



JAMADIL AWAL 1437

# AT TIBB



MARCH 2016

## ZIKA VIRUS

Atkin Diet

Nosocomial  
Infection

IMSA Annual Dinner



# to study medicine







# Words from Editor in Chief

السَّلَامَةُ عَلَيكُمْ وَرَحْمَةُ اللَّهِ وَبَرَكَاتُهُ

Someone mentioned to me about At-Tibb while I was waiting for the elevator. A short word of encouragement sometime works wonder in boosting up my drive to write this letter. Coincidentally it was the day of my birthday. I am now 62 years old, no secret, no manipulation.

When you were young, you expected some pain in the knee or joint would go away in a few days. An attack of flu may last for two days at most. You would never think twice to buy snacks from the shop; whether they would be as hard as PVC pipe or not since you could crush anything you put into your mouth. Nobody would tell you to eat more fiber or papaya to avoid constipation. When you went to the toilet, the business is over within 10 minutes. You came out clean and never had to double check whether you forget to close your fly. However, bending down tying up a shoe lace at this age, you may spend sometimes thinking what else you need to do before you straightened up. Squatting is a very serious position; you might not be able to straighten up.

Old age announces its arrival when the joint pain lingers around for weeks. I experienced this when I turned 50. I tried to ignore the pain but admitted defeat when I have to rub mentholatum or analgesic gel to reduce the pain and swelling. The slight fever continues as if to stay permanently. Few teeth loosed and had to be removed. The bare gum started to give pain when crushed against hard food. I have to be selective when buying desserts/kueh, I look for buah melaka or bengkang or lompat tikam. Others may also experience the same things when they reached this age.

Masalodeh is intimidating but it became a prohibited item in a menu. Bubur kacang or bubur caca appear more frequent in the diet. You started searching for food blenders presented to you when you got married 40 years ago. Hopefully it is still functioning. You need it to blend your ulam pegaga or any salad. Jambu batu also must come through

the blender. In the old days, people use gobek; a kind of manual blender. I started to wonder whether the state museum could lend me one.

Old age also means you spend more time in the bathroom. People get it wrong if they think about defecating. It is urination that consumed more time. The urine is liquid as usual, but something is blocking, it just likes how the landslide at Gua Tempurung caused traffic jam in the North-South Highway.

The thing that scares me most is losing of memory. I have given up trying to memorize students' name. It is just beyond my current capability. So I just mention any name randomly when I need to wake them up. If I'm lucky there would be a student who happens to own the name. But this trick is dangerous. You might reveal name of somebody from your secret file.

Those are the signs of old age. Young readers may laugh as they think I am exaggerating. The Malay proverb says, "Pelepah bawah jatuh, pelepah atas jangan ketawa", how accurate the analogy is? So for my next birthday just wish me; "May the mercy of Allah SWT be with you even more as your birthday do".

Editor in chief,  
Dr. Shahidan Hashim





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# Expert

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# TIPS



Written by: Normaizatul Afizah Ismail

## to study medicine

Some say studying medicine is very much like a marathon, not a sprint. It is a 5 or 6-year course, where in your final few year holidays become a lot shorter and you are studying almost all year round, instead of having three months off each semester. The reason the course is so long is because of the volume of material that needs to be learned; both the basic scientific principles and the clinical skills needed to apply them must be taught.

Studying medicine comes with a certain expectation to work harder on average than most other students in other programmes/courses. There are generally more contact hours than other subjects with practicals and lectures taking up a great deal of time. Of course it's not just the contact hours when you are working: lecture notes need to be read over, essays have to be written, practicals should be prepared for and keeping on top of it all can be a

challenge. There's also a reasonable amount of pressure on passing the exams. In most subjects other than medicine what you are really studying and aiming for is the best grade possible. Obviously this is true to an extent in medicine, because being pass is already enough. By being passed in these you are essentially being certified as competent enough in a subject area to continue towards a professional medical career.

I was lucky enough, managed to interview big names in medicine. Prof Dr. Hashami Bohari, Prof Dr. Aruljoethy Ratnasingam and Associate Prof Dr Ropilah Abd Rahman are very well known specialist in their field. Despite of their busy schedule and heavy workload, all of them are willing to share their experience and tips on studying medicine.

