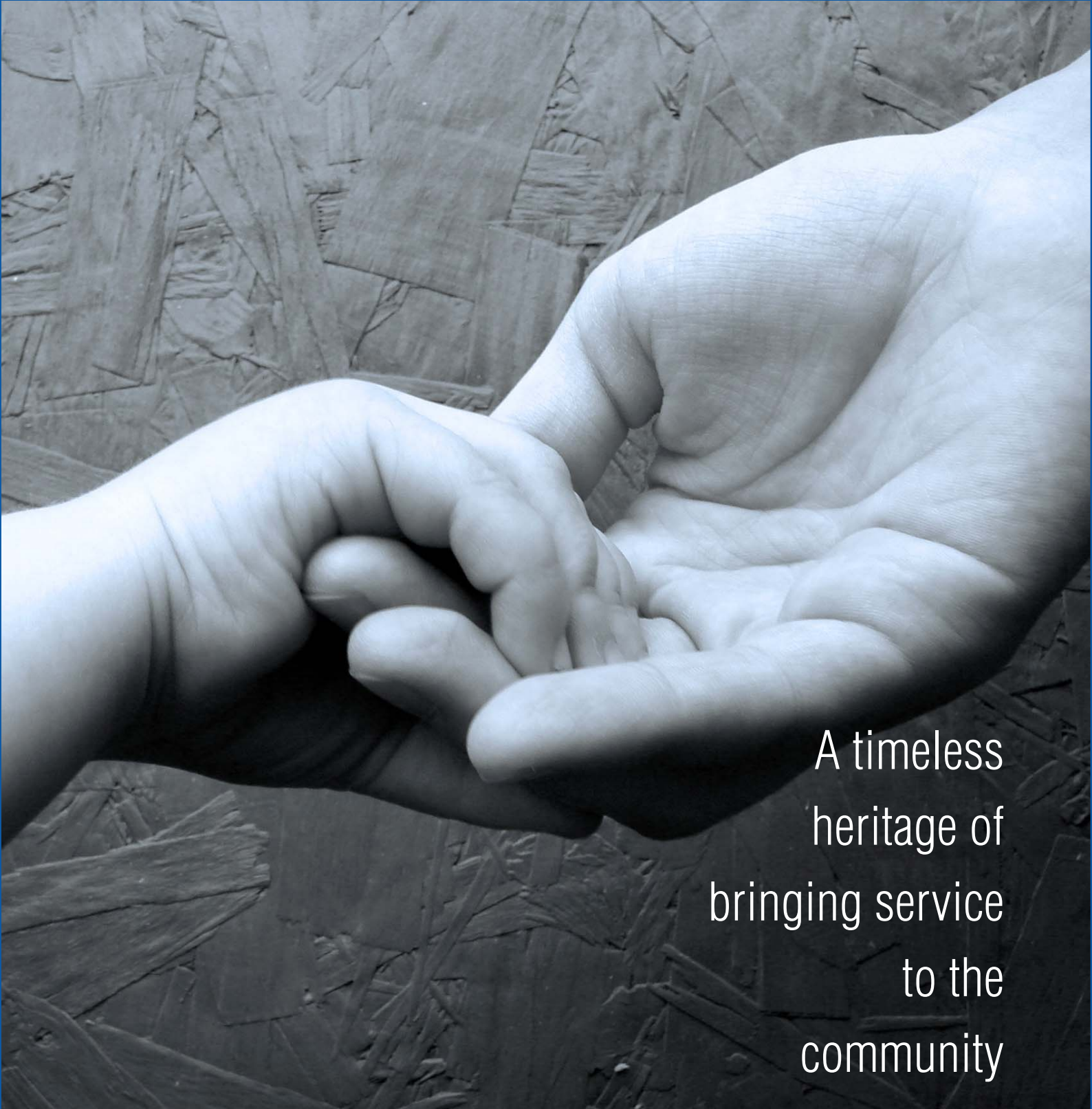


INFORMED

M O N T H L Y N E W S L E T T E R

S.S.LOOTAH
Healthcare

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A timeless
heritage of
bringing service
to the
community

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The Director's Message



Welcome back to the second issue of INFOR-MED, S.S. Lootah Healthcare's very own Newsletter. The positive response to the first issue has indeed been very encouraging. We will continue to bring you the recent updates with each of our entities.

While the MEDAWI construction is progressing steadily, the operations team has started making their presence felt within the medical community through networking at events such as the 'OBS-GYNE' Exhibition and Congress. Further, mark your calendar for the second MEDAWI **Open House** on March 17th, following the success of the first one in January.

