



# نشرة الاتحاد العالمي للجمعيات الطبية الاسلامية

Newsletter of Federation of Islamic Medical Associations



## IMA NORTH AMERICA (IMANA) AT FORE FRONT FOR HAITI RELIEF WORK

Volume 1, Issue 5, Feb - Mar 2010

### Message from the President



A devastating earthquake of 7.0 magnitudes on the Richter scale hit the island of Haiti on January 12, 2010 just before 5:00 PM. The capital city of Port-au-Prince was the closest to the epicenter and sustained most of the damage. About a quarter million men, women and children have died and over 200,000 people are reported to have been injured. Out of the population of 10 million, 1-3 million have been internally displaced.

Haiti is already a country beset with extreme poverty, unemployment and disease in recent history, and this earthquake has further exacerbated these problems. Some of the statistics are staggering. There are very few children in Haiti; the average age

Continued on Page 8

In the wake of its historic commitment to the cause of humanitarian & medical relief.

Islamic Medical Association of North America decided to extend medical aid to the victims of earthquake. This giant effort was started by Dr Ismael Mehr, Chairman IMANA Relief & Anesthesiologist at St. James Mercy Hospital in Hornell, N.Y. The first team was on the ground in Port au Prince on 17th January. IMANA is committed and able to continue deployment of our teams through the month of March. Dr. Parvaiz Malik (Former IMANA President) was in Port au Prince for the purpose of evaluating the transformation of IMANA relief to a long-term facility.

Soon after the earthquake in Haiti, Islamic Medical Association, North America, offered up to 200 trained doctors to the United Nations and World Health Organization for medical relief activities to the earthquake victims in Haiti. IMANA doctors are no strangers to providing

medical assistance in times of disaster: they treated patients in Indonesia after the 2004 tsunami and treated the wounded during the 2009 conflict in Gaza.

In Port au Prince, a field hospital has been established in the confines of a former children's amusement park (Bojeux Children's Amusement Park). CDRS (Comprehensive Disaster Response Services) was utilized for ground logistics. The local hosts, Aimer Haiti, assisted in establishing base camp. IMANA first team laid down the foundation for something that developed into a facility which is improving the lives of the Haitian people. Presently, the facility has a triage/primary care area, along



A group of Muslim doctors in Haiti

with an emergency /minor surgical procedure area, an operating room and 8-10 inpatient beds within tents. There is a pharmacy area. Majority of the supplies have been brought



Devastated people waiting for aid in Streets

down by Muslim volunteers. Other medications and equipment has also been obtained through the courtesy of W.H.O.

The average daily turnover is between 250-300 patients with an average of 50-100 procedures /week. The majority of procedures are wound debridement & irrigation. Amputations have been performed for those patients whose limbs could not be saved. The operating room lacks an anesthesia machine so such procedures have been done using deep IV sedation. Brazilian military MASH hospital is very cooperative for x-rays and transfer of patients that can't be appropriately evaluated and/or treated in IMANA facility. Overall the situation is quite concerning due to the lack of any governmental infrastructure. This is not only in the healthcare sector but also includes other vital areas such as lodging and food distribution.

Dr. Rick Colwell was with one IMANA team. He is no stranger to packing - Haiti was his third trip abroad to help victims of devastation. "You have kind of a sense of what, how much you can do. You always leave feeling like you didn't do enough," says Dr. Rick Colwell. As part of IMANA - the Islamic Medical Association of North America - Dr. Colwell saved lives after the 2005 Pakistan earthquake and in Gaza last year.

Further details of IMANA relief work were described by Dr Tanveer-ul-Hasan Zubairi,

FIMA General Secretary, Dr Tariq Ismail, President, Pakistan Islamic Medical Association, Lahore and Dr Fakhar-uz-Zaman, Secretary, PIMA Lahore at a press conference at Lahore. They said FIMA first medical team has set up a field hospital to provide medical assistance to the injured and sick victims of earthquake. Second batch, comprising 10 doctors and paramedical staff, reached Haiti on January 25 while third medical relief team reached devastated land on February 2. They said that medical equipments/instruments and medicines worth US\$100,000, have been collected which would be dispatched for the rehabilitation of quake victims.

