



# DOGANA MEDICAL JOURNAL



## DOGANA SPRING RETREAT 2018



**March 30 - April 1, 2018**

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## DOGANA RETREAT HOST COMMITTEE 2018, SOUTHERN CALIFORNIA





Dr. Hozair Syed, MD

## CHIEF EDITOR'S MESSAGE

It is my pleasure to present the Medical Journal of Dogana during our annual meeting here in Southern California. Dow Medical College has been the most renowned and respected medical institution in Pakistan. Dow graduates can be found in every part of the world, serving humanity with the pride and honor instilled within them through their education.

The host committee, under the remarkable leadership of Dr. Amir Jamal, and our Californian Dow Alums warmly welcome our former classmates to the Golden State, and hope you find this gathering to be not only an informative, but also a relaxing and refreshing experience. We've curated an array of not only cultural and academic, but also social and musical activities for our guests.

This collective meeting is marvelous; together, we can make changes that might seem too difficult if we were to tackle it individually. We influence the latest trends in medical research and politics, international relations between Pakistan and USA, medical education and medical institutions in Pakistan, amongst other areas. We can make an impact by meeting and discussing issues, and by having leaders among us, younger and older, take action. We want new members to come into our leadership and use Dogana as an instrument for the goals of its members.

As a small step, we have tailored this humble publication from being a recreational resource to becoming the Medical Journal of Dogana, filled with insightful articles and dialogue pertinent to our readers. I hope that you will enjoy what follows.

We Californian Dowites also welcome you to our home state. California is adorned with natural beauties ranging from beautiful beaches, lush forests, steep mountains, and even deserts with the most stunning night skies. SoCal has a sprawling cityscape interlaced with serene suburbs, and in between all this, world-class amusement parks, theaters, studios, concerts, museums, and restaurants. Home to Hollywood and the music industry, SoCal might feel very familiar to you from the media you might have seen; we hope you find comfort in this familiarity and use it to craft yourself an experience most suited to you. All in all, we hope you have a magnificent time with your family here in SoCal.

Dr. Hozair Syed  
Editor-in-Chief

***DISCLAIMER:** The DOGANA magazine is dedicated to providing useful information to the members and the readers in general. The views expressed are those of the authors and do not necessarily represent the official position of either the editor or the association.*



Aamir Jamal, MD

## DOGANA 2018 PRESIDENT'S MESSAGE

Dear Dowites,

As-SalamuAlaikum.

The DOGANA Host Committee of Southern California welcomes you to its 15th Annual Spring Retreat and Medical Symposium. The time and effort given by this remarkable group of physicians to make this retreat a great success, has been immeasurable. I'm grateful beyond words to be part of this team and DOGANA, as we all come together to celebrate our professional and cultural heritage. In this year's spring retreat, not only are we striving to learn more from an acclaimed academic network, but we are also highlighting awareness through our social forum, and showcasing the beauty and intellect of our Dowites through art, poetry and film. It would have been impossible to launch this program without the help of our esteemed DOGANA members, leadership, host committee and sponsors.

It is an exciting time for my team and myself to unveil the DOGANA Medical Journal. Besides cutting-edge medical articles, the journal includes those that demonstrate the achievements of Dowites across North America. It is this tenure's intent to make the DOGANA Medical Journal one that highlights more medical research in the future. We anticipate subsequent journals to spotlight more medical research our Dowites have collaborated on. Our magazine team has taken great lengths to present an all-encompassing history of DOW and has taken a nostalgic direction to remind us of our stories, heritage and strong bonds to one another.

Our dedicated team this year, which includes Committee Chairs and Central Council Members, has aimed to strengthen the position of DOGANA to play a more pivotal role in the lines of DOW's current students and alumni. Our focus on unity will propel DOGANA into becoming a more cohesive organization where inclusivity is its core value. DOGANA is a powerhouse in our medical school community and therefore, we as Dowites have a greater responsibility at hand. It is vital to understand what it means to be a member of DOGANA as it provides a platform through our professionalism, shared experiences and commitment to social unity; thus becoming a great vector and resource of medical and social projects in North America and abroad. With our strong conviction and foundation, our remarkable organization will reach new horizons. It's an extraordinary time to be a Dowite.

Aamir Jamal, MD  
President DOGANA 2018





## **DOGANA 2018 PRESIDENT ELECT'S MESSAGE**

**Mamoonah Shaikh-Ahmad, MD**

I am very pleased to welcome you all at our Dow Alumni Retreat in LA. As the President Elect for this year I would like to thank all the members for their support and participation in making the alumni stronger and more cohesive.

Team DOGANA is off to a spectacular start and I look forward to working under the leadership of Dr. Aamir Jamal. He has some great insight and I am eager to continue facilitating a more united DOGANA under his leadership.

Our alumni is a diverse group of talented Doctors, involved in fields including academics, philanthropy, art, entertainment, literature, poetry and leadership, among other things. These Dow Graduates are exemplary in every field they choose to contribute to.

I would like to assure you that DOGANA is your Alumni. It thrives on Dowites and their efforts to bring a change through philanthropy, teaching, mentoring, leadership and service to our Alma Mater as well as communities back home and the home we all have adopted. Together we can make a big impact through our endeavors and support our next generation to take charge and carry on with our legacy!

I would also like to take this as an opportunity to thank our wonderful seniors whose vision, mentorship and guidance has always been a great source of strength and inspiration for us all. Let us all join hands and work together!

Proud to be a Dowite, Long live DOGANA!

Mamoonah Shaikh-Ahmad MD

President Elect DOGANA 2018



## **DOGANA 2018 Host Committee's Chair MESSAGE**

**Bina Kamdar, M.D.**

I had the great honor and privilege of being Host Committee Chair for the 15th Annual DOGANA Spring Retreat in Southern California. This year we have a very exciting program planned for all our honorable guests. We have highlighted and dedicated time to further physician education with CME classes and educational sessions in order to share our experiences and continue to strive for medical excellence amongst colleagues. For families and friends we are holding one of Orange County's largest Grand Bazaars as well as showcasing local artists with an Art Exhibition as well as movie showings! There is a little something for everyone and all ages and we welcome all our physicians and their families to a weekend of education, fun and relaxation!

This year DOGANA Spring Retreat is being held in sunny Southern California in the city of Costa Mesa. Southern California is home to Disneyland, Hollywood, beautiful beaches, and great diverse culture. We hope that along with the conference people will take the opportunity to explore California's rich tourism and get to see why people call the west coast the best coast.

I am very thankful for this opportunity and would like to recognize the great team and leaders of the DOGANA organization who made this vision a reality. Through the guidance of the Central Council of DOGANA and the senior members of the organization, as well as our dutiful and devoted president, Dr. Aamir Jamal, we were able to create a wonderful three day retreat for our guests. And to our entire host committee, without whose tireless efforts we would not be able to hold this event, Naushaba Butt, Samia Faiz, Mariah Jamal, Ghazala Khan, Salman Khan, Erum Naeem, Yasmin Qasim, Kamran Qureshi, Ahsan Rashid, Sohail Siddiqui, Azhar Shakeel, Junaid Sultan, Hozair Syed, Rahman Syed, and Reshma Syed, I say thank you for your patience and your immense hard work and dedication. Without these individuals this retreat would not have been possible.

I am excited for everyone to have a great and memorable weekend with friends, family, and colleagues.

Bina Kamdar M.D.

*Chair, Host Committee*





## DOGANARETREATHOSTCOMMITTEE 2018



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PRESIDENT APPNA SoCal



**AAMIR JAMAL**  
PRESIDENT DOGANA



**BINA KAMDAR**  
HOST COMMITTEE CHAIR



**NAUSHABA BUTT**  
HOST COMMITTEE CO-CHAIR



**MARIAH JAMAL**  
PROGRAM COORDINATOR



**HOZAIR M SYED**  
CHIEF EDITOR MAGAZINE



**SYED RAHMANUDDIN**  
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**ATIA SHAH**  
AWARDS & CERTIFICATES



**MUZNA ATIF**  
AWARDS & CERTIFICATES



**Naseem Shekhani, MD**

## **APPNA 2018 PRESIDENT ELECT 'S MESSAGE**

Dear Dowites,

I would like to thank you all and am humbled by the support you've given your fellow Dowite in the Central APPNA elections. My heart beats with the desire to get Dow on top in every field. Dow graduates form a community of the most excellent and talented physicians all over the globe.