Our colleges are back in action after a two-week break. More student achievements, research work and interviews are featured here.

The new 'Skin prick' test introduced for

allergies at the Specialised Medical Centre and Research lab is gaining popularity in addition to the ALCAT test which is the subject of the research article featured in the section.

We look forward to your comments on what you would like to see featured here and more article contributions from our readers. The email id to remember is newsletter@infor-med.ae

Have a great month ahead!

Regards,
Eng. Rashid Lootah
Executive Director
S.S. Lootah Healthcare



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News and Events >

Networking with the medical community at the 'OBS-GYNE' Exhibition and Congress



With Gynecology and Neonatology being important service areas at MEDAWI, the team attended the 'OBS-GYNE' Exhibition and Congress at the Dubai International Convention and Exhibition Centre from 14-16 February. This proved to be a good networking opportunity to introduce MEDAWI to the medical community. MEDAWI Nursing Director Katherine Doll also attended the 'Midwifery conference' where reputed professionals addressed the challenges in changing childbirth, shared evidences, guidelines and practices in antenatal and postnatal care, among others. The conference has been approved for 5.5 CME credits by the Dubai Health Authority.

Announcement >

Second Open House on March 17th

All are welcome

In response to the extremely positive feedback to the first Open House held in January and several enquiries for another one, a second Open House has been scheduled on Wednesday, March 17th at the hospital site from 1:30-4:00 PM. The MEDAWI team cordially invites you to participate and share your valuable inputs.

Please register with Wella (04-2120000) or wella@medawi.com

The first Open House in January saw active participation from a cross-section of visitors that included physicians, nurses, healthcare recruiters and Dubai Medical College graduates.



The 'MEDAWI' Brand Philosophy

The word 'MEDAWI' in Arabic connotes 'healing through medicine', a perfect brand association that truly encapsulates the purpose and essence of a hospital. MEDAWI aspires to be a brand based on family values, trust and confidence – A place where traditional values meet the modern world of medicine.

The 'MEDAWI' brand is represented by a Ghaf tree. 

The earth colour green signifies wholeness and unity. Wood colours signify strong roots, family unity, good health and life.

Why a Ghaf Tree?

Known as the 'Tree of Life', the Ghaf tree is protected in the UAE. It has a wide variety of medicinal properties, from its bark being used in tonic cures for dysentery, bronchitis, asthma and other ailments to its leaves being used for eye trouble.

MEDAWI Sub-divisions

MEDAWI offers a variety of services within one hospital. The sub-division brands draw inspiration from medicinal plants of the region.



Progress Tracker >

In this section, we bring you updates on the progress of the physical structure of the hospital, which comprises of two parts – the main hospital building and the Nurse Accommodation. The entrance to the Out patient Department (OPD) building is shown here which is almost complete.



Meet the Team >



Dr. Suhail Kady
Medical Director
MEDAWI

Dr. Suhail Kady is a Certified Physician Executive with more than 15 years of experience in healthcare, including

expertise in medical management, medical staff leadership, performance improvement, staff credentialing and education of staff in leadership and quality improvement areas.

Dr. Kady's broad background includes teaching in a residency program, serving as both an Assistant Medical Director and a Medical Director domestically and internationally. His consulting expertise includes operational management of healthcare delivery systems, quality measurement and management, hospital/physician relations, patient and family education, patient safety, medication management systems and credentialing. Dr. Kady has provided

educational programs and international consulting services to organizations in UAE, Saudi Arabia, Ireland, Qatar, Egypt, Lebanon, Turkey, South Korea, Singapore, Kazakhstan, Jordan, Belgium and Thailand.

Dr. Kady's professional affiliations include a Certified Physician Executive at the American College of Health Care Executives and a Diplomate of the American Board of Internal Medicine. He received his Doctor of Medicine degree from Jordan University, in Amman and Master in Public Health (MPH) from New York Medical College, where he also completed his internal medicine residency.

Trivia

'Figure' it out...