### LEARN TO PRIORITIZE

You will not be able to do everything, read every chapters and memorize everything....remember MUST KNOW, NICE TO KNOW & GOOD TO KNOW

### KEEP A ROUTINE

Systematic learning may prevent last minute study  
You will be organized all the time, comfortable and more confident

### MANAGE YOUR TIME

Don't study when you are tired or sleepy  
Don't waste time on facebook/twitter or talking on the phone

### STUDY SMART

Practice active study  
Do not study while lying down

### IMPROVE COMMAND OF ENGLISH

The language of science is English  
Develop the HABIT of using the dictionary  
-both English and Medical dictionary

### ALWAYS WORK HARDER THAN THE REST

Ability to focus on your desire to achieve your objectives  
INTEREST is your strongest DRIVE to EXCELLENT



### How much time should a medical student spend for studying in a day?

HB : It is up to the individual. The most important is “quality time” and it must be regular.

AR : Time spent is not significant. The question is “Did they understand what they read or did they memorise it?”

RAR: Spend about 3 hours a day to study, this include group study. Remember 3 blocks of 45 min to an hour is better than studying continuously for 3 hours without a break. Take a break after each block.

### What is the most effective system/study technique?

HB : Consistent and regular. However you have to identify what type of learner you are? If you are the one who need silent surrounding, you need to study early in the morning like 3-5 am. If you are the one who cannot study in a group, then you may study alone but you need to meet up with your lecturer to make sure that you are on the right track.

AR : To teach the topic to someone else. When you teach someone, you not only recall your memory but deepens your understanding to that subject.

RAR : Know your syllabus well and always be prepared for lecture or tutorials

Preview : read before a lecture/tutorials

Concentrate in class, choose a sit with less distraction eg in front row

Review the lecture

Take notes: We remember

10% of what read

20% of what we hear

50% of what we hear and read

70% of what we discuss

90% of what we do

100% of what we teach

### Do you think study group is COMPULSORY?

HB : COMPULSORY because you will not be able to cover everything. Study in group will help you divide your work. It also functions as check and balance; to know whether you are on the right direction and your understanding are correct. You will also get useful feedback from friends which you never heard before or might not be able to get it by yourself.

AR : NOT compulsory but very useful but the moderator must remind everyone to remain focus.

RAR : Based on my experience, students who do well are those who have study group. A study group is not about studying together but a venue for regular discussion, comparing and sharing knowledge as well as improving communication. Group study forces each student to understand the subject well and teach other member of the group. The ability to communicate with others is very useful particularly when you are in clinical postings and in clinical examination. Twice a week of 1 hour group study session is most of the time adequate with 4 to 5 students which is the most ideal group members.

### Common challenges while studying and how to overcome.

HB : To study all the subjects is really tough and to study in a very short time is even tougher. What you can do is using strategy. Group discussion, reference books, exercise and study past exam questions.

AR : Taking the easy way and memorising. Weekly reflective learning session with the lecturers will help.

RAR :

- Inferiority complex as everybody comes from different background but remember Allah SWT created mankind equal, nobody is more superior. Get yourself adapted to your surrounding eg your housemates, and always practice good virtues regardless of background
- Demoralized and depressed when you are not able to cope, or when you fail in examination. This is why group study is important as it helps the ‘weaker students’ to become better. Meet your mentor for advice. Remember failing an exam is not the end of the world. You might be the best student in your old school, but you are in university now, sometimes you just need longer time to adapt to your new environment.
- Financial problem : as it affects a students’ focus on study. So always keep aside about 10% of your monthly allowance for rainy days. Don’t spend on unnecessary things like expensive mobile phone.
- Falling in LOVE ..... Make sure you don’t loose focus. If it makes you loose focus then its not good for you.

You have chosen to do Medicine, so love the field of your choice and be passionate about study with the final goal of becoming a doctor. In order to be an excellent doctor, you need to be well-rounded and must excel in these three areas ; Knowledge + Attitude + Skill. It is not easy to study medicine, only with the right way you may not feel the burden but instead you will feel more like a responsibility.



IT'S A  
CHANGING  
WORLD

# ZIKA VIRUS

Written by: Dr. Saleh M. Al-Othubi  
PhD; Medical Microbiology and Medical Molecular Biology

Zika is a disease caused by Zika virus that is spread to people primarily through the bite of an infected *Aedes* species mosquito. The most common symptoms of Zika are fever, rash, joint pain and conjunctivitis (sore eyes). The illness is usually mild with symptoms lasting for several days to a week. Symptoms typically begin 2 to 7 days after being bitten by an infected mosquito.