My goal is to bring people from DOGAN into the APPNA fold who are team players and subject matter experts. DOGAN has a wide range of members and the talent pool is second to none. I would like to see DOGAN women and minorities become part of the fabric of APPNA, taking important leadership roles across the organization since they are just as eligible as I or any other DOGAN and APPNA member. We will make decisions as a team as I believe that a team is always better than a single person.

I feel that to grow DOGAN, we need to get our younger colleagues involved not only in social aspects but also policy issues of DOGAN. We need to give leadership positions to our young graduates and consultants. We cannot survive without their support and we encourage them to take a leadership roles not just in DOGAN but also in their respective communities to create better communication and synergy between all physicians.

DOGAN has an ambitious program for Young Physicians and also works hard on Visa related issues. The advocacy team in DOGAN is the best among any Alumni organizations in North America. In the end I would like to thank all our seniors without whose effort DOGAN would not be held in such a high regards. I congratulate Aamir Jamal, DOGAN President; Mamoon Shaikh, DOGAN President Elect; Talha Siddiqui, DOGAN Executive Director; DOGAN Executive Council; Syed Hozair, Magazine Chair; and the Retreat team for their efforts in arranging this retreat.

Thanking you,

Sincerely,

Naseem Shekhani.

President Elect 2018, APPNA Central





Irfan Aslam, MD

## DOGANA 2018 GENERAL SECRETARY'S MESSAGE

Dowites are not just colleagues; we are a family.

We are excited to announce our annual DOGANA meeting is in California. Our friends in Los Angeles and CC colleagues are working diligently to put forth stellar events for all of us to enjoy.

As a former Councilor, Treasurer and presently secretary of DOGANA, I can attest we have been blessed with the inspirational leadership of our predecessors.

Serving as treasurer last year was great honor for me. Our last meeting in Canada was a great success and we made record profits with the help of our awesome host team. We are now working hard to make coming event in LA even bigger success

Under the leadership of Amir Jamal this year, we have already launched several new programs to aid our young Dowites seeking residencies; and we have much more to come. However, our main objective is to improve participation in DOGANA, and towards this our membership committee is working very well. Our goal for this year is to spark our past numbers and grow exponentially. After all, one of the most resounding perks of being a Dow alum is knowing that we have strength in numbers.

As a secretary, my job is to help our current President Amir Jamal with every task. We want to bring Dowites together and further strengthen our Alumni. We want to advocate for new physicians and launch new programs so Dogana and DUHS can collaborate together in many fields.

I am blessed with the opportunity to work closely with great colleagues and friends. As I mentioned before, our seniors have volunteered countless hours and worked tirelessly to build strong base for us. We must continue to strengthen our presence in North America as we all are committed to making DOGANA stronger.

I am ecstatic to meet all of you and hope that you will have an awesome and memorable time in LA!

Irfan Aslam  
Secretary 2018  
DOGANA



## **DOGANA 2018 TREASURER'S MESSAGE**

**M Mansoor Mohiuddin, MD**

Dear Fellow Dowites

It is my immense pleasure, as a treasurer of Dogana, to welcome you to Dogana Annual Retreat 2018. Dogana is a voluntary organization and thrive on your support. Only with your ongoing help, this organization has been able to achieve several important milestones. As the number of Dowites is growing in North America, their needs are growing with it. We have an estimate of over 1000 Dowites in North America and many more in Pakistan striving to join us. It is our obligation to help all the Dowites here and in Pakistan and for that, it is vital that you become an active member of Dogana and participate in the programs this organization is planning for all of us. To get a better understanding of what Dogana is currently doing and what it plans to do in future, please join us at the 2018 Dogana Retreat in Los Angeles, California from March 30th to April 1st.

Best Regards

M Mansoor Mohiuddin  
Treasurer, DOGANA 2018





**Danish Saeed, MD**

## **DOGANA 2018 MAGAZINE SECRETARY'S MESSAGE**

Dear DOGANA Friends, Assalam o Alaikum

Welcome to 15th DOGANA Spring Retreat in LA. We are excited to meet you all in this beautiful city of California. DOGANA provides the perfect environment to refresh memories, meet old friends, make new friends and feeling young again and I hope you will have great time.

We are the largest medical school Alumni from Pakistan with most paid members. This gathering is an opportunity for us to increase membership. We need your help, to achieve this goal. We also want your ideas to improve our efforts to make us more helpful for new graduates from DUHS for residency and externship. DOGANA provides an ideal platform to produce young leadership not only for our Alumni but also for APPNA.

I want to congratulate our President Aamir Jamal, Host committee, Central and Executive Committee of DOGANA for this wonderful Spring Retreat. I am also grateful to all our colleagues for their generous support to Alumni.

My special thanks to Hozair Syed and Samia Faiz for putting everything in bringing out this memorable magazine.

Let Dow be proud of us,

Wassalam,

Danish Saeed,

Magazine Secretary DOGANA, 2018



## DOGANA CENTRAL COUNCIL 2018



**TALHA SIDDIQUI**  
EXECUTIVE DIRECTOR



**AAMIR JAMAL**  
PRESIDENT



**M. RAZI SAYEED**  
PAST PRESIDENT



**MAMOONA SHAIKH-AHMAD**  
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**IRFAN ASLAM**  
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**MANSOOR MOHIUDDIN**  
TREASURER



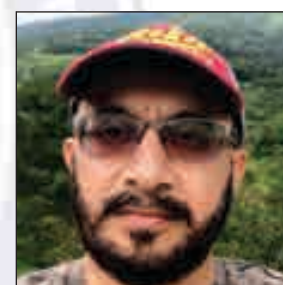
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**DOGANAMEDICALJOURNAL**



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**Faisal Jafri, MD**

## **DOGANA LOAN PROGRAM**

Dow Graduate Association of North America has received several requests for financial assistance from DOW graduates. They have included requests for help for Dow graduates who are applying for residency in the US, financial assistance to help for travel expenses and examination fee etc. It is our feeling that in the coming months and years these fund requests will increase exponentially. The Central Council started Loan Program for Dowites who are requesting for financial help.

### **Committee**

In order manage this account and screen the applicants, we suggest, there be a committee of 7 people. 4 members from Central Council (President, President Elect, Treasurer and the Executive Director of DOGANA) and 3 members from the membership at large with strong credentials in fund raising and excellent unbiased standing in the DOGANA community. The non CC members will be serving for a 3 year term. Initially, the three members will be elected for a staggered term of one, two and three year term each.

### **Deserving Candidate**

1. Should be DOW graduates.
2. These candidates should not have participated in self-funded scheme. They should have applied on open merit seats.
3. In order to assess the applicant, a point system will be used.  
2 points each in the two step for a score of greater then 90th percentile  
1 point each for US clinical rotations, research papers, residency offers, or a positive visa status i.e. green card vs. H1 already in place. The candidate should score at least 5 out of the 8 points.  
If they have already applied for residency, they should send us a list of their interviewing hospitals, so that the Council can help them in their accommodation and travel needs.  
The application should include names of 2 DOW graduates in USA, who can speak on these candidates behalf regarding academic qualifications as well as help determine financial need. These “endorsers” should be able to be cross referenced by council members. There will always be special unique cases where we will have to make decisions on compassionate basis.

### **Loan**

The maximum amount loaned will be \$ 3000 per candidate. A candidate who fails to secure a residency spot one year, may apply a second time for the next year. The maximum time a candidate will be considered for a loan will be twice. This money should be an interest free loan to these candidates, who would be expected to pay back within 2 years of starting their residency.

In the case that candidate is unable to secure a residency spot, he/she will not obligated in paying back this money. No money will be sent outside US. The candidates must send us all their receipts i.e. registration fees for ECFMG, travel receipts or fees for applications etc. and then the candidate will be directly reimbursed through US based banks or financial institutions.

If you are a Dow Graduate, applying for DOGANA Loan Program please contact [info@dogana.org](mailto:info@dogana.org)



## **DOGANA SOCIAL FORUM COMMITTEE**

Despite rigorous and time consuming medical studies, students at Dow Medical College have always been involved in social, economic and political debates and movements. By maintaining this tradition of awareness, Dow has always been a hub of Pakistani sociopolitical activities. DOGANA continued this tradition when it introduced the Social Forum.