- 46 million - number of treatments in the region in 2008
- \$18 billion - value of the total treatments in the GCC in 2008
- \$47-55 billion - value of the GCC health care market, expected to be reached by 2020
- 200 hospital projects have been announced or are under construction, due to be delivered by 2015
- 27,000 beds cumulative capacity of GCC health care by 2015
- 25,000 additional beds could be required by 2020
- \$631 - 2006 per capita health care spending in the GCC
- \$716 - per capita health care spending globally
- \$6,719 - registered per capita health care spending in the US
- \$3,332 - registered per capita health care spending in the UK



News & Events >

DMC hosts Finalmed course

Clinical Presenting

Finalmed

DMC hosted this year's Finalmed course, the only course in Clinical Presenting for Medicine and Surgery Finals, from 25-27 February. The mornings of the weekend lectures covered the factual basis of medicine and surgery and the afternoons comprised of Carousels where students practiced presenting in front of an examiner. This combination of lectures, intensive small group teaching by highly trained tutors and the Carousel concept has led Finalmed to be likened to "A year's worth of tutorials in one weekend".

Corrigendum

INFOR-MED wrongly published in the February issue (Pg 6 and Pg 7) that the research work titled 'Cognitive emotions: Depression and anxiety in medical students and staff' is the first research work from DMC to be published in an International Journal. It is to be clarified that several articles from DMC faculty and students have been published in international journals in the past. The above mentioned research won the first place in the International Critical Care conference and was done by Haseena Banu, Isra Ahmed, Reem Al-Fageer and Reem Al-Suwaidi. The second place went to Mona M. Faramawy, Reem A. Kashem, Aysheh M. Hossaini and Rania M. Abu Rahma for their research "Genetic polymorphism of GSTT1 and GSTM1 and susceptibility to chronic obstructive pulmonary disease (COPD)", while the third place went to Amna Salah, Mariam Khan, Najma Esmail, Samar Habibiullah and Yara Al Lahham for their research "Genetic polymorphism of S447X lipoprotein lipase (LPL) and the susceptibility to hypertension".

All three research articles were published by the international journal for critical care.

The error is regretted.



كلية دبي الطبية

DUBAI MEDICAL COLLEGE

Staff Profile >

Professor J M Muscat-Baron



B.Sc. B.Pharm MD FRCP (Lond), FRCP (Edin), FRCP (Glasg)

Honorary Consultant Physician & Cardiologist – DHA

*Professor of Medicine & Clinical Dean
Clinical Faculty – Dubai Medical College*

Professor Muscat-Baron has been Consultant Physician and Cardiologist in the Dubai Health Authority (DHA) for the last 37 years and has been mainly responsible for the development of the medical specialties during his long tenure as Head of the Department of Medicine. He has been involved in medical education for more than 45 years having had a number of teaching appointments in the United Kingdom before coming to the United Arab Emirates. In Dubai, he developed the Internship Programme, and later a Residency Programme during his tenure as Head of the Higher Education Committee of the Department of Health & Medical Services (DOHMS).

He established the MRCP (UK) Examination of the Federation of the Royal Colleges of Physicians of the United Kingdom and set up a regional office for this examination in Dubai, the only such office outside the United Kingdom. The office organizes 9 Written Examinations and 3 Clinical (PACES) Examinations a year. He is also Chairman of the Board of Examiners for the MRCP (Int) which organizes 2 examinations for primary healthcare physicians each year. Professor Muscat-Baron has been the Founding Professor of Medicine at Dubai Medical College. He has been consistently providing cutting edge training to every batch of DMC to date. He dedicates a large part of his time to actual teaching which is his passion, and makes sure that every student is competent in his/her profession by knowing them personally. He has served on the Clinical Faculty Board since its inception and took over as Clinical Dean in early 2000. As Clinical Dean, Prof. Muscat-Baron introduced Primary Health Care based education system at DMC and regularly updates a dynamic curriculum, benchmarked with international standards. He has been instrumental in modernizing the medical curriculum and particularly the mode of delivery, and has been an advocate for integrating the basic sciences and the clinical aspects of the curriculum, and in modernizing the assessment process and preparing students for higher examinations. He has extensive experience in training postgraduate students for MRCP examinations achieving a very high success rate. Being a frequent presenter at conferences and workshops in the UAE and around the world, his contribution to the health sciences sector is invaluable.



DMC students
with the
FINALMED
tutors

Student Research >

A prospective review of the incidence, causes and outcomes of traumatic brain injury (TBI) in Dubai

By: Zeynab Mouziri, Nida Rashid, Humaira Kamil, Farah Zulfiqar and Aisha Riaz

Publication/Presentation: Fourth UAE Medical Students Conference

Motor vehicle collisions are the leading cause of traumatic brain injuries in Dubai according to research findings presented by Zeynab Mouziri, Nida Rashid, Humaira Kamil, Farah Zulfiqar and Aisha Riaz, at the Fourth UAE Medical Students Conference. Falls and assaults account for the second and third highest number of such injuries. The students' focus on head trauma was a result of lack of available research on head injuries in the UAE.

