibyani

Introduction

The healthcare sector is transforming, and as a result, there is an increase in the demand for adequate doctors. Nevertheless, the meaning of the efficient doctor has transformed over time, especially with the increased focus on the specialization in medical education. This article focuses on exploring the concepts of the effectiveness of the medical practice, emphasizing the factors leading to the development of proficient physicians. The article also looks into the impacts of health education specialization and the healthcare system's broader aspects.

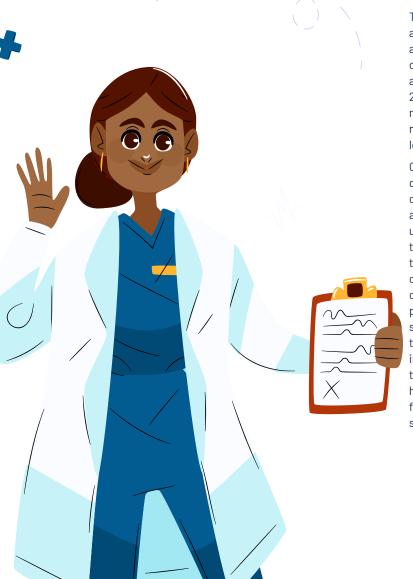
The Meaning of Efficient Doctor

An efficient doctor is described as a healthcare provider with comprehensive medical knowledge and proficiency in clinical skills, critical thinking, and successful communication processes. Efficiency in the medical practice entails the capacity to diagnose and ensure accurate and prompt treatment of patients while promoting patient safety and well-being. Additionally, the efficient doctor is skilled in managing time and resources. Consequently, they ensure maximum patient care within the constraints of the busy hospital environment.

The Approaches of Building a Doctor

The approach toward building effective doctors involves having a stronger foundation in medical education. The traditional approach in medical schools has involved the adoption of curricula focused on equipping learners with the knowledge and skills required in clinical practice (Bindayna & Deifalla, 2020). Nevertheless, there has been recent involvement in medical education as these institutions are moving away from rote memorization and adopting more active and experiential learning strategies.

One of the critical approaches towards building a successful doctor involves fostering a deeper awareness of the key concepts and principles of medicine. The medical students are expected to memorize factors and ensure an increased understanding of the underlying mechanisms of illnesses and therapeutic approaches for these medical conditions. Realizing these aspects requires the development of a curriculum focused on critical thinking, problem-solving, and using knowledge in clinical scenarios. Moreover, hands-on experience helps shape physician competency (Dong et al., 2021). Participating in roles such as clinical rotations offers learners the chance to apply theoretical knowledge in real-world settings. It allows them to improve their treatment skills as they follow the guidance of their experienced mentors. Handling different patient scenarios helps foster their adaptability and resilience, crucial qualities for overcoming the complex aspects of the current healthcare sector.







Furthermore, one of the key aspects to focus on in medical education is the cultivation of professionalism and empathy. These two aspects help in the promotion of the doctor-patient relationship. Therefore, it is essential for medical curricula to include comprehensive training modules focused on promoting communication skills and cultural competence and instilling ethical decision-making models. Integrating these training techniques enables medical institutions to successfully equip future physicians with the required tools to help overcome the complex aspects of patient care. Additionally, the emphasis on such aspects helps deliver compassionate patient-centered care and assists with the cultivation of a sense of trust and mutual respect between doctors and their clients (Borowczyk et al., 2022). Therefore, prioritizing the development of professionalism and empathy alongside clinical proficiency makes it possible for medical education to contribute significantly to the formation of successful and empathetic healthcare professionals who can meet the different needs of patients.

How Much Do Medical Students Have to Know?

The breadth and depth of awareness or knowledge required of medical students have considerably increased. There is an increase in the demand for proficiency across a wide range of medical disciplines regarding the licensure and board examination requirements. Therefore, students are challenged to show competence in different areas beyond the selected specialty. The traditional medical education strategy usually emphasizes memorizing and recalling factual information (Liu et al., 2022). Nevertheless, the modern medical curriculum focuses on understanding and application rather than memorization. Therefore, these students must have a deeper understanding of the critical aspects of anatomy, pathology, pharmacology, and physiology in addition to the core disciplines, thus offering a solid foundation for their involvement in clinical practice.

In addition, the growth in the complex nature of healthcare delivery calls for proficiency in interdisciplinary teamwork and holistic patient care. The students are expected to know the social determinants of health, medical disparities, and the effect of psychosocial elements on the patient's overall outcomes (Liu et al., 2022). Such comprehensive knowledge makes it easier for doctors to tackle their patients' complex needs and deliver high-quality and patient-centered healthcare.

Whether the Focus on Extreme Specialties is a Smart Move in Healthcare

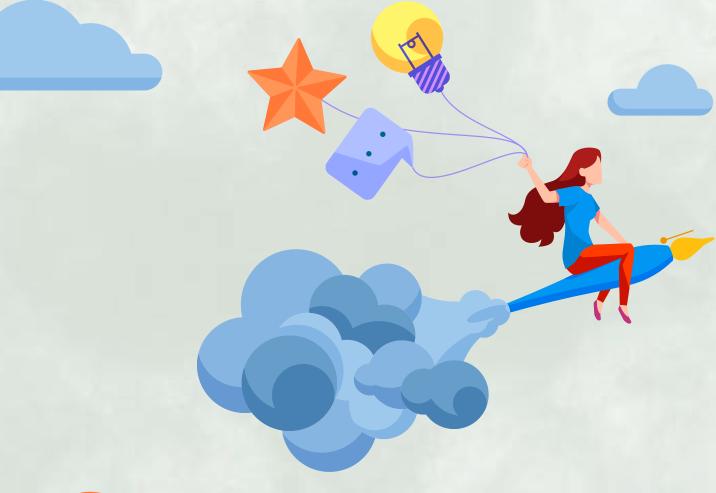
The increasing trend of specialization in healthcare has resulted in greater medical science and technology advancement. Consequently, it has enabled doctors to establish skills in particular practice areas. The specialization provides them with various benefits, including enhanced patient outcomes, efficiency, and physician job satisfaction. Nevertheless, the focus on the extreme specialties increases concerns regarding the possibilities of the challenges or drawbacks associated with overspecialization (Huebner & Flessa, 2022). Doctors who are more focused on the narrow subspecialty will likely need more exposure to other wide medical concepts and holistic strategies for client care. It results in the need for more appreciation for the interlinkage of different medical disciplines.