Through this platform Dow graduates are able to discuss important and relevant sociopolitical topics, and probe some of our sensitive issues. In past forums, we have discussed and delved into the nuances of various subjects including the empowerment of women, religious intolerances, rights of minorities, democracy and dictatorships, foreign policies, social injustices, child labor, civic engagement, doctor killings, illiteracy, and many more.

The forum has allowed us to bring leaders from a vast array of disciplines to DOGANA and APPNA conferences and discuss these sensitive issues boldly and honestly. In the past we have been able to host politicians, religious leaders, ambassadors, writers, television personalities, scholars, analysts, and other leaders from many different fields.

We are committed to continue this educational activity; and to raise awareness of the different issues in Pakistani and American social, political, and economic realms. We would like to humbly thank our fellow Dowites for their ongoing support of our Social Forum, and are looking forward for another wonderful year with some thought provoking discussions.

DOGANA Social Forum Committee, 2018

Chair: Jamil Farooqui, MD.

Members: Mashood Qadri, MD, Azeem Qureshi, MD, Deeba Syed, MD, Aneeta Afzal, MD, Habia Khan, MD





# enDOW



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## KEYNOTE SPEAKER, DOGANA 2018 CEO PETROPLEX & MIDLAND ENERGY

**Syed Javaid Anwar,**

Mr. Syed Javaid Anwar, a renowned Pakistani American business man who has made a great name for himself in the American oil and gas industry. Javaid Anwar has become an image to admire in the community as an outstanding business leader. He is the recipient of the 2014 Outstanding Philanthropist of the year award which was presented to him by former President George W. Bush. In 2015 the Governor of Texas, Gregg Abbott, presented him the Hope Award on behalf of the MS Society. The list of awards and recognitions he has received are countless and to name just a few include: The Boy Scouts, Habitat for Humanity, United Way, University of Texas, Midland Memorial Hospital, Cancer Society, House of Hope, and many, many more.

Javaid is a man of great integrity who believes in honesty, education, and hard work. Javaid is a person with a very big heart and he has generously supported many charitable causes locally, and in Pakistan to fund hospitals, schools, orphanages, and many other deserving and needy organizations.

He believes that regardless of how much or how little a person has, there is always room for being generous to others. More simply put in his own words "if we are blessed, let's share it, as we all have been blessed in one way or another."

His philanthropic deeds reach far beyond the US borders to help victims of many natural disasters around the globe. He is a big supporter and proponent of organizations which help and promote education, help communities in despair, and provide charitable deeds to people in need.

Mr. Anwar has never forgotten his humbly beginning, and his mother's hardship and her efforts in raising him as a single parent. He was raised by his mother who worked as a telephone operator to put him through school in Karachi. Her sacrifice meant that he could now learn in a private school where he studied English, among other disciplines, from the time he was in kindergarten. He proudly says "My mother gave me the best private education in high school...which really helped me get into the University of Wyoming in the U.S."

As a petroleum engineering student, Javaid paid his way through school by working as a busboy, kitchen help, and as a construction helper during the summers. There were times during his college days when he was not sure how he would get his next meal. "It was a long, hard struggle," he remembered.

After graduating in 1976, Javaid worked in Midland, Amarillo, Houston, and Pampa as a petroleum engineer. His moment of truth and success came in 1984 after he drilled and completed his first oil well in Kermit, Texas.

"We completed the well that night. I ran home and locked myself in my room and prayed to God," The well ended up producing almost 200 barrels of oil per day.

"The longer I live, the more I love this country, the freedoms and the opportunities that exist in America," he said. "I have big dreams to do a lot of things. I saw United States as the best place in the world to fulfill those dreams, and now they have come true."

Today, Javaid Anwar still has the same original desk and chair in one of his offices that he started with more than 30 years ago. Despite the insistence of others to throw away the desk and chair, he has not been able to part with them yet. Perhaps, they are reminders of a big risk that paid off and keeps reminding him of his humble beginning.

And, in conclusion "That was the best decision I ever made in my life," said Javaid.



Shazia Malik, MD

## YPC COMMITTEE REPORT

Our YPC committee members are excited to report some of our programs.

### 1-YPC Symposium:

We conducted a YPC Symposium at last year's DOGANA retreat in Toronto, Canada. It was encouraging to see the support from our DOGANA members to help out our young physicians and medical students. We will be conducting our YPC Symposium this year in Orange County California, DOGANA Retreat March 30<sup>th</sup>, 2018.

### 2-Medical Student program:

a) Medical, Clinical and basic bench research.

It has been exciting to see Dow International conducting amazing basic and clinical research. The YPC committee will be supporting DOW Medical students by encouraging them to participate in basic and clinical research at Dow International and abroad in the United States and Canada. I would urge DOGANA members to enroll in our programs to help these young physicians get these research programs.

b) Clinical Rotations: Our YPC committee facilitates and co-ordinates:

1- Externship Programs: Encourage students to communicate with University programs.

2- Observership Program: Encourage students to rotate through enrolled DOGANA members private practices.

### 3- Postgraduate Programs:

a) Resume writing and coaching

b) Residency Interview coaching

4- **DOGAN Housing:** Logistic housing programs for our students and residents who cannot afford the cost of living. In the next few months, we will be working with local chapters and DOGANA members to devise more efficient ways to allocate logistics.

5- **DOGAN Loan Program:** To collect and dispense financial aid to qualified residents in order to use the funds for the purpose of getting residency programs.

### YPC Request from DOGANA Members:

1- Please enroll for our young physicians instructor database.

a) Basic and Clinical Research programs

b) Externship and Observership programs

2- Financially support:

a) DOGANA Housing

b) DOGANA Loan Program





**Anum Syed, MD**  
*YPC Member*

## The Forgotten Needs of Refugees Resident, Internal Medicine UCLA

According to 1951 United Nations Refugee Convention, a refugee is “persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality, and is unable to or, owing to such fear, is unwilling to avail himself of the protection of that country.” This very vulnerable group has to not only relinquish the comfort loves ones, homes and other possessions but also face staggering challenges in the process of resettlement if they are lucky enough to be the very few that are given aid.

The refugee population has recently surged due to focused political crises in the past decade. Out of the 65.6 million currently displaced people, as reported by the CDC, over 23 million are refugees. Half of those refugees have come from only four countries: 1.4 million from South Sudan, 2.5 million from Afghanistan, 2.8 million from Iraq, and 5.5 million from Syria.

Out of this group, only 189.3k people have been resettled. The vast majority of these refugees have been hosted in nearby counties: 2.9 million in Turkey, 1.4 million in Pakistan, 1 million in Lebanon, 979k in Iran, 940k in Uganda, and 791k in Ethiopia. We've received a constant influx of refugees even close to our homes, with around 85k arriving in the US, and of those around 10k in California.

The repercussions on the health of these refugees know no border; management of their health is among the foremost public health crisis challenging the global medical community. Most refugees face tremendous psychosocial stresses and require immediate mental health help. However, the health care delivery of refugees is focused on immediate needs, such as treatment of infectious and other acute illness. For even the resettled refugees in the US, the poor management of chronic diseases, mood disorders, post-traumatic stress disorders, and other mental health disorders causes high use of health-care resources. Because of the delay in referral to primary care and mental health clinics, emergency rooms are over utilized for the management of acute chronic illnesses.

Refugees face tremendous barriers to care. Many are hesitant to seek care because of language and cultural differences. Many have difficulty adjusting to a new legal and financial environment as well as to new customs. Many also rely on traditional cultural practices and can be skeptical of Western medicine. In addition, most refugees have negative experiences from health care professionals after undergoing exhaustive medical screening that focus on finding disorders that excuse their entry from their respective host countries.

As physicians, it is important to be cognizant of the challenges this group face. Stress-related somatic symptoms can present as unexplained headache, stomach or back pain and it may take several visits before refugees admit to physical and emotional symptoms. The initial history and physical should focus on establishing rapport, obtaining a vaccination history, dietary history, and recording the height, weight, and head circumference for newborns. Use of medical trained interpreters should be incorporated. There should be routine testing with CBC, UA, serum chemistry, glucose, B12, as well as testing testing of HIV, hepatitis B, TB, syphilis, malaria and hepatitis C. For women of childbearing age, pregnancy test should be obtained before initiating vaccinations or medications with risk. Children 6 months to 16 years should undergo lead screening as refugee children in general are thought to be at higher risk for lead poisoning, not only because anemia and malnutrition increase lead absorption, but also because of an increased risk for exposure to products containing lead.