Patients admitted to the Rashid Hospital Emergency Unit were assessed for four months, following which the students reported 1,330 head injury cases with 13 fatalities in their findings. Under the supervision of the head of the Medical Intensive Care Unit at Rashid Hospital Dr Raees Ahmad, the students put together a report titled 'A prospective review of the incidences, causes and outcomes of traumatic brain injury in

Dubai'. They will publish their final results after running the study for a year.

The head injuries were classified into mild, moderate and severe according to the Glasgow Coma Scale (GCS) that objectively records the conscious state of a person. The students then followed up on each individual over 28 days. Almost 50 per cent of severe head injury cases resulted from road accidents; 22 per cent were pedestrians involved in collisions. The leading age group for severe head injuries was the 30-40 range.

Accident figures:

- 50% of severe head injuries are caused by road accidents
- 19,493 trauma patients admitted to the emergency room at Rashid Hospital in four months
- 1,330 of the patients sent to the emergency room suffered head injuries



Health effects of soda drinking in adolescent girls in the United Arab Emirates

By: Mona Mahmood, Abeer Saleh, Fatema Al-Alawi, Fatema Ahmed

Supervised By: Dr. Marwa Khalil

Publication/Presentation: Journal of Critical Care, 3rd prize at International Critical Care Conference 2008

The study revealed that with more than 80 per cent of the UAE's adolescent and young women regularly downing fizzy drinks, they run a higher risk of becoming obese and getting osteoporosis later in life due to decreasing levels of blood calcium and increasing urinary calcium excretion. The study has been published in the 'International Medical Journal of Critical Care' and featured in the local media as well.

The students tested about 300 adolescents in the 10-22 age group from Al Raya High School, Al Sorouq Private School, Dubai Modern Education School and other DMC students.

Findings:

- 81.8 per cent of the students consumed fizzy drinks.
- More than half of the fizzy drinkers drank more than one can (330ml) a day.
- Results showed more tooth decay among soda drinkers although there was no discrepancy in bone problems.

Interestingly, the paper reveals the switch by soft drink makers from sucrose to high-fructose corn syrups as the primary sweetener in the early 1980s may be the cause of high risk dental complications. The World Health Organisation has also recognised the role of fructose in the prevalence of obesity as a sweetener believed to cause increased calcium loss.



Trivia

13.5% - percentage of diabetic UAE nationals in 2000.

19.3% - projected increase in UAE diabetics by 2030.

33.7% - percentage of obese adults in the UAE.

50% - proportion of overweight men and women in UAE.

75% - percentage of women over 30 years classified as overweight in the UAE.

34% - percentage of people that perform any sort of exercise in a period of two weeks.

Every 10 seconds, a person dies from diabetes related causes.

5-6% of global adult population affected by diabetes.

Upto 80% of Type 2 diabetes is preventable.

Interview >



كلية دبي للصيدلة
DUBAI PHARMACY COLLEGE

The Pursuit of dreams

Interview with *Dr. Reema Soboh, Alumnus of Batch 4*

Student Editor and Head of scientific activities **Sahar Hussain (Batch 15)** has embarked on talking to accomplished alumni on the pursuit of their dreams to reach where they are.

Featured here is her interview with **Dr. Reema Soboh**, who was recently promoted as the Area Manager for Boots Middle East managing Boots stores in Dubai & Sharjah, after having been the Regional Training & Development Manager for the entire gulf region for 3 years.

Dr. Reema's accomplishments include:

- Registered over 70 medicines from Germany and India in the GCC
- Trained over 160 pharmacists and the number is growing
- Oversaw the training, development and recruitment of over 400 staff
- Started an annual internship programme with Kuwait University for students to train in Boots pharmacies in Kuwait

Apart from her strong dedication towards her work, Reema's hobbies include reading, visiting art galleries and museums, photography, painting, and finding ways to contribute to causes that may lead to a great change.

1. Tell us about the early days of your career.

After studying pharmacy at Dubai Pharmacy College, I worked as an intern in several hospitals, including the American Hospital Dubai (I was the first trainee there). I then started working for my father's consultancy firm. After proving myself, I was made Deputy General Manager in charge of Regulatory Affairs for 8 international pharmaceutical principals in 9 countries in the Middle East. After 5 years at Pharma Consult, I started my MBA in HR at the American University of Sharjah, which happens to be the only accredited MBA in the Gulf. Four months into my MBA, I got a call from Boots! I was ecstatic since it comes from the land where I was born (UK).