Zika is primarily transmitted through the bite of infected *Aedes* mosquitoes, the same type of mosquitoes that spread Chikungunya and dengue. These mosquitoes are aggressive as daytime biters but they can also bite at night. Mosquitoes become infected when they bite a person already infected with the virus.



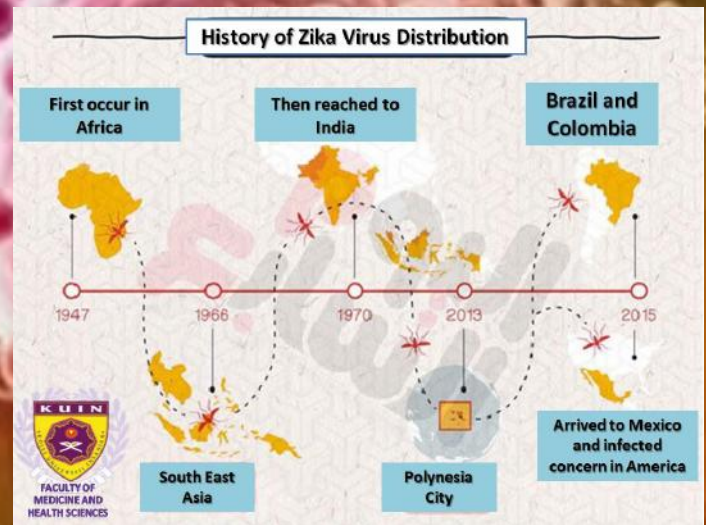
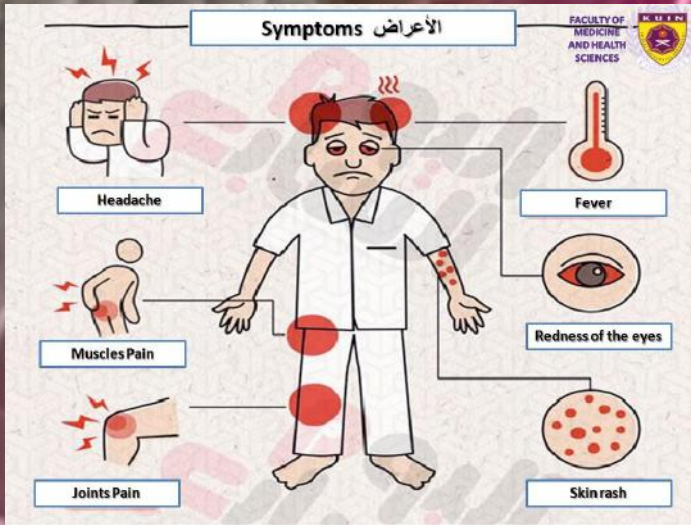
Infected mosquitoes can then spread the virus to other people through bites. It can also be transmitted from a pregnant mother to her baby during pregnancy or around the time of birth. So far, there is no vaccine to prevent Zika. The best way of preventive measurement is to avoid from being bitten. Zika is not a new virus; outbreaks of Zika previously have been reported in tropical Africa, Southeast Asia, and the Pacific Islands. Zika virus likely will continue to spread to new areas. In May 2015, the Pan American Health Organization (PAHO) issued an alert regarding the first confirmed Zika virus infection in Brazil.

## The history, symptoms and transmission of Zika Virus

About 1 out of 5 people infected with Zika will get sick. For people who get sick, the illness is usually mild. For this reason, many people might not realize they have been infected. The Zika virus is posing such serious health issues across the Americas that the World Health Organization (WHO) declared a global emergency since it occurred last month. There is no proven way of halting the spread of Zika, and a vaccine could be several years away. So far, it seems that the only promising solution is a highly controversial one, in the form of genetic alterations to the mosquitoes that carry the virus. The proposed gene drives the use of Crisper gene-editing technology to force changes in the DNA of Zika-carrying mosquitoes around the world.