Refugees with a history of sexual assault, new or multiple partners, or with symptoms should undergo screening for chlamydia and gonorrhea with urine nucleic amplification test as well as VDRL or RPR for screening for syphilis. All Sub-Saharan African refugees who arrived from countries that are endemic for *Plasmodium falciparum* and who do have a contraindication should be assumed to have received pre-departure presumptive antimalarial therapy with ACT. All refugees without contraindications from Middle East, South and Southeast Asia and Africa receive a single dose of albendazole prior to departure for presumptive treatment of strongyloides.

We must be vigilant in connecting refugees to primary care and mental health services. We must also be aware of local agencies that can aid refugees: in just Los Angeles, we can reach out to the LA County Department of Mental Health, Department of Public Health, International Rescue Committee, CAL fresh Food Assistance, LA Housing Authority, American Red Cross, Child Care Assistance, Social Services, food banks, and charities. Understanding and responding to the needs of the refugees in our cities is the first step in tackling this global issue. Refugee health is the public health crisis of the century and a stronger collaboration of the global community, including private organizations, is needed in the same way that these resources have been effectively used to fight global epidemics such as polio and AIDS.



Amar Safdar, MD

## INFECTIONS IN IMMUNOCOMPROMISED PATIENTS

Immune suppression is broadly categorized under congenital and acquired dysfunction in hosts' immune defenses that may involve cellular and acellular components of innate and adaptive immunity. The primitive, innate immunity provides a broad protection against a wide variety of potentially harmful external influences. Complements and antimicrobial peptides form the cornerstone for acellular innate immune response, whereas neutrophils, monocytes, macrophages and natural killer cells are the indispensable element of cell-mediated innate host defense against bacteria, fungi and viruses. The adaptive immunity involves B cells that transform into immunoglobulin (antibody)-producing plasma cells and T lymphocyte exercise protection via helper (CD4+) and cytotoxic T cells (CD8+). Adaptive immune response has evolved later in the course of evolution and signifies a sophisticated arsenal to combat a broad array of non-self-foreign threats to the host. The hallmark for adaptive immune response includes a) a complex process of foreign antigen presentation, b) a response directed towards specific targets and pathogens and c) importantly, memory of such initial encounters yielding to an expeditious and robust recall/response following repeat exposure to a particular pathogen.

Presence of severe neutropenia is defined as absolute neutrophil counts < 500 cells per microliter that most frequently results from bone marrow suppression due to drug regimens given to treat hematologic neoplasms, or may result as an unintentional consequence of drug toxicity; furthermore, certain systemic viral infections such as cytomegalovirus, Epstein Bar virus, and human herpes virus 6 may cause severe and at times life-threatening bone marrow suppression. During the first week of neutropenia, patients are at risk for invasive bacterial infections such as Staphylococcus aureus, enteric Gram negative bacteria including E. coli; and Pseudomonas aeruginosa. In patients with neutropenia extending into the second week, invasive candidiasis including candidemia and systemic disseminated candidiasis becomes a potential concern. During the first 7 to 10 days of neutropenia, recrudescence of herpes simplex virus and varicella zoster virus may also be expected. Invasive fungal disease (IFD) due to molds such as aspergillosis becomes a troubling concern in patients with, usually chemotherapy-induced severe neutropenia that extends beyond 2 weeks.

In patients with low immunoglobulin levels or hypogammaglobinemia, prominent pathogens include encapsulated bacteria such as pneumococcus, meningococcus and Klebsiella species. These patients are also at risk for accentuated intestinal or systemic enterovirus illness, and parasitic infestations.



HIV/AIDS if untreated, results in profound helper T cell defects. The pathogens that pose a threat in such patients include bacteria that prefer to reside within host cells such as *Salmonella* spp., *Listeria monocytogenes*, and *Mycobacterium tuberculosis*. Similarly, slow growing nontuberculous mycobacteria (NTM) like *Mycobacterium avium* complex or rapidly growing NTM like *Mycobacterium abscessus* among others many result in devastating illness. Patients with severe helper lymphocytopenia ( $CD4 < 200$  cell per microliter) either due to AIDS, drug-induced i.e. fludarabine or anti-CD52 (Alemtuzumab; Campath) therapy or recipients of allogeneic hematopoietic stem cell transplantation with or without graft-versus-host disease and those undergoing antirejection prevention or therapy following solid organ allograft transplantation are at risk for IFD due to *Aspergillus fumigatus*, dimorphic fungi such as *Cryptococcus* spp. histoplasmosis and coccidioidomycosis. Mucocutaneous candidiasis including thrush is often a recurring problem in patients with cellular immune defect. Among systemic viral infections, cytomegalovirus has become the protagonist pathogen in such patients.

It is therefore, of considerable importance to assess underlying immune defect(s) during evaluation of potentially immunocompromised patients suspected to have infectious diseases.

Reference:

Safdar A, ed. *Principles and Practice of Cancer Infectious Disease*. Humana Press, Springer Science, New York, New York, 2011.

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Hozair Syed

ALL PAKISTAN ESSAY  
AS PUBLISHED IN  
“PROGRESS 1975 SOUVENIR”  
KARACHI STUDENTS ORGANIZATION

*Inferiority Complex: It's Development and Manifestation*

We are living in an age of scientific advancement, or to say it more concretely, in an atomic age - but we are also living in an age of psychology. Man's capacity to project his thoughts into the distance future, one of his most telling attributes, gives him the motivating force to search for additional information and to make new types of learning the unknown and leading to distant goals.

The human mind is hardly ever satisfied with existing situations and is always aspiring to higher achievements or to greater understanding. But the craving to understand the world and others has outgrown the craving to understand one's own nature.

Likewise, it has become more significant to discern the characteristics of other groups or communities than the one to which the scholar of human nature himself belongs. The position is not very different in larger sphere of tendencies between bigger groups or races. That is how we are living in an age of psychology.

And in this age of psychology, the common man talks frequently of the inferiority complex - whether he understands it or not is an entirely different matter. But it is not so difficult to understand - in fact it is so simple that many of us just gloss over the obvious.

This, the most talked of complex of human nature is, at the same time, the most common one. It should consequently have been the most understood complex, but that is not so.

Not only did the proverbial schoolmaster Oliver Goldsmith suffer from it, he would still continue arguing that Katharina in Shakespeare's "The Taming of the Shrew" was also its victim. These are not isolated instances. Many and most of us suffer from this malady and draw satisfaction from the illusion that it is always others that are normally inflicted with the malady and not ourselves. The individual's inferiority complex is reflected in the character of the community and even the national outlook. This is no less serious a disease than many against which extensive campaigns are launched.

The question arises, whether it is eradicable. Modern psychology answers, "It is."



This complex is often caused by some actual organic defect, some deformity, some weakness and also by the impact of frustrations and failures. If it is some organic defect, or deformity, it is mirrored in the behaviors of associates and friends. This magnified sense then seeks refuge in what psychologists call the unconscious mind. The unconscious mind does not exist in the world of surgery but has been claimed to be located by the great psychology Sigmund Freud as the portion of mind submerged below the level of consciousness. It is the big house of all mental energies, emotions, mental reactions and frustrations. Once the deep sense of deformity enters it, it continues to strike and ultimately results in development of inferiority complexes. Even afterwards it keeps on reappearing in abnormal manifestations of conscious behavior, unless of course it is willfully weeded out.

So with frustrations and failures, when hopes, expectations and efforts recoil as unkind turns of fate, these created conflicts are repelled by the conscious mind into the recesses of the unconscious mind and becomes the nuclei of inferiority complex. And then they start eating up the bright personality of the person concerned.

The inferiority complex is accompanied by natural and inward impulsive urges to overcome it. When these impulses get the upper hand they result in overaction and what we call a “superiority complex.” The latter is the reactionary form of our conversion from inferiority complex and in fact a defense mechanism of the mind to surmount and over compensate for feelings of inferiority. Both, indeed, go hand-in-hand.