2. How was your journey at Boots?

Boots initially wanted community pharmacists or store managers but I convinced them I could do more. The president decided to 'create' a new position for me – that of a Pharmacy Trainer. My team and I have trained over 140 pharmacists, 120 sales associates, and 30 store managers in 4 countries in the Gulf. A year later, I was handed over a multi-million dollar business as Operations Manager. I found my true calling in operations which is a mixture of everything I wanted to experience - HR, training, coaching, development, logistics, marketing, execution, planning! On 1st August 2009, I was made Area Manager of Dubai & Sharjah.

3. Why did you choose this career?

I did not actually choose Pharmacy! I wanted to be an architect. But back in the 90s, architecture was not encouraged. So my parents suggested medicine although my mother always told me that pharmacy was the best profession for women as it gave a good balance between being a dedicated professional and a caring wife and mother. I wanted to go to the UK, but my parents felt that I was too young (16) to live on my own. So my father contacted DMC to ask them to interview me. Though the interview was good, they did not have any seats left. So my father suggested that they reconsider me in the second semester; and that for now I would join DPC. I was approached by DMC again after 4 months but my decision was made. The rest is history!

4. What does pharmacy mean to you?

Healthcare at the patient's fingertips without having to wait for an appointment, and without having to worry about time. Pharmacy is the mastering of the knowledge of drugs and therapy. Diagnosis is the doctors' job, ours is how/when/where/what to administer to patients; it is also about managing their therapy with the help of other healthcare professionals. One thing everyone must know, pharmacy is NOT the back door for medicine. It compliments medicine, but does not compare to it or vice versa.

5. From pharmacy to a Masters' in Human Resource (HR), what inspired you to take this step?

overweight and obese people.

The UAE has the second highest rate for prevalence of diabetes, affecting 20 per cent of the adult population (29-79 years of age).

The number is projected to reach 25% by 2025.



Dr. Reema Soboh

During the 6th year into my career, I began to notice that most employees would come to me with their problems. I always did my best to help them by negotiating with HR/payroll for their sake. I had also noticed that the field of HR was taking on Dubai like fire and I enrolled into AUS' MBA with a concentration in HR.

6. Do you believe that if more students explored further studies, they could invest in a remarkable future?

All pharmacists must pursue further studies. If they enjoy business and marketing, then they should do an MBA. If they enjoy hospital management, they should specialize in healthcare management. If they like clinical pharmacy and have an opportunity to work in a hospital/research facility, they should pursue that field. If pharmacists think all they can do is work behind the counter in a small pharmacy, that is NOT what pharmacy is about! You can also specialize in biotechnology, genetics, etc.

7. Any memory from your college days (at DPC) that you would like to share?

My best memories were in the pharmacognosy lab. I loved the little kit my mother had given me – a little transparent pencil case that had blades, needles, a magnifier, rice paper, and plasters (in case I hurt myself in the lab). I was in awe of what I saw under the microscope – the xylem, the phloem, the crystals, and all the other wonders one finds in plants/herbs. I also loved sketching what I used to see under the microscope & the actual plant/seed/fruit. It was so fascinating, and I was so good at it that the professor had asked me whether he could use my sketches for his next book. That was the highest flattery!

8. If you could give any advice to students, what would it be?

I would say that they should not just focus on studying their notes, and their internship, but also spare time to expand their knowledge to everything around them – newspapers, books, movies, hobbies (music, community work), sports, students' union, cultural activities, etc. We must seek knowledge beyond our careers and jobs. We must be global citizens. Think outside the box, don't follow the rest of the herd. Be different!

Trivia

World Health Organization predicts that by 2015, 2.5 billion people will be overweight (BMI >25), and 700 million adults will be obese (BMI >30).

UAE has been ranked 18th in the list of countries that have the most number of

News and
Events >

New 'Skin Prick' Testing at DSMC
Research Lab



DSMC has introduced the 'Skin Prick' test, usually the first test recommended when an allergy is suspected. The test measures specific IgE attached to cells in the skin called "mast" cells. It is appropriate for inhaled and ingested (eaten) allergies. A tiny amount of allergen is introduced into the skin using the tip of a lancet. With a Positive Reaction to an allergen, the skin becomes itchy within a few minutes and then becomes red and swollen. Ideally the allergens to be selected should be in accordance with the patient's history. Up to about 25 allergens can be tested at a time.

The ALCAT Food and Chemical
Sensitivity/Intolerance Test

DSMC has the distinction of introducing for the first time in the Gulf the 'ALCAT' test for food and chemical sensitivities, in 2001.