Other Muslim organizations are also supporting relief work at Haiti. Islamic Relief USA, the country's largest Muslim relief organization, announced it would fly a \$1 million shipment of aid to those impacted by the earthquake. All Dulles Area Muslim Society in Sterling partnered with Islamic Relief to do its part for the Haiti relief effort. ADAMS members donated \$35,000 for relief efforts during the Friday prayer services Jan. 15.

"We are commanded by our creator to help a fellow man in need," Islamic Medical Association of North America (IMANA) Relief Committee chair Dr. Ismail Mehr told America.gov. "It's very clear in the Quran that to save one human life is as if you saved all of humanity."

For further details and update on Haiti relief please log on to our web sites [www.imana.org](http://www.imana.org) or [www.fimaweb.net](http://www.fimaweb.net) and if you planned to volunteer for Haiti relief please contact Dr. Ismail Mehar (email: [izzym@hotmail.com](mailto:izzym@hotmail.com)).



Medical supplies sent by IMANA



## Invitation For CIMCO Meeting In Jakarta

On behalf of YARSI UNIVERSITY School of Medicine, it is a great honor for us to host the next CIMCO meeting along with seminar /workshop on medical education to be held at YARSI UNIVERSITY School of Medicine, Jalan Letjen. Suprpto Cempaka Putih Jakarta on May 3-4, 2010. This task has been assigned by the Indonesia Islamic Medical Association (IIMA). International participation will exceed 20. Prof. M Iqbal khan is the current chairman of CIMCO. I hope the next CIMCO meeting will be blessed by Allah SWT. and will benefit to all of us.

Thank you Wassalamu'alaikum,  
Prof. Jurnal Uddin

## SIMA Conducts 1000 Free Eye Operations In Khartoum

Sudan Islamic Medical association is carrying a series of free medical camps in different parts of Sudan. SIMA in association with Sa'oon Organization for Human Rights, Turkish program for cataract in Africa and FIMA Save Vision held free eye camps in peripheral residential quarters of Khartoum. These camps were arranged under the chairmanship of Professor Mamoun Hommeida, President of SIMA. Surgeons from Sudan, Pakistan, Egypt and USA operated in these camps. During the first phase 231 cataract operation and 23 IOL were performed. The second phase was completed under the guidance of Umbada Locality Commissioner.

## Free Surgical Camps By SIMA

Prof. Mamoun Hommeida announced that VV Fistula camp will be held in March in Darfur with the help of FIMA Relief and Arab Doctors Union.

Cleft lip and cleft palate surgeries will be performed in Khartoum in the same month. Surgeons from US and Europe will perform these surgeries.



## IMAKSA / WAMY to host the Semi-annual FIMA EXCO Meeting in Makkah Al Mukarama.

The semi annual meeting of executive committee of FIMA is scheduled to be held on 13-14 March 2010 in Makkah Mukarama. The meeting will be attended by the office bearers and members of FIMA EXCO. Dr. Salih Al Ansari President of IMAKSA has welcomed the delegates who are coming over to attend this meeting.

# CLONING: SHARIAH GUIDELINES (SOMATIC CELL NUCLEAR TRANSFER)



## SCIENTIFIC BACKGROUND:

The nucleus of a somatic cell is transferred into an enucleated ovum, under specific conditions. This ovum fertilized by a somatic nucleus, acts as an ovum fertilized by a sperm. The resultant cell enters into the cascade of division and ends up into a fetus. This finding has stirred a global ethical debate in view of its possible application to human cloning. Following are the different types of cloning:

I . PLANTS & ANIMALS: Cloning of plants, animals and other organisms has been going on for many years, aiming at production of food material and medical products. So far any ill effects of cloning on food material is lacking. The Shariah guidelines (1, 2, 3) :

1. There should be a recognized benefit approved by Shariah
2. The harm from such procedures should not exceed benefits.
3. Assurance that purposeless procedures, change of Allah's creation or aim at the production of monstrous creatures will not take place.
4. No torture to the experimental animal. be given

**CLONING:  
NO  
BUSINESS  
HERE**

## II. EMBRYO CLONING:

Cloning of embryo has been used in breeding of cattle and sheep since the late 1980's. The technique produces identical twins, triplets or quadruplets. It can help in greater understanding of causes of miscarriages, pre implantation diagnosis of certain genetic disorders. Also some women can supply only single ovum and it can be cloned into 4 or 8



zygotes to improve the chances of pregnancy.