Moreover, the healthcare system relies on a different workforce of medical providers with different skill sets and expertise. Even though specialists help manage complicated healthcare conditions effectively, primary care physicians act as frontline providers offering comprehensive and coordinated healthcare services (Flaubert et al., 2021). The neglect of the crucial training and development of the primary care professionals in support of the extreme specialties is likely to undermine the success and sustainability of the healthcare system.

Conclusions

Building effective doctors requires a diverse strategy involving academic training using hands-on clinical experience and cultivating professional values. Medical education is expected to adapt to the changing medical delivery needs, thus equipping learners with the knowledge, skills, and attitudes needed to succeed in a rapidly evolving environment. Even though specialization provides benefits based on expertise and efficiency, it is essential to maintain the balance between specialization and generalism in medical practice. The focus on the role of holistic care and interdisciplinary teamwork helps ensure that doctors can tackle their patients' diverse needs. The approach of fostering a culture of ongoing learning and continuous improvement enables medical educators to prepare the future generation of physicians to succeed in the complex nature of the present healthcare system.





SITTIME TO BID YOUR DREAMS FARE WELL?

By Inaam Ibrahim

You've finally managed to get that acceptance letter from the university. You've finally achieved your goal of being a medical student. However, that dream of becoming an author? You can scribble all over that, for it's never going to happen. You want to pursue that stand-up comedy hobby of yours one day? Well, that's never going to happen either because you're a medical student now and you're destined to become a doctor, nothing else. You've got to be realistic. You cannot be a doctor and have interests; that's not allowed. In other words, it's over for you- good job. Here's a round of applause for you. But what if I tell you that's not really the case? What if I tell you that this is in fact a completely false image that medical school portrays? Let me show you examples of people who were able to transition from medical professions to other jobs and prove it for you.

Are you familiar with the name Sherlock Holmes? You might recognize him as the incredibly smart and witty detective who inspired many. Although Sherlock Holmes was written in the early 1900s, he remains among the most well-known fictional characters in our day and age. Did you know that the author of the Sherlock Holmes series, Sir Arthur Conan Doyle, was in fact a doctor? On top of that, the character himself was inspired by one of Doyle's professors, Dr. Joseph Bell, which makes it all more fascinating.

Ken Jeung is an actor and stand-up comedian who is known for his role as gangster Leslie Chow in "The Hangover" film series. But did you know that he was once a doctor too? During his residency years, Jeung participated in a competition named the 'Big Easy Lay Off', where he won first place. After that, he started doing stand-up comedy as a side hustle for a couple of years after becoming a practicing physician. Just before Jeung moved to LA to follow his dreams, his medical school counselor told him, "You will be a great doctor because you are a great comedian, and you will be a great comedian because you are a great doctor."

Last but not least, George Miller is not only a screenwriter but also a film director, producer and former doctor. It all began when Miller entered and won first place in a local short film competition. Shortly after completing his residency and beginning to practice medicine, his film career was set in motion. Miller is most famously known for co-directing the Mad Max series and the Oscar-winning 'Happy Feet' movies.

Are you now convinced that it's possible? Getting accepted into medical school doesn't put an end to those other dreams you might have. It also doesn't mean that you can't pursue hobbies and activities you're interested in. Becoming a medical student doesn't extinguish your ambitions in such activities you've always longed to do, instead it can mean the beginning of even greater things.

"Shoot for the Moon. Even if you miss, you'll land among the stars."

THE ETHICS PROBLEM

by sarah tullah

The term "medical ethics" was first coined by an English author and physician called Thomas Percival. It must be noted that his conception of medical ethics itself has been strongly contested, as historical texts impart evidence that dates back to ancient times and reveals several laws and ethics implemented to this day. Contributions of great Greek philosophers to the field of ethics are innumerable, but the involvement of Muslim scholars and physicians is just as, if not more, indispensable.

Despite the concept of medical ethics being one of antiquity, the history of its implementation is relatively recent and interrupted. Over countless centuries, scholars, scientists, and physicians have coveted the knowledge of medicine. The thirst for knowledge led them to all kinds of extremes where they incurred and caused harm. The human body is a fascinating puzzle, its physiology unique to that of other animals. Due to this quality of being sui generis, it draws curiosity.. To this day, we can not fully comprehend all its functions. If we were to go back a few centuries, we would find scientists and physicians perplexed as they tried to solve the puzzle of the human body. Due to limited technological advancements, it was difficult to postulate the mechanisms behind physiological functions. This limited the contrivance of cures for debilitating illnesses. Thus, they had to resort to experimenting on humans.



We underestimate the proportion of medical knowledge derived from the findings of some of the most horrifying experiments performed in human history. From the brutal experiments of the Nazis on Jewish prisoners to the unfathomable accounts of Unit 731, medicine impassively expands its purview upon the victims of war and genocide. We may say that the subjects of those experiments are martyrs, and we venerate their martyrdom by learning from it and applying our knowledge, but is it fair for people to have sacrificed themselves to advance science? We have learned from the records of Unit 731 that frostbite is best alleviated by submerging the limb in warm water. We do not, however, learn how this discovery was made. Countless victims of the Holocaust have recounted memories of the biological warfare they were subject to. Although it is believed that the Nazis did not heed accuracy in their experiments, their findings are still considered somewhat relevant. Then there is J. Marion Sims. He earned the esteemed title of Father of Modern Gynaecology and experimented on enslaved Black women in the 19th century. He forewent anesthesia when performing painful procedures on these women under the apocryphal belief that Black people could not feel pain. Through these inhumane procedures, he was able to develop a technique for the repair of vesicovaginal fistulas.