The best antidotes for these complexes are strong doses of self confidence at consistent intervals. With an advancing atomic civilization, our aspirations have also gone high. Yet we must know our worth, what we can do, and what we possibly can not do. There is much truth in saying that one's strength is the correct assessment of one's shortcoming. Only then we can keep inferiority complex at bay or even the superiority complex.

The environment of the child induces in him the first stage of this complex when he is surrounded by elderly persons. It requires great efforts to make his existence felt by those who surround him. In order not to become affected by this complex, his self-perception has to be carefully curated. When he grows into an adult and goes into the outside world to struggle against odds in carving out a successful career, great prudence is required on his part to handle varying situations lest a failure here or a defection there may sow lasting feelings of inferiority.

When it comes to grasping one's limitations and drawbacks, what is needed is a confident understanding as opposed to a passive and submissive recognition of one's defects. This applies to groups, communities, and larger groups equally. In the complex structure of society that is ours today, the best way to combat inferiority is a little extra attention at every step in the walk of life in order to bring about an enhanced sense of security.



## UNDERGRADUATE MEDICAL EDUCATION AND THE SUPREME COURT OF PAKISTAN

*Dr. Shershah Syed*

*Former Secretary General Pakistan Medical Association*

*Former Elected Member of PMDC*

In 1908, American Medical Association (AMA) and the Carnegie Foundation commissioned Abraham Flexner, a founder and principal of a private school, to write a report about medical education and medical colleges in USA. The AMA had previously created the Council on Medical Education (CME) in 1904 with the aim to restructure medical education in USA and Canada. The council had realized that one hundred and fifty five medical schools needed assessment and standardization of medical education in this country. Henry Pritchett, president of the Carnegie foundation, agreed to help the AMA by requesting Abraham Flexner to assess medical education in USA.

Abraham Flexner personally visited every medical school in the country and wrote a detailed report about medical education in USA. He was dissatisfied by the standard of medical education and training in medical schools and hospitals. He was highly critical of how the part time lecturers for medical students wasted time by focusing on recitation and dissection. After visiting fourteen medical schools in Chicago, he described them as a disgrace to the state of Illinois whose laws permit its existence - they were an indescribably foul plague to the nation.

Flexner made the following recommendations

1. Reduce number of medical schools from 155 to 31.
2. Increase the prerequisites of students to enter medical school.
3. Train physicians to practice medicine in scientific manners.
4. Appoint full time clinical professors to teach medical students who should not be involved in private practice.
5. Strengthen regulation of medical licenses all over America.
6. Close proprietary medical schools or have them be incorporated into universities.

Initially, the existing faculty in medical schools vigorously opposed the Flexner report but soon authorities in both USA and Canada followed the Flexner recommendations. The report had a positive impact on medical education. A big number of medical schools were closed. It created a single model of medical education in the country and it helped to shape one of the greatest system of medical education and training in the world.

The current situation of the medical education in Pakistan is worse than the situation existed in USA in 1910. After passing the twelfth grade with science subjects, a student can be admitted to a medical school with or without passing entrance tests. The majority of medical schools are privately owned with the aim to make profit from so called medical education in a substandard setup. With the exception of Agha Khan School of Medicine, all medical schools in public and private sector have part time faculty members who are heavily involved in private practice with very little interest in medical education and training. None of the medical colleges fulfill the criteria set by the Pakistan Medical and Dental Council (PMDC) for a medical college..





The majority of medical schools in private and public sectors in Pakistan have no hospitals with five hundred beds for patients. Majority of medical schools and attached hospitals have no structured program for teaching and clinical training of medical students. All private medical colleges charge millions of rupees for admission in medical colleges. Even the public sector medical colleges have increased the number of self financed seats and charge enormous amounts of money for admission. No medical college is actively involved in teaching ethics in their program and they are not bothered by the quality of doctors they produce. The PMDC has miserably failed in maintaining the standard of education in medical colleges and continuously recognizes new medical colleges in public and private sector without consideration of rules and regulations.

Recently, the Supreme Court of Pakistan has taken a notice of corruption at medical colleges and dissolved the PMDC for failing to perform its duties. The PMDC has failed because it's not independent nor autonomous and has no power to act against the owners of medical colleges - private individuals that often abuse their connections to the president of country, the prime minister, and chief ministers of provinces. Despite the long struggle of Pakistan Medical Association (PMA), the government and political parties are not ready to create a PMDC who can regulate medical education in Pakistan in unbiased fashion.

The Supreme Court of Pakistan took actions against the corruption in medical colleges and the failure of PMDC. They found it important to re-establish a powerful PMDC that can act under the constitution of country with dedicated council members and honest leadership. Unfortunately, vested interest groups, with the help of government officials, took the advantage of 18th amendment and were able to use the PMDC for their own benefit.

The Supreme Court of Pakistan can further act on following minimum recommendations for immediate improvement in the standard of medical education and regularization of medical colleges in the country. We need to produce good doctors who can act scientifically and professionally in the interest of patients with proper ethical consideration. We have produced young doctors who are go on strike at the cost of patient death and morbidity. We are running medical colleges whose faculty members are more interested in private practice than medical education and training. Reforms can be initiated within the light of basic recommendations.

- Suspension of all those medical colleges from teaching and training medical students in public and private sector that do not have hospitals with at least five hundred beds.
- Replacement of self financed seats with general meritorious seats in public sector medical colleges.
- Appointment of full time faculty members with no involvement in private practice.
- Appointment of full time vice chancellors and principals who can concentrate on academic activities.
- A centralized policy for tuition in private medical colleges and complete ban on donations and special fee for admission in medical colleges.
- Introduction of minimal criteria for the appointment of faculty in basic medical Sciences.
- A national admission policy for all the medical colleges of country with one national entry test.
- Complete ban on establishment of new medical colleges in public and private sector till the formation of autonomous and independent medical councils.

These recommendations will be vigorously opposed by the vested interest groups in private sector and the provincial political governments who do business with them. There is an immediate need to act now to regularize undergraduate medical education in Pakistan. The Supreme Court of Pakistan can create these necessary rulings to benefit coming generations the same way authorities in USA created them based on Abraham Flexner's reports in 1908.



**Samia Faiz. MD**

## **HISTORY DOW UNIVERSITY OF HEALTH SCIENCES**

Established in 1945, Dow is known for its strong emphasis on economics biomedical, health, and medical research programs. It is one of the premium institutions of higher learning in Pakistan, and ranked among one of the top medical schools by HEC in 2010, 2011, 2012. The Dow University of Health Sciences (initials: DUHS), is one of the oldest public sector universities in Pakistan. It is located in urban metropolitan area of Karachi, Sindh, Pakistan. The university comprises two leading health sciences undergraduate research institutes: Dow International Medical College and Dow Medical College. University also has a very strong department of Postgraduate studies which monitors various basic medical sciences and clinical sciences programs at DUHS.

### **Sir Hugh Dow 1886–1978**

The Dow Medical College is named after Sir Hugh Dow of the British Empire. Not much information is available about Sir Dow, specially the early days of his life. We know that he was knighted by the Queen for his services in the British Army and he held many high positions.

The Governor of Sindh (1941 to 1946) Sir Hugh Dow rose up the ranks in the British Empire and played a major role in Indian subcontinent and in the Middle East region politics. He became the Governor of Sindh in 1941. On December 10, 1945 he laid the foundation stone of Dow Medical College. Little is known about the actual ceremony.

### **MILESTONES**

Our history is full of important milestones. Here is a brief account of its chronological development:

#### **1941 – Establishment of Medical School**

Dow was established in Hyderabad, Pakistan as a small medical school proposed to grant only the LSMF qualification. Before the Independence, in 1941, the Indian Medical Council either abolished or raised many medical schools to a university degree level in order to introduce a uniform standard of medical education.

In 1943, this committee, which consisted of Dr. Hermends R. Wadhwani, Minister of Public Health; Col. J. E. Gray, Inspector General of Civil Hospitals; and Mr. Abhichand, Executive Engineer, developed the plans for the Dow Medical College. College was inaugurated by Governor Maudie of Sind in Hyderabad in 1945.