Disadvantages of embryo cloning are that it can be used for gender selection, possibility of injuring the cell and the problem of identical individuals with its psychological, legal and social aspects. Improper use, commercialism and mixing of lineage are major issues.

It was concluded in 1997 at Casablanca in scientific seminar of Islamic Organization of Medical Sciences that human embryo cloning, in principle, is not different from IVF, which has been approved with certain conditions. (1, 4)

1. Separation of cells of the fertilized ovum in IVF lab is permissible, if it aims at the treatment of infertility resulting from marriage without any interference of third party. It is governed by same Shariah laws as for IVF.
2. Maintaining and freezing of such ova in special banks is the unresolved issue. The scholars, who approved it, put forward these conditions.
3. Such banks should be operated by central, non profitable, reliable authorities only and managed by reliable, committed Muslim medical workers.
4. Governments should issue and adopt rules, regulations and legislation to supervise such banks and to impose prohibiting punishments for deviators.

### III. THERAPEUTIC CLONING:



It has been used for the following purposes:

1. Production of therapeutic substances: Human genetic material could be introduced into animals, bacteria or other organisms for the production of useful substances. Human



insulin, growth hormone, clotting factors, vaccines and other medical substances are produced. There is no problem from Shariah point of view in this production. This technology should not be used for any purpose not allowed by Shariah, e.g. to change the shape of animal or human being. (5)

2. Gene therapy: The aim is to produce a functional / healthy gene to replace or supplement the activity of a deficient gene. These can be developed by Germ Line Technology and Somatic Cell gene therapy. It is permissible to use cloning technology and genetic engineering aiming at curing diseases provided that Shariah guidelines are not validated and among those is the rule of "No Harm" (6). It is not allowed to introduce healthy genetic material into ova, fertilized ova or fetuses if it is used to interfere with general human characteristics (change color of skin, eyes or change the composition of the heritable characters of the cells.)

3. Pre-implantation diagnosis: DNA mapping, Polymerase chain reaction (PCR) and other technologies were introduced. Congenital or inherited disorders (cystic fibrosis, thalassemia, hemophilia, sickle cell

disease, retinitis pigmentosa) could be diagnosed in the early embryonic stage. It is allowed to diagnose genetic disorders on sperm and ova. Islamic ethical standards must be observed. (Prohibited for unapproved fertilization, benefits are more than hazards). Fertilized ova in the lab do not acquire consideration as human fetuses, unless restored to mother's uterus and experimentation on them is permissible to diagnose genetic disorder. This includes surplus ova in the lab. Experiments to recognize the sex of fetus is allowed but working on ova to choose certain fetal sex is not permissible. (7)

#### IV. ADULT HUMAN CLONING:

Every Islamic seminar, Fatwa council or individual scholars have considered human cloning as being not permissible. Pope has also issued a ban on human cloning (2000). New information of benefits can be discussed as per Shariah laws (8).

1. The basic concept in reproduction is abidance by the Shariah approved system of legally binding marriage through the union of sperm and ovum. Human cloning is against the natural process of marriage and reproduction.
2. The major harms include disturbance and impurity of lineage, family relations, social structure, and disruption of many Shariah principles dependant on lineage.
3. The issues of identical features of clones and its social, moral, psychological and legal

implications.

4. Cloned humans may not be normal, after birth or later in life. In cloned animals mortality, deformities, genetic disorders, and premature aging have been reported.
5. The likelihood of disturbance of time honored balance between males and females, when left to the wishes of people.

#### REFERENCES:

1. An Islamic perspective on contemporary issues: Cloning 1999 IOMS pp 503-15
2. Contemporary Biomedical issues in light of Islamic Shariah Society of Islamic Medical Studies Vol II; 2000
3. Proceedings & Rulings of Council of Islamic Jurisprudence, Makkah. June 1997
4. Reference 1; page 173
5. Reference 1; page 268
6. Reference 1; page 269-70
7. Delhanty J: Genetic diagnosis before implantation; BMJ: 315; Oct 1997
8. Islamic viewpoint on contemporary medical issues: PIMA Publications; 516 B, Block K Johar Town, Lahore, Pakistan. March 2008; pp 81-84

### Medical Relief by Somali young doctors Association in Mogadishu, Somalia

The Somali Young Doctors Association arranged a medical relief camp on 9th and 10th of February 2010, they visited Lafoole IDPs near the town of Afgoi, 30km south of Mogadishu and home to some 580 families;

Mama Dahabo Hassan, 40, a displaced







mother of six, was one of those who benefited from their visit. She told the media that three of her children were sick but she could not take them to hospital or to see a doctor "I cannot afford to take them to a doctor; I don't even have the bus fare to the Hospitals in Mogadishu She said many people in the Hilal camp near the town of Afgoi, 30km south of Mogadishu and home to some 580 families, were like her. "I don't know of anyone who can afford a doctor," she said, adding: "I hope they continue coming.