PERHAPS IT IS IN DESPERATION THAT WE SEEK OUT SOLUTIONS MOST VEHEMENTLY"



Furthermore, we must consider that hierarchy preserves oppression. It is much easier to subjugate those without influence and transform them into experimental subjects. In the 1930s, Canadian researchers recruited indigenous babies for a study assessing the legitimacy of the tuberculosis vaccine. These children – who had been enrolled in the study without the consent of their parents – were subject to cruel conditions. Several died. The trial was declared a success.

Some may argue that war and plague call for dire sacrifices, like the sacrifice of Iphigenia at Artemis' altar. But unlike Iphigenia, who was spared at the hands of Artemis' mercy and was exalted as a priestess, the subjects of unlawful and depraved medical experiments become mere statistics in medical literature.

But if we look past the atrocities borne of depravity and look at actual times of desperation, we, once again, come upon an unfortunate realization: we could not have discovered certain cures or physiological mechanisms without subjecting mankind to dire conditions. During the Italian War of 1536 - 1538, French surgeon Ambroise Parè felt compelled to concoct a tonic to heal the wounds of soldiers.

Having premised the unethical considerations, is it ethical to derive benefit from the grotesque history of human experimentation? Or should we dispel all such knowledge and begin anew? Do new developments in civilization beg a new code of medical ethics to be contrived?

Perhaps it is in desperation that we seek out solutions most vehemently. Without war, bloodshed, plague, destruction, and desperation, we would not care to look for significant cures and prevention. Humans are short-sighted: we aim for only what affects us and nothing beyond that. Or perhaps we are far too consumed by the traffic of daily life to spare time for superfluous ideas. It is comforting to believe that we are at the precipice of morality and good ethics because we have learned to misconstrue the violation of human autonomy in the eyes of the world. We do so by reminding ourselves that we have learned from our mistakes and it is impossible to repeat such horrors. Regardless, we must be wide-eyed and conscious to acknowledge the foundations upon which we stand.

When crafting the death penalty, the option "retirement home" was somehow conveniently misplaced. The cruellest of oxymorons, it's a permanent abode for the soul but a sojourn for the body, reeking infirmity all the way from the Accoya vestibule denying the calloused embrace of decay to the incandescent fireplace sempiternally verging on its perishing flickers. As for its tenants, tarry whirlpools lapping on the bases of their bottom eyelids and wrinkled papyrus stretching over their extremities, they're better-thought calcium puppets only propped up each further day by the hand that feeds, shackled to life even as they feel the hot breath of the undertaker on their nape, reaper landlord distantly tuning the death knell to the tempo of their memories.

Even in the futuristic year of 2099 with neoteric technologies guaranteeing a contract extension with her Scroogean employer, life, Mrs. Auguste Apfel could not feel more disposed to join her armchair neighbours in being harvested from this world so that her holding cell may be tilled for its next sheep in orange clothing. Call it nihilist blues but her existence lacks any grain of meaning in her mind. She has lived a life of nothing and she will expire the same - as nothing. Yet her grandson, Alois Apfel, grips her hand gently through interlaced fingers, rhythmically strumming on protruding bony strings while flipping through a (now thought to be) anachronistic album in his lap, youthfully optimistic that the maestro will remember just who once played the hits even as her vacant eyes bleed right through him.

Here she is, the same age he is now, but wearing the lustrous grin of a serotonin fiend, frizzy hair billowing out a December chimney, arms and legs more bandage than skin - some for aesthetic purposes though others taming her intrepid recklessness. A daily trip to the nurse's office felt almost mandatory for her, as if inventing new ways to be injured was her favourite pastime. Still, Nurse Isabella remained as patient and tender as morning dew, warmly welcoming in a new Lego puzzle each time. Sutures, scalpels, and forceps all ran cross-country through

Auguste's fascination in place of the usual toys, while the pungent smell of rubbing alcohol became the gentle embrace of home. This was her Shambala and she wasn't to leave it as long as oxygen backflipped in her lungs.

If a student blusters against lecture slide trenches and no one is there, do they still make a sound? Oma Apfel's career aspirations engulfed her in the rigour of medical school, and subsequent years dissolved into an interminable round of "Where's Wally?" as she withdrew into her bunker of notes, Anki cards and practice questions (skived classes too on choice days), having selflessly leased her twenties to a doctor's assembly line. To some, voluntary enlistment to a schedule entangled in nights spent awake longer than the moon itself and the obnoxious shelling of finals heavier than a Panzerkampfwagen VIII Maus was inane torture, but to her, this was a necessary war to be fought. After all, each grenade of formaldehyde to her nostrils from cadaveric dissections inspired a heightened sense of belonging, and she wasn't to abandon post as long as blood swam laps in her heart.

To stitch any superlative onto the fruits of her labour would still be misprising the magnitude of her success. Trickling sunrises through cerebral hemispheres to deconstruct secret whispers breathed in each lobe and sulcus, to disarming artful dodgers attempting sleight of hand with swollen pinkies before they could ever reckon metastasis, she made neurosurgery appear like the magic of David Copperfield. And when her scrubs crooned triumphant melodies over zephyrs scuttling across clotheslines, that obstinate adventurousness traded plasters for trekking through literary fissures on Alzheimer's research, birthing pioneering therapies on taming amyloid deposits and Tau vineyards. A mother, a doctor, and a visionary, she may have liberated thousands, including Nurse Isabella, from omens of dementia, but like all Greek tragedies, she could not cure her own cold...



وها أنا اليوم أتممت المراحل الثلاث الأولى من دراسة الطب، بمعنى أنّني أنهيت سنوات ما قبل السريرية (preclinical).

وصلت إلى مرحلةٍ أعرف فيها جميع أعضاء جسم الإنسان من الداخل والخارج، وأشكالها بالعين المجردة وتحت المجهر، وأعلم جميع الأمراض الشائعة التي قد تصيبها، بما في ذلك الأعراض الجسدية والنفسية، وعلاماتها المختلفة، وتشخيصها. وذلك كله من دون رؤية أي مريض حقيقي.