*Aedes aegypti* is the specific species of mosquito responsible for carrying and spreading the Zika virus. Although the virus usually only manifests as a mild rash on the skin, Zika, so far, has been linked to 4,000 cases of Brazilian children born with microcephaly, a birth defect that causes infants to be born with abnormally small heads. The same type of mosquito has been known for transmitting chikungunya and dengue viruses – dengue alone has led to

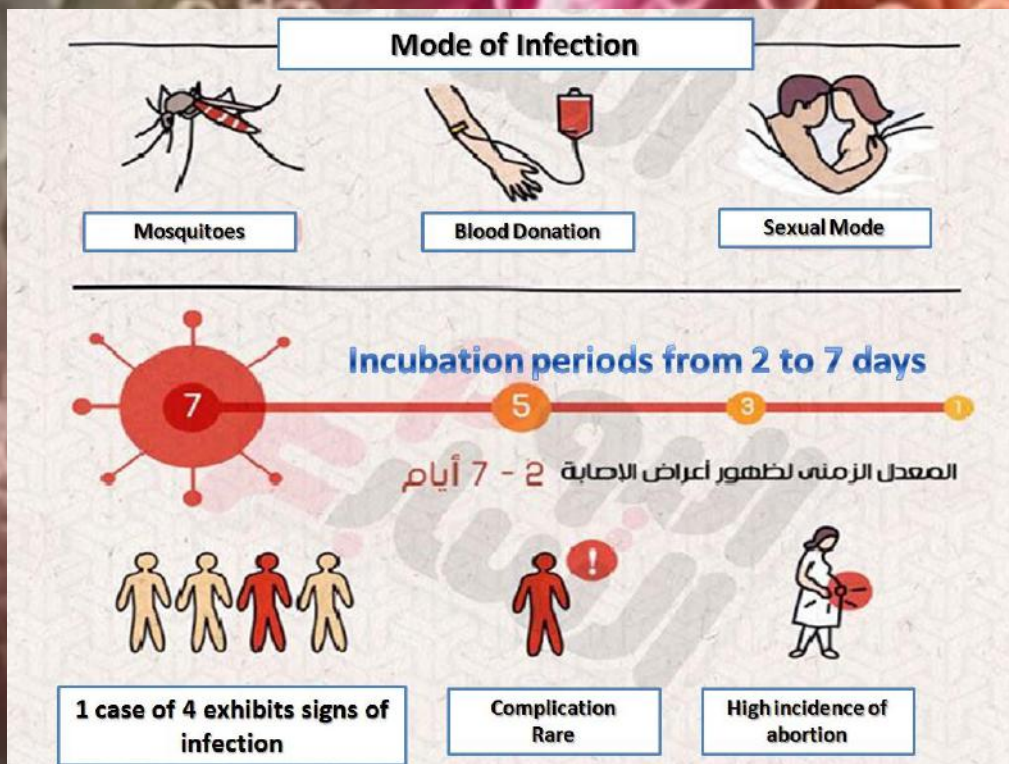




illnesses in 100 million people every year. The Zika virus may be particularly adapted at entrenching itself in parts of the body, shielding itself from the immune system. This makes it harder for our body to fight it off and possibly lengthens the time frame of its transmission.

Studies reported that Zika virus was remained detected in semen up to 62 days after a person is infected. These reports support the evidences of the virus's presence in fetal brain tissue, placenta and amniotic fluid. Their works are part of an international race to understand the risks associated with Zika, a rapidly spreading mosquito-borne virus, which thought to be linked to thousands cases of congenital defects in Brazil. Zika causes only mild symptoms, and in most cases

may not result in illness at all. Its suspected link to the birth defect of microcephaly and to neurological disorder; Guillain-Barre syndrome, has generated alarm among public health officials, though the link has not yet proven. The World Health Organization on Feb. 1, 2016 declared Zika as a global health emergency. Several organs in the body, including testes, eyes, placenta and the brain, are "immune privileged" organs which are protected from attacks launched by the immune system in its order to neutralize foreign invaders. These sites are safeguarded from antibodies to prevent the immune system from attacking vital tissues. So, if the virus enters these protected sites, it would be much harder to fight it off.





## Zika infections in pregnant women cause birth defects

There have been reports of a serious birth defect of the brain called **microcephaly**, a condition in which a baby's head is smaller than expected when compared to a normal one's, and other poor pregnancy outcomes in babies whose mothers were infected with Zika virus while pregnant. Knowledge of the link between Zika and these outcomes is still evolving, therefore until more information is known; CDC recommends special precautions for the following groups:

Women who are pregnant (in any trimester):

- Consider postponing travel to any area where Zika virus transmission is ongoing.
- If you must travel to one of these areas, talk to your doctor first and strictly follow steps to prevent mosquito bites during your trip.