In 1944, the University of Bombay granted a temporary a liation, which was later withdrawn on the recommendation of a three-member committee consisting of Dr. Molgonkar, Dr. Yodh and Col. Jalal M. Shah. However, this committee recommended moving this institution to Karachi and later the liation to University of Bombay which was restored for the years 1945 and 1946.

#### **1945 – Foundation Stone**

The foundation stone of the new building was laid in Karachi on December 10, 1945 by Sir Hugh Dow, Governor of Sind, after whom this medical college was named. Medical college was transferred from Hyderabad to Karachi on December 31, 1945. It was temporarily housed in the N.J.V. High School building.

#### **1946 – New Building**

Dow Medical College started functioning in the new building in November, 1946. In December, 1946, Bombay University's team of inspectors recommended to continue pre-clinical years and clinical subjects.

#### **1947 – Pakistan's Independence**

When Pakistan gained its independence, Dow Medical College came under University of Sind's jurisdiction. A new committee was appointed by the University of Sind. It visited the institution on December 22, 1947 and recommended full a liation. It remained under Government of Sind until the central government took over on July 8, 1951.



### 1953 – PMDC Recognition

Pakistan Medical and Dental Council (PMDC) gave its recognition to the college in 1953. On March 7, 1962, it came under the jurisdiction of West Pakistan Government. With the dissolution of “One Unit,” Sind Government assumed its control again on June 30, 1970.

### 1950 – Dow Magazine

Student Union published its first magazine in 1950 which was later named “DOWLITE” in 1951.

### 1952 – Lending Library

Student Union also established a lending library in 1952, initially with only a handful of books which later grew to be a big source of books for the students.

### 1953 – Students Union was established by the students.

Constitution of the Student Union of Dow Medical College was drafted by Mr. Mohammed Sarwer and Mr. Sulaiman Karatela.

Mr. Rehman Ali Hashmi was elected the first President of the Student Union. During this tenure, the constitution was approved by the Principal and the General Body of students. The Role of Student Union had been vital in shaping of Dow's activities. It provided a venue for cultural, political and creative activities in arts and literature on a national level. DMC Annual Mushairas and annual functions were keenly awaited by the entire city every year.

### 1957 – First Urdu Magazine

Student union started an Urdu magazine named “NAMUD-E- SAHER.”

### 1961 – College Mosque and Events

College mosque was built in 1961.

During Professor Almani's tenure, the wall separating the college and the hospital was built. As a consequence, a separate mosque was built for the students over the water tank. It was vastly improved after Prof. Quraishy took over as the principal.

### 1962 – Girls Common Room and Sport Facilities

Under the tenure of Dr. Sultan Ahmed as the Gymkhana Secretary many projects were undertaken and completed. Girls Common Room was built (where the main library/auditorium is) the Boys Common Room was remodeled (it is now the admin building).

### 1968 – Arag Auditorium

Modern Arag Auditorium [named after the family donating it] with its unique architecture was built with the efforts of Professor Abdul Rahim.

### 1973 – Main Auditorium

Main Auditorium, the new medical library and common room building were established in the Administration Block. Main Auditorium was later named after Prof. Khawaja Moin Ahmed. It was destroyed by fire in 1985 and reopened in 1996.

### 1975 – New Medicos Snack Corner

On October 21, 1975, a new snack medicos snack corner was inaugurated by Professor A. Wahid.

### 1979 – PWA was established

PWA was conceived in February, 1979 by three students, Dr. Abdul Rahman, Dr. Inayat Hussain and Dr. Iqbal Noor. Dr. C.W. Vellani became the Patron and was ably assisted by Dr. Mushtaq Ahmed. Dr. Zakiuddin Oonwalla followed.

### 1979 – Sports Arena

Built in 1979 and soon became a very important meeting place for many students.

### 1981 – Hygiene Block

### 1990 – Quota System Abolished

After the Supreme Court of Pakistan decision to abolish the quota system in medical colleges, the first open merit batch (220 girls and 73 boys) were admitted to Dow Medical College.

### 1991 – Political Parties were Banned

After an incidence on the college premises, all political parties were banned and their offices sealed by the District Magistrate.

### 1992 – All Quaid-e-Azam Scholarship





All Quaid-e-Azam Scholarships were awarded to 4 position holders in all medical colleges under University of Karachi.

1993 – City Olympics

Dow Medical college took 2nd place in City Olympics with a gold medal in swimming.

1995 – A Dowite Recognized

Best Graduate in all medical colleges under University of Karachi was Ismail Khatri of Dow Medical College.

1995-1996 – Massive Changes in Dow

After Prof. Quraishy took over as Principal, he went into full swing to improve the situation in DMC. college mosque was his first undertaking. Second was improvement of its Library.

### **Dow Graduate Association Karachi - Pakistan**

(DGA) Dow Graduate Association has been in Karachi for many years. It had been active from the early 1960s. It published its annual Foundation Day magazine regularly.

### **Dow Graduate Association of North America (DOGANA)**

In 1979, a small number of Dow Graduates attended the annual meeting of Association of Pakistani Physicians (APP) at the Renaissance Center, Detroit MI. At that meeting the Dow Graduates Association was conceived. 1980 Washington D.C..

The Dow Graduates Association was established as a social, fraternal and non-political organization. A four page constitution including by-laws were approved by the general body. Dr. Inayat Husain was elected as the first President of Dow Graduates Association December 1983 —Karachi, Pakistan.

In 1985 the constitutions and by-laws were amended. The name of the organization was changed from Dow Graduates Association to Dow Graduate Association of North America (DOGANA).

Executive Director Dr. Ilfat Alavi was unanimously elected .

Dow University of Health Sciences has acquired international standards:

- ♦ Dow University is the first medical institute of Pakistan to introduce semester system. It has been specially designed to complete all the required credit hours in each subject, besides giving time for cover up semester and sufficient vacations.
- ♦ Thirty new departments and institutes have been added to the initial three departments of Dow University, namely Dow Medical College (DMC), Sindh Medical College (SMC) and Ojha Institute of Chest Diseases (OICD).
- ♦ Department of Information Technology (IT) The computer network, systems and website are part of the IT department. This computer network is stretched over 4 campuses of DUHS at 4 different locations
- ♦ The computer learning centre was established four years back where a full-time trainer is imparting computer skills for the faculty, staff and students to keep pace with advancement and to update their knowledge staff development.
- ♦ The faculty members of the basic and clinical departments are actively involved in research, besides teaching and routine work. Research has become a major focus for all involved.
- ♦ Journal of Dow University of Health Sciences has been established and frequently published.
- ♦ Human resource development has also gained major attention.
- ♦ Dow international medical college (DIMC), a new medical college, has been established in 2007 mainly for children of overseas Pakistanis at the Ojha Campus of Dow University, with the help of HEC. This college was inaugurated by Governor Sindh Dr. Ishrat-ul-Ebad Khan

Many photographs are on the following pages

Disclaimer: This article presents a modified short history of Ancient Dow. There is much that needs to be written about Dow University of Health Sciences which is beyond the scope of this article.