وهنا راودن<mark>ي سؤال، هل الدراسات</mark> النظرية كافية وهل يمكن الاعتماد عليها دون التجريب؟ هل دراسة أعراض المريض في الكتاب تستغنى عن زيارته؟

سؤالي ه<mark>ذا حيرني، لست متأك</mark>دة إن وصلت مقام الطبيبة التي تعرف كل أساسيات <mark>علم ا</mark>لطب بعد.

أما الجواب ... فقد حصلت عليها برؤيتي لمن حولي. وما أكثر الأمثلة التي سمعت عنها عن العجوز الذي مات في عمر يناهز السبعين بسبب مرض القلب التاجي، ولم أبالي. ولكن حين سمعت أن هذا حدث لأحد أقربائنا، تدمع قلبي.

وما أكثر الأسئلة التي قرأت فيها عن الشاب الذي يعاني من الاكتئاب ولم أهتم بخطورة الوضع إلا حين رأيت معاناة صديقتي وفقدانها شغف الحياة.

وما أكثر الفيديوهات التي شاهدتها عن جراحة لعلاج البدانة (bariatric surgery) والمتطلبات التي تتبعها، ولم أفهم مدى صعوبة الأمر إلا حين قابلت زميلة أمنعت نفسها من جميع أنواع الطعام على مائدة الفعالية بسبب العملية.

فدراسة الطب في غرفة واحدة، بالتنقل بين الكتب والفيديوهات قد تجعلك تعرف كل شيء، لكنها لن تجعلك تفهم كل شيء، لن تجعلك تحس. ستصبح كآلة، خبيرًا بجميع <mark>العلو</mark>م بدون مشاعر.

فإن أهم سبب لدراسة الطب قبل جميع الأسباب هي الأسباب الأخلاقية، والرغبة في محو جميع الآلام الجسدية والنفسية من الإنسان.

ويقول الإمام الشافعي: "لا أعلم علمًا بعد الحلال والحرام، أنبل من الطب، إلا أن أهل الكتاب قد غلبونا عليه".

الطل

بین الکتب و الواقع

تأليف الطالبة سناء منظري



في عصور الحروب والأوبئة يحاول الإنسان البحث عن شيء ينسيه لوعة المشهد، لوعة الفقد، ولوعة الألم الذي لا يستطيب. يحاول أن يجد قطرة أو ينبوع أمل يجعله يحيا من جديد، يقول مارسيل بروست في روايته الخالدة (البحث عن الزمن المفقود)- مقطع المادلين(كعك فرنسي). مارسيل بطل الرواية رجل بالغ يغمُس قطعة من المادلين في كوب من الشاي؛ فيعتريه شعور غامرٌ بالسعادة. يعرّف مارسيل السعادة: أنها شعورٌ بزوال الألم بالخلود بالطمأنينة الكاملة وكأن الدنيا لا توجد. ثم يفكر البطل مارسيل لماذا اعتراه هذا الشعور؛ فتعود به الذاكرة أنه غمسَ المادلين ببيت عمته في طفولته؛ فهكذا المذاقات الروائح الأدوية العمليات قد تجلب لنا السعادة ولو كانت مؤقتة. فالسعادة هي الانعزال عن هذه الدنيا مع شعورٌ بالقناعة التامة بزوال ذلك الألم.

فيحمل الإنسان الحزن والأسى معهُ تواليًا، مرَّت تلك الأحزان والآلام دون أذن ودون سابقِ إنذارِ لروحي وأرجاءها؛ فمرت الأحزانُ المتراكمة ولم أعرف مكانًا أذهب إليه ليرمم بقية أشلائي، كل الجهات من حولي خاوية منزوعة الينابيع والأمل، ولكن هنالك نبضٌ خفي في أعماقي يُحركُني ويدعوني للمحاولة؛ أن أجمع كل شوائبي وآلامِي وأن أشكل شيئًا يزيل تلك التراكمات التي في ذاتي، التي تحرق روحي وأحرفي. ولكن ذلك النبض لا زال غير محسوس أُحاولُ اقتطافه لينمو، ليزهو ، لأصنع من ذلك النبضِ روحًا و جناحين أطير بهما. هذه كانت ذكريات من ارتحلوا ولم يودعونا بسبب وباء قاتل أو حربٍ فتَكت بهم؛ فحملنا نبضهم في قلوبنا نحاول زراعة ذلك النبض في كل من مروا .علينا وهكذا الإنسان يحاول صب معاناته وتشكيل أساه

يشعر الإنسان أن حياته بعد كل تلك المآسي مرهونة في تقديم المساعدة. يحمل هذا الإنسان ذلك النبض الخفي في جيبه فيكتسيه الدم ليصبح وميضًا مشتعلا كاللهب. يحاول أن يساعد ذلك الطفل الذي فوق الركام الذي بخوفه يعلو. فيقول ذلك الإنسان أنا أيدي أولئك الأطفال التي تحمل ذلك النبض وتفتش بين الممرات لكي تبحث عن .ذاكرتها الأولى وتبحث بين الدفاتر والصور عن أملٍ مرير لابد منه

فكيف لفاجعة طبيب أنها تؤدي لإنقاذ ملايين من الأرواح. د. ستاينر كان لديه طائرة خاصة وكان طيار كذلك لأنه كان جراح عظام في مدينة نائية في ولاية نبراسكا لكي ينتقل بين المستشفيات، ذهب ذات يوم لزيارة والدته في كاليفورنيا في شتاء 76 مع عائلته. وبالعودة سقطت الطائرة في غابة بالقرب من ولاية كانساس. وكان الظلام دامسا ودرجة الحرارة -15 ، وبصعوبة وجد أهله الجرحى(زوجته وأربعة أطفال)، زوجته ماتت فورًا فوجد الخط السريع وأشار بيده - وذهب عبر شاحنة مع أطفاله لأقرب مستشفى ولكن المستشفى كان مغلقا فاتصل وأتى له الأطباء والممرضون ووجد أن هنالك خللا كبيرا في الطب في رعاية الجرحى وبروتوكولات المصابين فاخترع بروتوكول ال الذي اليوم يدرس ويطبق في الكليات والمستشفيات للممارسين الصحيين. وهو يعنى بما يقتل المريض ATLS .(ABCs) من خلال تقييم مجرى الهواء والتنفس والدورة الدموية