They delivered free health service combined with free medicine and free laboratory, More than 600 Patients benefited, "Most of the children under five were suffering from respiratory tract infections and malnutrition, while those between 5 and 15 were suffering mainly from skin diseases, due to the terrible sanitation and hygiene conditions in the

camps, Most adults they examined were suffering from UTI, hypertension, Diabetes, and there is lack of good sanitation, primary preventative measures, no aid agencies on the ground due to insecurity. "It is a very difficult environment and also shortage of toilets we have observed during our exercise.



### The arrangements of 7th umrah program for medical students finalized.

Islamic Medical Association of Kingdom of Saudi Arabia (IMAKSA)/ World Assembly of Muslim Youth (WAMY) in collaboration with Federation of Islamic Medical Associations (FIMA) and its Members (IMAs) is holding 7th Umrah program from Saturday 17 to Thursday 22 April 2010 (3 to 8 Jumada I 1431 H). The arrangements by the local organizers under the leadership of Dr. Ata Allah Al Ruhaily are in the process of finalization and list of participants recommended by

the IMA's is being processed. All the concerned are requested to contact Dr. Ata Allah Al Ruhaily at his email address: (aruhaily@gmail.com ).



Delegates of 6th Umrah Camp visiting the Pilgrims.

## Remaining President Message

in men is 53 years and in women is 56 years. One out of eight dies before they reach the age of 5. Medical facilities are scarce; there are only 2000 doctors in the country for a population of 10 million. The majority of the population has never seen a doctor in their lifetime. They also have the highest rate of HIV/AIDS in the western hemisphere, second only to African sub-Sahara. The per capita income is equal to US \$450 compared to \$43,740 in the United States.

The Islamic Medical Association of North America (IMANA), one of the largest member associations of Federation of Islamic Medical Associations (FIMA) was among the first organizations to respond. Dr. Ismail Mehr, the chairman of IMANA Relief moved quickly, collaborating with Todd Shea, executive director of CDRS-Pakistan who has been providing logistics and much needed continuity in functions of IMANA and other teams in Haiti. Todd facilitated the connection with AIMER Haiti, a local community based organization. Bogeux Children Parc in Tibbare was converted into a mini hospital and an urgent care outpatient clinic. On day 5 post-earthquake, IMANA had a team on the ground in a functioning facility. So far, several teams of

IMANA doctors from all specialties have come and gone, and teams are still arriving. A number of non-Muslim physicians from all creeds and beliefs have also joined the IMANA teams, giving a diverse flavor to the effectiveness of the relief work. Deployment of IMANA medical teams will hopefully continue through the month of March. Our team members are also assisting several other medical camps as needed. FIMA secretary Dr Tanveer Zubairi was in Los Angeles, California (USA) and visited the headquarters of UCP and Wheels of Humanity in North Hollywood. He had a formal meeting with its office bearers and its president. Their future rehabilitation services to Haiti were discussed.

I had the honor of representing FIMA in Haiti. I left for Haiti on February 3rd with my son Dr. Imran Malik who had previously worked with me in Pakistan during the major earthquake of 2005. Within an hour on my arrival in the camp, I operated on a 9 year old Haitian boy for a large umbilical hernia. We joined the IMANA team and performed multiple tasks at the site, where the outpatient clinic served about 300 to 350 patients a day for mostly primary care. Many of these patients walked several miles to see our doctors, some of them for the first time. Many ailments were earthquake related, from infected necrotic wounds to post trauma syndromes. The lack of food, medications and medical support has exacerbated their pre-existing medical issues. Gastro-intestinal, respiratory and pulmonary infections exist in huge number, and we debrided a large number of infected wounds caused by crush injuries. We spent the latter part of the days and sometimes nights

Dr Parvaiz Malik, President FIMA

FIMA Newsletter March-2010 issue:-In next issue articles on FIMA EXCO meeting, report on Relief Activities and Review of books will be included.