# DOW PRINCIPALS 1945-2018



**Dr Kewalram Tarasing Ramchandani**  
Jun 1, 1945 to Dec 30, 1945

**Lt. Col. Aziz K M Khan**  
Dec 31, 1945 to Jan 25, 1953

**Lt. Col Sher Muhammad Mallick**  
Jan 26, 1953 to Aug 31, 1954

**Lt. Col Aziz K M Khan**  
Sep 1, 1954 to May 25, 1955

**Prof Mahmud Ali Shah**  
May 26, 1955 to Sep 29, 1969

**Prof Abdul Wahid**  
Sep 30, 1969 to July 14, 1978

**Prof Mrs Zubaida Aziz**  
July 15, 1978 to July 20, 1979

**Prof M M Hasan**  
July 21, 1979 to Aug 31, 1983

**Prof A M Ansari**  
Sept 1, 1983 to March, 13, 1984

**Prof Shamsuddin Rahimtoola**  
March 14, 1984 to June 20, 1984

**Prof Muhammad Sharif Chaudhry**  
June 21, 1984 to June 17, 1987

**Prof M A Almani**  
June 18, 1987 to Dec 18, 1991

**Prof S Shakir Ali Jaffery**  
Dec 19, 1991 to Sept 7, 1992

**Prof M A Almani**  
Sept 8., 1992 to Dec 2, 1992

**Prof Malik Ali Shaikh**  
Dec 3, 1992 to March 3, 1993

**Prof S Shakir Ali Jaffery**  
May 9, 1993 to Aug 31, 1993

**Prof Abdul Majeed Memon**  
Sep 1, 1993 to June 29, 1995

**Prof Muhammad Shafi Quraishy**  
Aug 27, 1995 to April 29, 1997

**Prof Illahi Baksh M Soomro**  
April 30, 1997 to June 23, 2003

**Prof S Tipu Sultan**  
June 24, .2003 to Jan 13, 2004

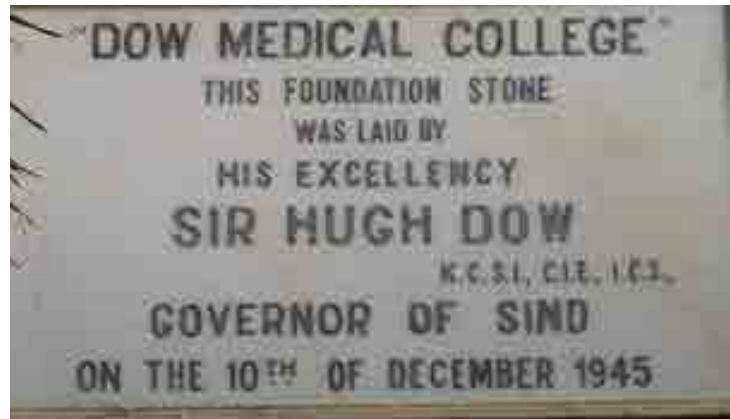
**Prof Masood Hameed Khan**  
Jan 14, 2004 to May 1, 2005

**Prof Salahuddin Afsar**  
May 2, 2005 to date

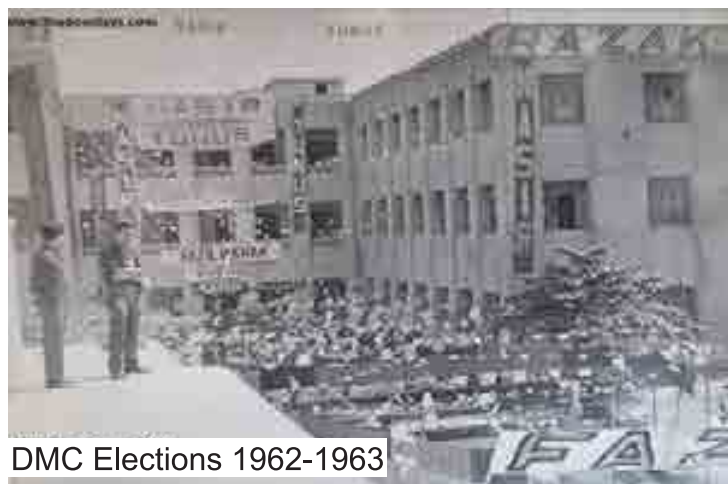
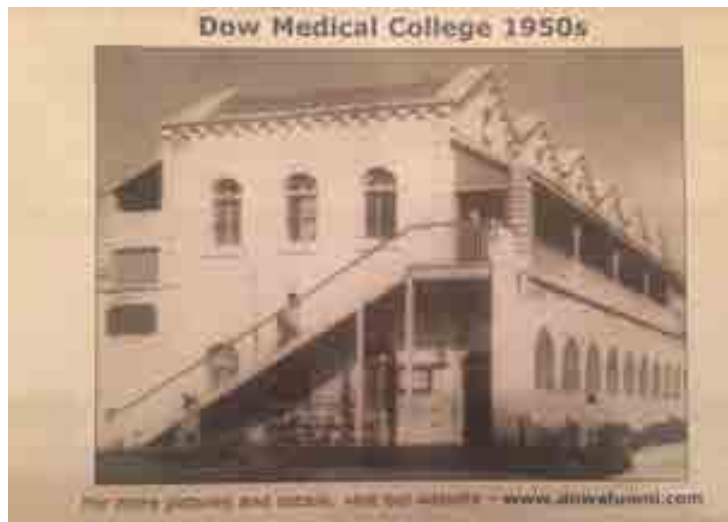
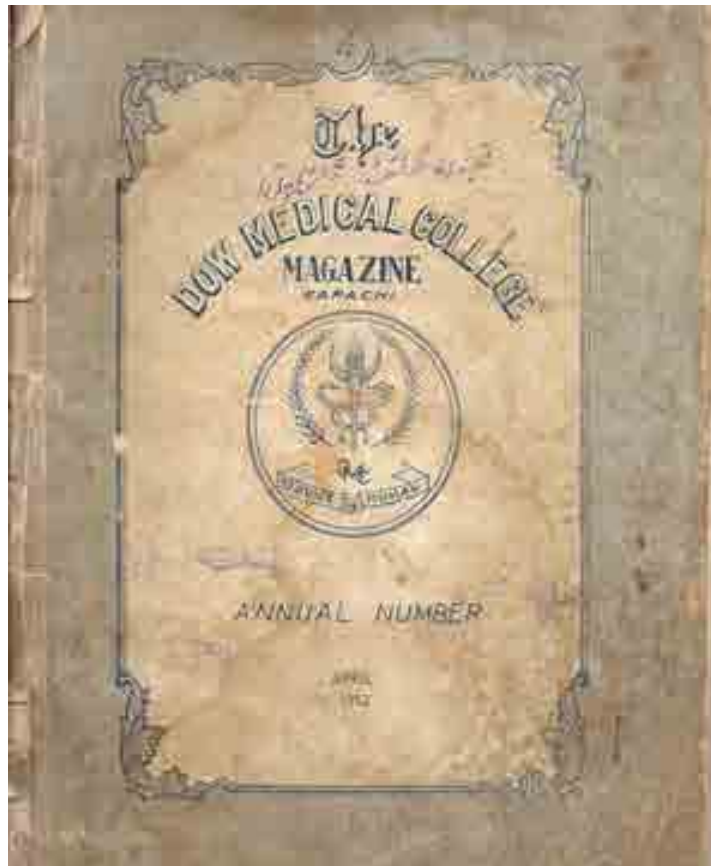




## GLIMPSES OF DOW



*Original building of Civil Hospital Karachi, inaugurated in 1898.*





## GLIMPSES OF Dow



**IN LOVING MEMORY OF OUR CLASSMATES  
WHO ARE GONE BUT NOT FORGOTTEN**



## DMC CLASS OF 1985

Afaq Muzzafar Butt  
Jamshed Adil  
Ishaq Bawa,  
Ali Ahmed  
Abdul Muttalib  
Anjum Ahmed

Akbar Ali Khan  
Abid Khan  
Rizwan Khalique  
Nauman Mansoor  
Naveed Mallah  
Sajid Ahmed

Zubair Ahmed  
Samina Kamal  
Raisa Parveen  
Khalid Yousuf  
Samira Khalid  
Shoaib Tauheed

**In memory of our friends  
You live in our hearts**

**Muhammad Aijaz Muneer**

**Tazeen Soomro**

**Shafqat Ali Tariq**

**Naheed Kamal**

**Anjum Ara Uqaily**

**Fahim Imam**

**Syed Dilnawaz Tajdar**

**Maisrah**

**DOW CLASS OF D89-1  
FRIENDS FOREVER**



# **Our Strength Is In Numbers Your Alumni Needs You Become A Member Of Dogana**

Membership Committee Members  
Chair Azim Qureshi

## **MEMBERSHIP COMMITTEE**

Kashif Khan  
Sultan Junaid  
Azim Qureshi  
Samia Faiz  
Adil Ahmed



**M. Azim Qureshi, M.D.**  
**11 Sprint Drive**  
**Carlisle, PA 17015**  
**(717) 422-5546**



## *Welcome to LA!*

*As a former Councilor, Treasurer and presently secretary of DOGANA, I can attest we have been blessed with the inspirational leadership of our predecessors.*

*We want to bring Dowites together to further strengthen our alumni and plan to continue to advocate for new physicians, launching new programs so that Dogana and DUHS can collaborate together in many fields.*

*We hope you have a awesome time in California. Please support me as I continue my journey in this phenomenal organization as a President Elect 2019.*