ولو نظرنا في صورة قريبة كيف أن جائحة كورونا غيرت بروتوكولات وأنظمة صحية عديدة، بل أيضًا ساهمت هذه الجائحة في جانبها المأساوي المشبع بالأحزان بتطور الأدوية واللقاحات في مدة قصيرة مقارنة بما كان يحدث قبل حدوث هذه الجائحة، حيث كان كل دواء أو لقاح يحتاج لمدة لا تقل عن 4 سنوات وموافقات عديدة لكي يتم استخدامه. أيضًا ظهر عصر آخر في الطب لكي يعنى بالمرضى من خلال الاستشارات عن بعد بحيث يتم تزويد هذه تساهم في تتبع حالة المريض. أنتهت الجائحة وأنتهت الحرب ورحل الكثير Al المعالجات بمحاكاة رقمية ذكية .القريب، السند، الرفيق، الملهم تاركين في القلب ذكرياتهم وأوج سماتهم من خلال هذه النبضات الخفية

ولا زال النظام الصحي يتغير يوم يتلوه يوم لكي يحاول تقليل مآسي هذا الإنسان البائس في تاره والمتوهج في تارة اخرى لكي يصل إلى درجة عالية في مواجهة الأزمات القادمة.



MATCH LIST



Dr. Lein Mathbout



Dr. Muhammed Yaman Swied



Dr. Ahmed Hamed



Dr. Abubakr Bajaber

Dr. Abdulrahman Abdullah Murshid Hospital: West Virginia University School of Medicine, WV

Dr. Abdulaziz Elbaage Hospital: Spectrum Health/Michigan State University, MI

Dr. Ahmad Mashlah Hospital: North Shore Medical Center, Salem Hospital

Dr. Loai Dweik Hospital: Cleveland Clinic Akron General, OH MGH, MA Dr. Nour M. D. Albastt Hospital: Southern Illinois School of Medicine

Dr. Omar Mohammad Zeitouni Hospital: Case Western Cleveland Medical Center, OH

Dr. Ra'ad Yaser Abdallah Al Tamimi Hospital: Southern Illinois School of Medicine

Dr. Rimsha Shariff Hospital: UPMC McKeesport Hospital, PA

Dr. Susan Alideeb Hospital: Zucker School of Medicine/Northwell at Forest Hills, NY



Dr. Imroz Apon



Dr Ibrahim Rahmatullah



Dr. Hamzah Koujan



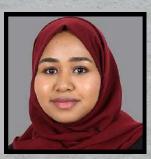
Dr. Nabel Basha



Dr. Radwan Alkhatib



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Dr. Imad Abdul Razzak

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Dr. Safwan Abbasi

Dr. Wissal Alsheikh Hospital: Howard University Hospital, DC

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SURGERY



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Dr. Lin Tuleimat Hospital: Sheffield, UK

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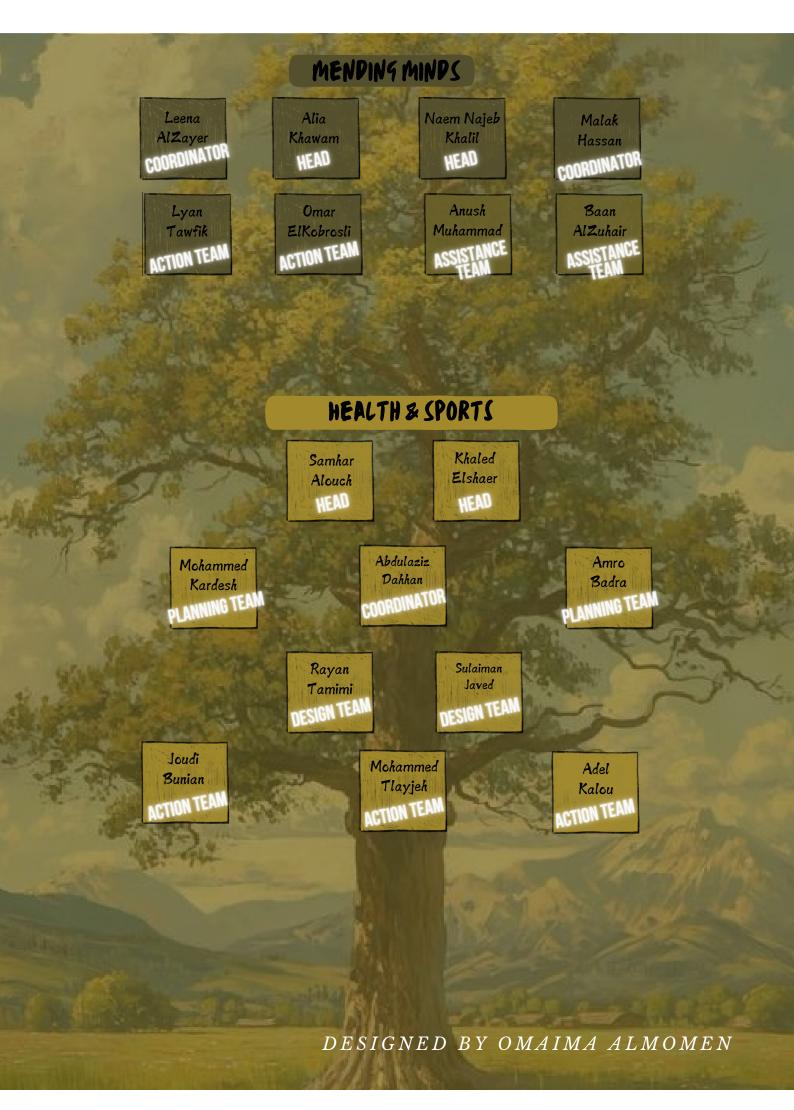
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MEDTIMES Farooga Salma Rushdan Tasneem Ruchira Dania Alibrahim Junaid sibai Firdous Sivakumar Ahmed HEAD HEAD Thaabit Jamaalia Muskan Sarah Omaima Rahma Raziq Bishri Afaq Khan Tullah Almomen EDITORIAL TEA EDITORIAL TEAN WRITING TEA ESIGN TEAN ESIGN TEAN RITING TEAN Asfiya INTERNATIONAL OFFICE Laraib Naureen Chishtee EVENTS TEAM EVENTS TEA Abduljalil El-Sara Sibai Aldahoul DIRECTOR HRECTOR Ismail Aisha Alaa Tarek Shakir Siddique Hamad Arabi ADVISOR ADVISOR ADVISOR ADVISOR Maheen Noor Al Lugman Shaikh Eman Siddique NATER ELAI GROWTH & DEVELOPMENT Rawad Ghayed Turko AlWassiah HEAD HEAD Abdul Razzak Shahad Ghena Abu Lara Chalab Cham Murshid Sharia Sadik Raghda Alzahraa Adwan Alkatmah Walid Salsabil Jana ORDINATO Hala Nassar Khalifeh Haque Mahmoud BATCH TEA Ghazi Alabdul Yazan Rasoul Razzak Almasry Turko Mohammed Amr DAL BITES PAL BITES DAI BITES Haddad Hajja PAL BITES PAL BITES