The ALCAT Test differs from other food allergy or intolerance tests as it accurately and objectively measures leukocyte cellular reactivity in whole blood, which is a final common pathway of all mechanisms. Standard allergy tests, such as skin testing or RAST are not accurate for delayed type reactions to foods and chemicals. They measure only a single mechanism such as the effect of mast cell release of histamine or the presence of allergen specific IgE molecules. Delayed reactions to foods and chemicals are NOT IgE mediated.

The ALCAT Test also differs from standard immunoglobulin G (IgG) tests in that they rely exclusively on one immune pathway, serum levels of (IgG). In fact, high food specific IgG titers are indicative only of exposure, not necessarily intolerance.



مركز دبي الطبي التخصصي
DUBAI SPECIALIZED MEDICAL CENTER

Research Article >



The Effect of the ALCAT Test Diet Therapy for Food Sensitivity in
Patients With Obesity

Excerpts from Dr. Mohd. Akmal's research published in the Middle East Journal of Family Medicine (April 2009 - Volume 7, Issue 3)

The ALCAT test uses a specially designed particle counter (hematology analyzer with an automated assay sampler) and food test agents to semi-qualitatively measure white blood cell reactivity, if any, to each agent analyzed. The degree of reactivity is determined by comparing a baseline distribution curve (of the white cells) against the distribution curve generated by the analysis of each test agent/blood sample, and calculating the absolute differences between the curves and the standard deviation (SD). Any reactivity under SD1 will be considered as non-reactive (NEG); reactivity between SD1 and SD2 will be considered as marginally reactive (RANGE 1+); reactivity between SD2 and SD3 will be considered reactive (RANGE 2+); and finally, reactivity above or equal to SD3 will be considered markedly reactive (RANGE MPOS).

There is evidence demonstrating the ALCAT test to be effective in improving body mass index (BMI) and/or scale weight. Despite the mounting evidence, there have been no studies of the weight loss benefits of the ALCAT test reported for an Arab population. The purpose of this study was, therefore, to determine the effectiveness of the ALCAT test as a weight loss tool in Arab patients who had experienced difficulty achieving goal weight by calorie restriction.

Partial list of symptoms associated with
food intolerance

Depression	ADHD	Urticaria
Perennial rhinitis	CFS	Fibromyalgia
Asthma	Inflammatory Bowel	Arthritis
Eczema	Irritable Bowel	Diarrhea
Dermatitis	Migraine Headache	Infertility
Autism	Otitis Media	GI Ulcer

Citrated blood is diluted 1 in 5 with buffer and approximately 90µl is added to each test agent well. The test agents are diluted preparations of food extracts (standardized for potency) bonded to the bottom of the well. Following 45 minutes incubation at 37°C with constant agitation, the test agents are incubated for a further 30 minutes at room temperature. Red cells are lysed by adding an azide free, electrolytic solution containing a lytic reagent, "ALCALySe", supplied by Cell Science Systems, Ltd. Each test agent is then analyzed in sequence using the ROBOCat II particle counter (also manufactured by Cell Science Systems, Ltd.) with one control for every 10 food items tested.

continued on p8

PATIENTS, MATERIALS AND METHODS

This study was designed to determine whether people who could not lose weight on a low calorie diet could achieve their weight loss using the results from ALCAT test. A group of 27 patients with 14 males and 13 females with mean age of 42.77± 6.23 Years and with mean height of 168.66 ± 2.09 cm with obesity who had difficulty losing weight when they adhered to a reduced calorie diet were evaluated for specific white blood cell food induced reactions. Patients were exhibiting multiple symptoms including: obesity, gastrointestinal reflux, chronic fatigue, headache and other chronic disorders associated with food sensitivities.



Research Article >

continued from p7

The 100 foods tested are shown below:

Food Allergens			
Almond	Corn	Lemon	Rice
Apple	Courgette	Lentil Bean	Salmon
Apricot	Cow Milk	Lettuce	Sardine
Banana	Crab	Lima Bean	Sesame
Barley	Cucumber	Lobster	Shrimp
Basil	Curry	Mango	Soy bean
Bay Leaf	Date	Mint	Spinach
Beef	Dill mix	Mushroom	Strawberry
Beet sugar	Duck	Mustard	String Bean
Black Pepper	Egg white	Nutmeg	Sunflower
Broccoli	Egg yolk	Oat	Sweet Potato
Cabbage	Egg plant	Olive	Tea
Cane Sugar	Garlic	Onion	Thyme
Cantaloupe	Ginger	Orange	Tomato
Carrot	Gliadin	Oregano	Tuna
Cashew	Gluten	Papaya	Turkey
Cauliflower	Goat milk	Parsley	Turmeric
Cayenne Pepper	Grape	Peach	Turnip
Celery	Grapefruit	Peanut	Vanilla
Chick pea	Green Pepper	Pear	Walnut
Chicken	Green pea	Pineapple	Watermelon
Cinnamon	Haddock	Plum	Wheat
Cocoa	Hazelnut	Rabbit	White Potato
Coconut	Honey	Radish	Yeast (Baker)
Coffee	Lamb	Raspberry	Yeast (Brewer)