*Proud to be a Dowite!*

*Irfan Aslam, MD*



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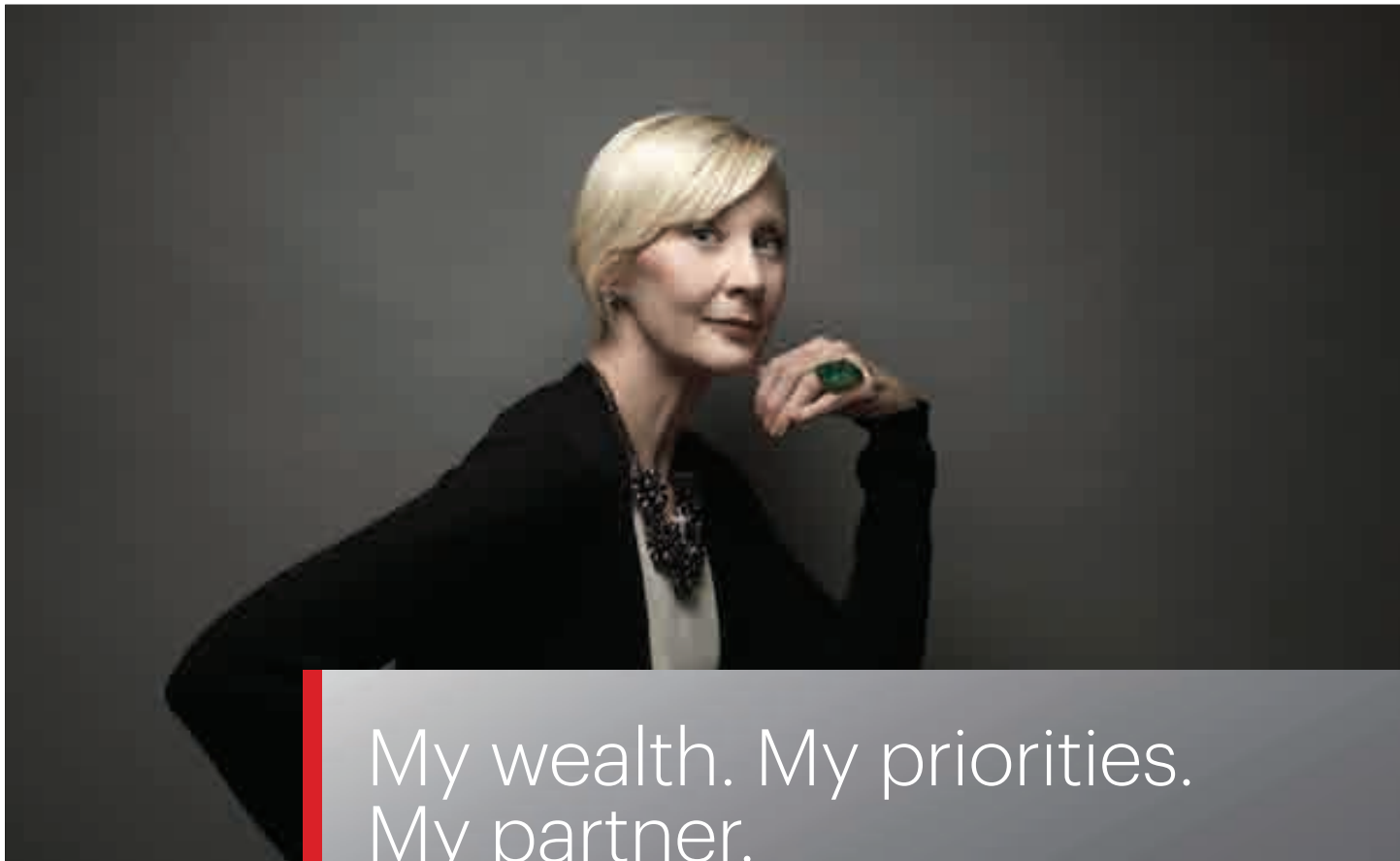
**Umar & Sadia Rehman**

*Welcome to all DOW RETREAT  
Attendees!*



***SAJID MEHMOOD MD FCCP***

President,  
Quality Care Inpatient Associates, SC  
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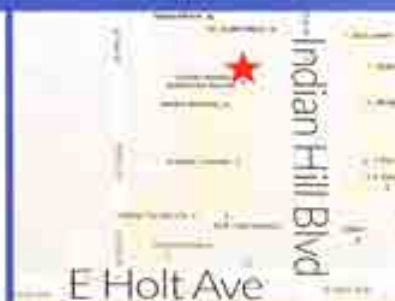
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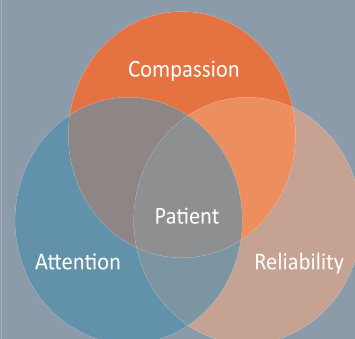


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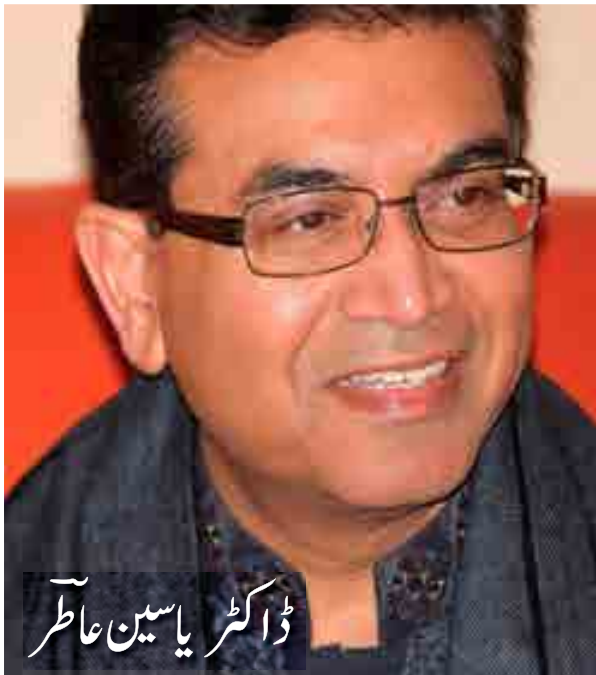
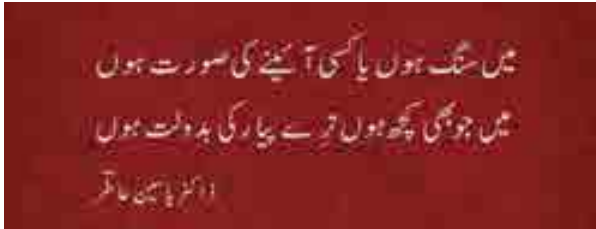
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باقی جا چڑھی تھیں باڈی کے پاؤں ہاتھ پہ



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سانس لینے کی مجھے دے دی اجازت صاحب  
دھوپ برسات سے پھیکے نہیں ہونگے ہر گز  
اپنے رنگوں کی میں دیتی ہوں ضمانت صاحب  
جنگ جیتی ہے انا کی سو وہ مسرور پھرے  
میں بھی دفنانے کو بیٹھی ہوں محبت صاحب  
میں منافق تو بہر حال نہیں ہو سکتی  
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تم میں دم ہے تو کرو ختم تعلق مجھ سے  
کر رہی ہوں سر محفل میں بغاوت صاحب  
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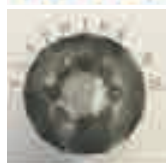
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### Outcomes of Anatomical versus Functional Testing for Coronary Artery Disease

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### JACC: Cardiovascular Interventions

Volume 10, Issue 3 Supplement, February 2017 DOI: 10.1016/j.jcin.2016.12.202

### **CRT-700.07 Nine-Month RESULTS Of The **BIOHELIX-I** Clinical Trial Study: Evaluation Of The PRO-Kinetic Energy Cobalt Chromium Bare-Metal Stent**

Tesfaldet Michael, Gert Richardt, Alexandra Lansky, Robert J. Carney, **Muhammed Akram Khan**, Abbas Shehadeh, Uwe Zeymer and Saurabh Gupta