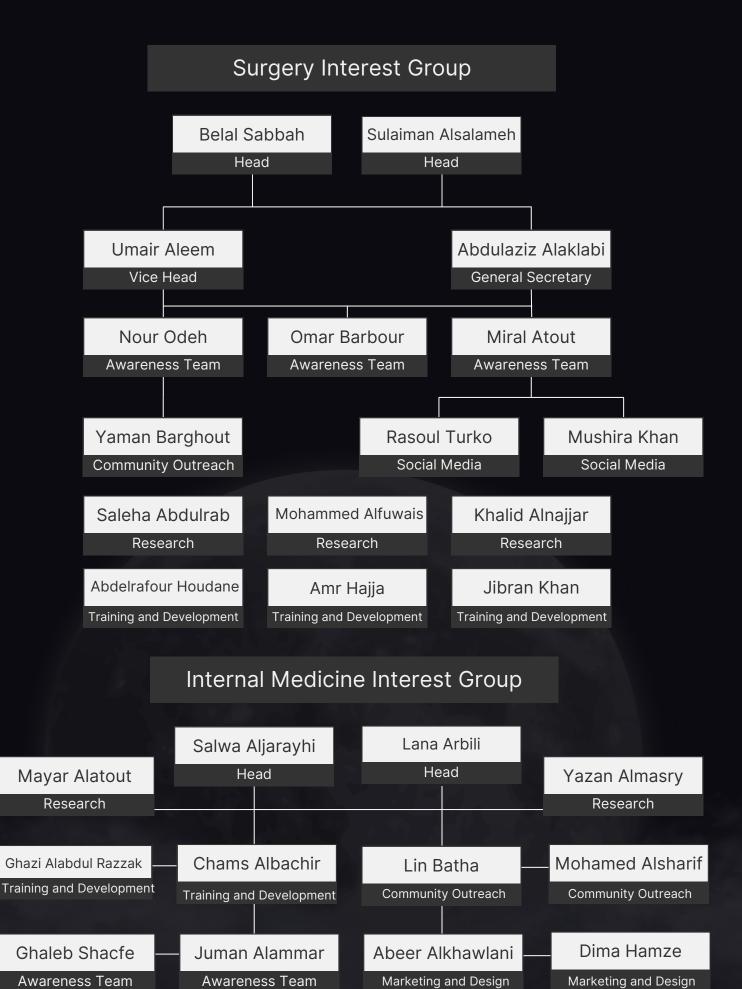
GREEN TEAM Ahmad Wael Sarah Deya Omar Sana Hashem Abdelhamid Idris Basha Butt Subih Thalai ACTION TEA ACTION TEA COORDINATO HEAD HEAD Hafsah Abdullah Khalifey Alotaibi QUALITY & SUPPORT Rashed Saud Maymona Ruby Shawabkeh Khalaf Chaballout Arbili CORDINATOR OORDINATO HEAD HEAD Aghiad Doga Albain Alkachem IIRVEY S Abdulrahman Lamar Shatha Mohammed EPORT TE Sukar Shehadeh Al Rahman Aljarayhi GN TEA IGN TEA Umaiza Mariam Rehan Hijaze PUBLIC RELATIONS Rafah Mohammed Rand Lotus Chahine Haddad Maarof Maarof COORDINATO :OORDINATO HEAD HEAD Alae Kenzy Naya Tariq Aboussekhra Mohammed Alyassini Memish TREASURY & SPONSORSHIP Ahmad Serina Jude Abdulrazzag Amjad Dana Magableh Qattea AbuShaikha Ajam Abdullah Almazrou **HEAD** Saniyah Nour