The basis of the ALCAT test is the measurement of changes in white blood cell size/volume following incubation with food and other test agents using the ROBOCat II linked to a computer. Contact between foreign entities and whole blood can cause autolysis, a phenomenon known as autocytotoxicity, and other cellular reactions. There are three mechanisms which cause this phenomenon, and one does not require the priming of cells in vitro by either antibody or antigen.

It was on this basis that an automated method was sought which would not only be reproducible and objective but would directly correlate with in vivo food challenge. The computer is programmed to compare cell cultures incubated in the presence of food agents and measure a shift in cell volumes related to exposure to the test agent.

In keeping with standard laboratory practices, deviation in the test histograms, when compared with a control (identically treated but lacking the test agent) that exceeds one standard deviation (SD) is regarded as a positive reaction, and the patient is advised to avoid that food.

RESULTS:

Twelve weeks after following the ALCAT diet plans, a significant decrease in Body weight, Total Body fat percent and Body Mass Index was observed. Body weight was decreased significantly from 91.37 ± 10.56 to 74.6 ± 6.76 kg, Total Body fat % was decreased significantly from 37.1 ± 7.16 to 27.66 ± 6.52 % and Body Mass Index was significantly decreased from 32.1 ± 3.8 to 26.1 ± 2.63 kg/m².

This study confirmed a greater weight loss in patients when they were placed on a diet plan according to the ALCAT test results. Also, the weight loss was mostly fat. This study suggests that delayed food hyper sensitivities may interfere with weight loss regardless of calorie restrictions.

Also the beneficial effects of improved sense of well being and improvement of gastrointestinal conditions were observed collateral benefits consistent with an overall normalization of immune activity.

CONCLUSION :

Obesity is a major public health problem among local Arab societies. The associated health risks and diseases present a tremendous drain on the economy and affect the quality of life. The most effective program for losing and maintaining a desirable body weight with careful monitoring of proper diet should be implemented holistically to ensure a successful weight reduction program. Individuals need to be aware of the many myths and misconceptions surrounding weight control. Most 'miracle agents' for weight loss do not have a scientific basis. However, these data provide compelling evidence for the effectiveness of the ALCAT test diet plan in producing a positive change in body weight, body Fat and BMI and self reported disease symptoms. Thus our results confirmed the value of ALCAT test and the elimination diet in alleviating symptoms such as obesity, gastrointestinal reflux, chronic fatigue, headache and other chronic disorders associated with food hyper sensitivities.

The basis of the ALCAT test is the measurement of changes in white blood cell size/volume following incubation with food and other test agents using the ROBOCat II linked to a computer.



Dr. Mohd. Akmal is a licensed laboratory practitioner and has been with DSMC since inception. Additionally, he is a Ph.D. holder in Alternative Medicine which is the main area of research at DSMC's research lab.

Contributory Article >

How to Lose Weight and Keep It Off with Acupuncture and Chinese Medicine.



By Dr. Alirza Najafi
*Acupuncture Specialist at
Dubai Specialized Medical
Centre and Research Lab*

Weight loss is a multi-faceted problem, and a good program involves diet, exercise and stress reduction techniques. Chinese acupressure and digestive aid exercises are also useful tools in the battle with weight loss.

Acupuncture is an ADJUNCT therapy. It is not a panacea or a wonder cure in the treatment of weight control but, is effective in making it easier to maintain the loss if the patient is willing to change their lifestyle. The acupuncture needles inserted into specific points in the body and the ear release endorphins which have a calming and relaxing effect that makes it easier to deal with stress, frustration and anxiety that can trigger overeating and bingeing on fattening foods. Endorphins also affect the digestive and hormonal systems. Therefore, acupuncture can help rebalance the organ systems that are running too fast or in this case too slow—i.e. the metabolism and the will power.