Alfarra

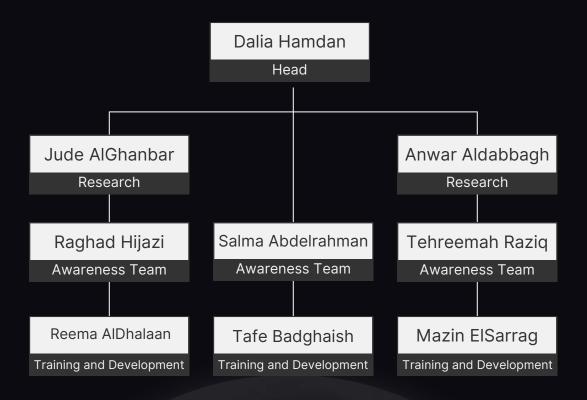
Shaikh





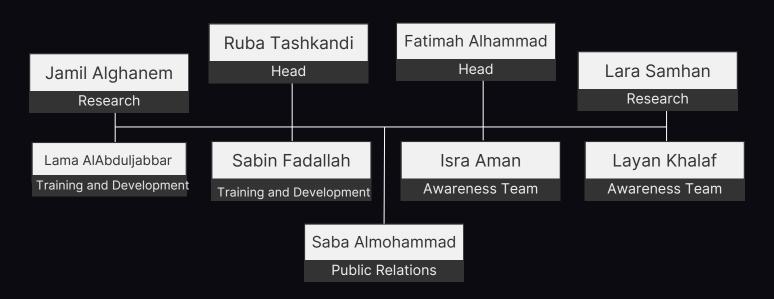


Emergency Medicine Interest Group

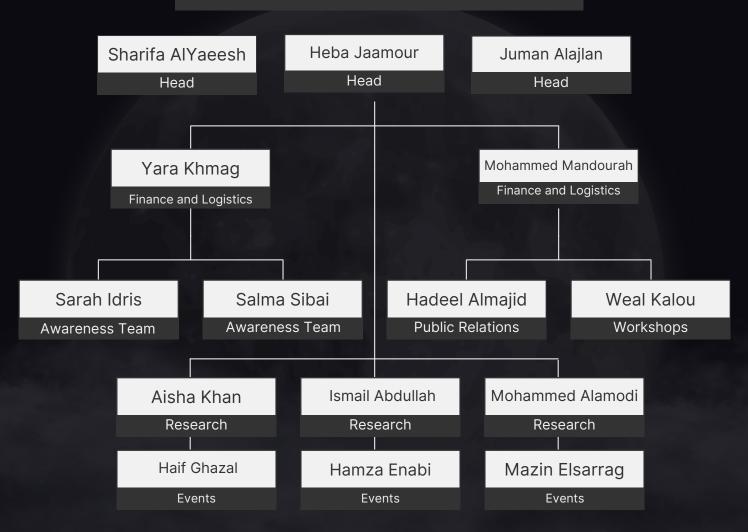




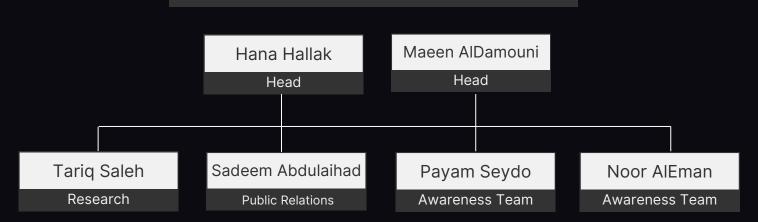
OBGYN Interest Group



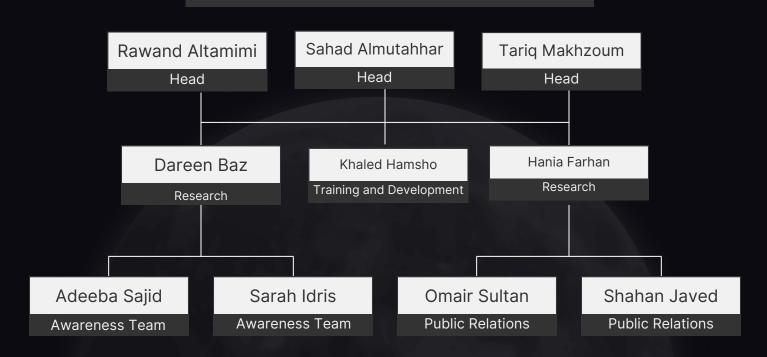
Family Medicine Interest Group



Neurosurgery Interest Group



Psychiatry Interest Group



Dermatology Interest Group









YEAR







ra Ayah Abu Jamea



Ayah Ibrahim







Fatima Libaan Syeda



Hala Salim









Hiba Ali



"The Journey might be Tough, but thats what makes it Fun!"



Isra Sheikh "This year isn't it for me. Next year will be" My favourite joke of the year



Jana Atef I touched a uterus.



Jumana Khattab



Laiba Khan Some conversations are better left unfulfilled...



Laila Abouzeid





Lotus Marouf



Manal **Abdelrahim**



اتَّقوا الله



Maya Alhaj



Naushin mohamad didar



Nawaal Saleem



Noor Elabd



Ola Mohammad



"I already had the longest day of my life, and it's only 10am" -Lorelai Gilmore



Tala Fallatah



Rahaf Nagi



Lamar Ayman



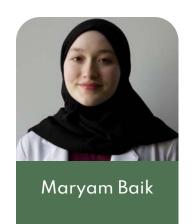
Sidra Fatima



Leen Murtada



Habiba Abdelkader

















Sohila Tawfiq



Tala Daqa



Zainab Shoeb

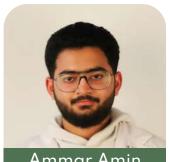
Hibatalla Mohammed Osman Hassan Do your best..God will plan the rest Samira Hilali Hassan No, I am not a fan of Al-Hilali

Syeda Laiba Faiz Life is soup, I'm a fork

Tayyaba Shakir Shah ear of doing something shouldn't stop a



Ali Kamha I haven't done it yet.



Ammar Amin From the depths of despair, ascent is the only path that remains.



Amro Rajab Basha



Anas Farooq



Ashaz Sayeed courage, not strength.



Bilal Daboul



Feras Nammor Live life on beat



Mohammad Dahman



Mohammad Rushdi Irfan



Khidr Mohammad You can't always get what you want but if u try sometimes you just might get what you need



Mohab Shanash



Mokshit Sathish "People can steal your ideas, your assets, your respect, and even what you love, but the only thing they can't steal is the knowledge you earn. Therefore, knowledge that is earned is success that is made."



"Don't trouble the trouble before it troubles you" ~Dr. Atif Mazher





Behairy



Tarek Adra



Muhannad Shamsdeen



Omar Abdulaziz



Grateful for the memories, excited for what's next



Youssef Ayman



Zeyad Farahat منك السعي و من الله السعة



Abdalslam Mazen قاوم حتى لو وصلت ممزقً ، لذة الوصول سترممك



Abdurrahman Isa Khan

Abeer Alsahan "Whether positive or negative, whatever is meant to happen vill happen. Accept it and learn from it. Move on."

Adam Khan free young thug

Adam Taleb Femur is the longest bone in the body

Ahmed Elamin l'm so bright, you'd think l'm white.

Basel Alshdaifat

Homam Khawajkyia

Mohammed Abduhu Amer

Dressed smart like a London bloke / Before he speak his suit bespoke

Muhammad Faizan Sajid Power is not what endorses your fear in your friends rather your love in your enemies	Mustafe Ali On my way!	Rami Marwan Qandeel From the ocean in Khaleel, even Alfaisal has a Qandeel.	Sultan Sakr tough times never last, only tough people last
Syed Yusha Rashid " and whoever saves the life of one, it shall be as if he had saved the life of all mankind."	Yaser Bek i don't know what to put, so i guess here's a smiley face :)	Yazan Alrefaei life is too short for a bad coffee	

















Emmain Radifa مَسْبُنَا اللَّهُ وَبِعْمَ الْوَكِيلُ



Ghedaa Armosh meowing & frickling my way through 2nd year



Habiba Othman



Hafsa Khalifey



Iman Bhat



Jamaalia Bishri



Jana Basmaih



Jood Alotaibi



Leena Alzayer



Lina Mohamed
Born to weep, forced to smile.



Malak Altarif



Mariam Ahmed من طلب العلى نام الليالي عادي



















Raghda Adwan



Rodan Desoky
"Telescopes are way more fun than microscopes"



Rumi Arai



Rutaba Mahreen



Salma Alkhateeb



Samra Farhat Mirza



Sara Dabbour



Sarah Tullah Black sugar milk tea with boba and brûlée.



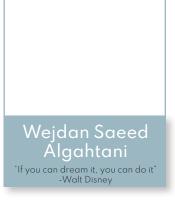


Shanjida Nahar Sijana



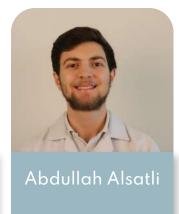


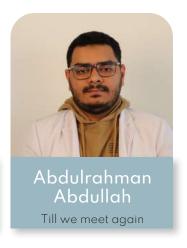




















Ahmed Mamoun Elawad



Ahmed Mirza







Abulat<u>hou</u>





Basil Abbasi



Faisal Alkhwaiter Shawarma







An apple a day, stay away





Medicine is like tea, you have to handle the heat to see it through



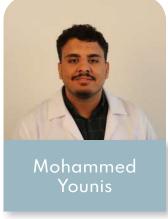


















Aleem



Rasheed Alnajjar There was no bitemporal heminopsia



Safi Mian True failure is when you've given up.







Siyaan Yasser Qureshi













Khalid Jamiel

Dawood Salman Almousa من جعل الهمومَ هماً واحداً كفاه الله الهمومَ جميعا

































Lujayn Ghandourah



Maya Alhalabi



This is my alter ego... ANITA MAX WYNN



Noor Al Eman







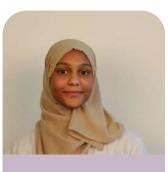






Ruchira Sivakumar

"Let all that you do be done in love."



Safia Elhassan



Salsabil Haque



Samanta Muhammed Shahin



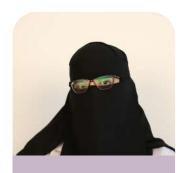
Sarah Idris
Tried to ChatGPT this!



Shahad Al Heijani



Shifa Bilal Delvi



Syeda Sobiah Imad



Syeda Sumaima Adnan



Yomna Aloufi



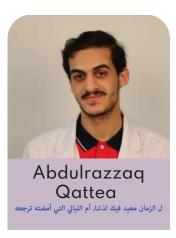






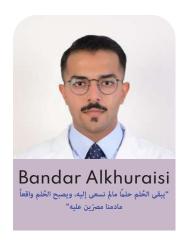






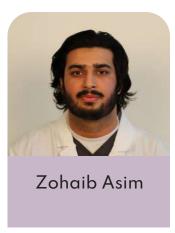










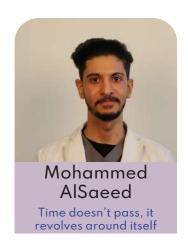














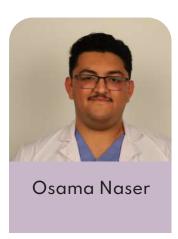














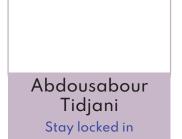
















YEAR









Alanood Ahmed



Anam Hashmi



Feham Peer Zada



Hadil Mahmoud



Madiha Jamal



Zainab Khan



Meral Alzayer



Raghad Aljejakli



Serene Skef





Tala Garatli

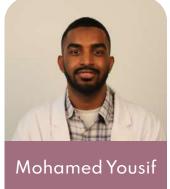


Tasnim Abbad



Tehreemah Raziq How do I know when I know? You know?

















Mohamed Adil It is always darkest just before the dawn - Dante Alighieri



























































Hebah Waleed Abdulwahid Mohammed The only impossible journey is the one you never begin. المعد لله الذي

























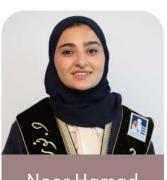




Nada Ziadeh











Nouf Alshammari







Raghad Alonazi







Rasha Alissa



Raziqa Hazari



Reema Alashkar



Rojina FathAlrahman



























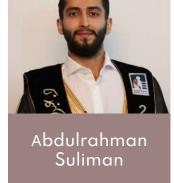


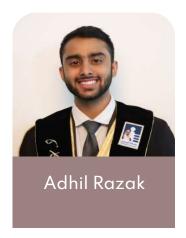




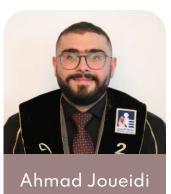




















































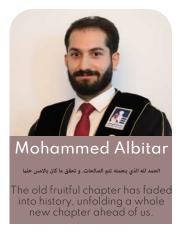




















Mshal Alhatm







































Second





Third YEAR







Fifth













































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Laraib Chishtee - Events/PR Head

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General Secretary: Hasan Refai & Dania Ibrahim

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