The Acupuncture Treatment

In order for the acupuncturist to choose the correct points, you must first come in for a consultation to discuss your particular pattern of overeating, and let the practitioner know if there are any digestive difficulties. The acupuncturist then checks your pulse to discern the general state of your energy - stomach energy in particular, and then examines your tongue to check for cracks, peeling or puffiness of the stomach area, or a suspicious yellow or thick white coating that might indicate troublesome heat or cold in the stomach which would provide some clues as to why the person is gaining weight.

The Acupuncture Points

After the initial examination, the acupuncturist devises a treatment protocol using a combination of ear and body points. Although the Chinese developed the system of auricular (ear) acupuncture a long time ago, as one of the various microsystems of the body containing all the points relating to the major organs and body parts, a Frenchman by the name of Nogier, discovered many more acupuncture points on the ear that pertain to Western medicine such as points called "Adrenal", "Pituitary", "FSH", "Ovary", "Thyroid", etc.

Many of the points from both ear acupuncture systems that are important for weight loss treatments are:



Mouth - for the impulsive eater who may also smoke a lot and talk a lot.

Stomach - for the person who eats even after he is full or is constantly nibbling.

Lung - for food addicts, and people who love chocolate, sweets.

Endocrine - for water retention that's responsible for some of the weight gain.

Adrenal and Ovary - if weight gain is due to menopause or P.M.S.

Spleen - for sugar imbalances and hormonal disturbances.

Kidney - for water retention, and nervous system and hormonal imbalances.

Thyroid - for slow metabolism.

The practitioner chooses two or more of these points for each treatment depending upon the patient's problem and personality profile regarding overeating

The acupuncturist may use electro stimulation on some of these acupuncture points to increase the endorphin release and stimulate the metabolism. The needles would be kept in place for around thirty to forty-five minutes depending on how much support was needed for the patient, and after the needles are removed, ear tags with adhesive on them are often placed in the same spots on the ear to continue the stimulation between treatments. The way it works is: when the patient feels an urge to eat, s/he applies mild pressure to the point or rubs it back and forth for about 20 seconds. This type of acupressure stimulates the point, causes a mild endorphin release, relaxes the patient and helps them to regain their willpower or resolve about resisting the temptation to eat. The patient removes the tags at home after three days and throws them away or takes them out sooner if there is any irritation or discomfort.

The Treatment Plan

The number of acupuncture treatments necessary depends on the patient's goals for losing weight, the speed at which they want to lose, and their commitment to keeping the weight off. If the overeating is severe, a treatment every day for the first five days is appropriate and can then taper off the second week to every other day and the third week to

every three days. For the average patient who wants to lose between five to ten pounds, one treatment every three days or twice a week until they reach their goal is appropriate, and then a booster treatment once every two weeks is optimal. After a few booster treatments, the patient and practitioner will mutually decide when to terminate frequent treatments and then can aim to meet approximately four times a year at the change of seasons when energy levels are unstable and harmonizing of one's system is appropriate for everyone.

Nutritional Counseling and Lifestyle Changes

The acupuncturist can help with nutritional counseling and can discuss a diet regimen that the patient can live with and maintain for the long term. A diet that is high in fiber and low in fat, with moderate amounts of low-density carbohydrates and low-fat protein is usually the best choice to adopt.

Other important tools that can aid in weight loss are stress reduction techniques and a moderate exercise regimen. The acupuncturist can suggest various stress reduction methods that may include breathing exercises, Tai Chi, yoga, meditation or biofeedback. And since the goal of a weight program is not only weight loss but the maintenance of that loss, an exercise program that the patient likes is the best one to choose. The patient could try starting a program that includes brisk walking three times a week for forty minutes. After a few weeks when stamina is increased, they could try walking five times a week. After that more aerobic exercise can be added such as the treadmill, stair climber or aerobics classes, cycling or whatever form of rigorous exercise the person enjoys and can maintain for the long term. It is a good idea to use free weights beginning with three pound weights and practicing just two to three sets of arm curls three times a week. Moderate weight training builds lean body mass and helps to reduce body fat as well as strengthen and build bone mass and reduce the risk of osteoporosis. A good individualized nutritional supplement program is important because everyone has a different metabolism and different needs for nutrients. It will include vitamins, minerals, herbs antioxidants, phytochemicals and nutraceuticals. These will support the diet program and balance the blood sugar to help give the body the strength, energy and defense it needs to maintain the healthy life style that s/he has begun. While no guarantee may be given for acupuncture treatments for weight loss, the self-motivated patient who will take the time to practice most of the things outlined here will most likely be pleased with the results that she finds within a reasonable amount of time.