Women who are trying to become pregnant:

- Before you travel, talk to your doctor about your plans to become pregnant and the risk of Zika virus infection.
- Strictly follow steps to prevent mosquito bites during your trip.

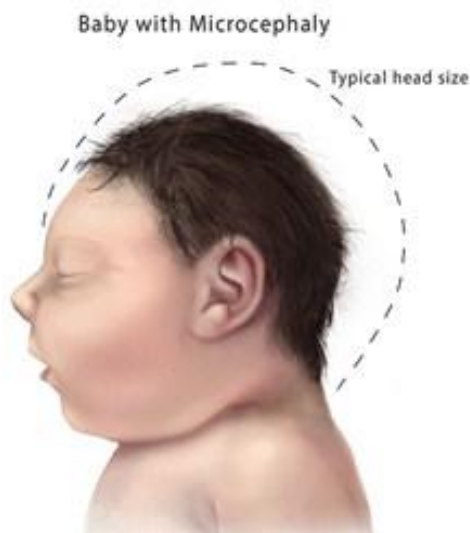
## Treatment and prevention of Zika Disease

There is no vaccine or specific medicine to treat Zika virus infections. Treatment for the symptoms as the followings:

- \* Get plenty of rest.
- \* Drink plenty of fluids to prevent dehydration.
- \* Take medicine such as acetaminophen to reduce fever and pain.
- \* Do not take aspirin or other non-steroidal anti-inflammatory drugs.
- \* If you are taking medicine for another medical condition, talk to your doctor or to healthcare provider before taking additional medication.
- \* If there is any critical healthy problem, just visit the medical care center near your zone.

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# Nosocomial Infection

## A REVIEW OF NOSOCOMIAL INFECTION:

### The role of Dressing Code and Hand Hygiene

Written by: Dr. Tarek Mahbub Khan, MBBS, M.Phil

#### INTRODUCTION

In a generous way, nosocomial infections (NC) or health care associated infections (HCAI) are any types of infections that acquired from the hospitals. But to put it in a functional quantitative definition, some important aspects must be taken into consideration....Is it really acquired from the hospital setting or from outside? Was the patient in an incubation period or carrier state at the time of hospital admission? CDC/NHSN surveillance define nosocomial infections to any systemic or localized conditions that result from the reaction by an infectious agent or toxin.<sup>1</sup> While World Health Organization (WHO) refer "nosocomial" or "hospital" infection as an infection occurring in a patient during the process of care in a hospital or other health care facility which was not present or incubating at the time of admission.<sup>2</sup> Often, a time cut-off of 48 hours after admission is used to differentiate between hospital and community acquired infections. However such a cut-off point does not present the patients' carrier status that can cause the

infection. In an attempt to solve the problem, some works has been carried out to classify HCAI based on pathogenesis of infection and the criteria for carrier status.<sup>3</sup> Another consideration is also important regarding time lapses after discharge from hospitals or after an operative procedure and the presentations of infection. A type of definition has been adopted in some literatures that nosocomial infections are those occurring within 48 hours of hospital admission, 3 days of discharge or 30 days of an operation.<sup>4</sup>

#### INFECTION BURDEN

Based on data reported from several countries, it's estimated that hundred millions of patients around the world are affected by HCAI every year. The burden of HCAI is several fold higher in low- and middle-income countries than in high-income ones.<sup>2</sup> CDC survey found out that on any given day, about 1 in 25 hospital patients has at least one healthcare-associated infection.<sup>5</sup> A study from HUKM on overall



incidence of nosocomial infections in the ICU was found out to be 23%, in which lower respiratory infections were more prevalent.<sup>6</sup> In another study, an overall prevalence of HCAI among inpatient of a tertiary-care referral center in Malaysia was 13.9%.<sup>7</sup>

#### TYPES OF INFECTIONS AND MICROORGANISMS

Many of these infections are associated with medical devices that are used to diagnose and treat the patients. Most common types of infections are central line-associated blood stream infection (CLABSI), catheter-associated urinary tract infection (CAUTI), surgical site infection (SSI), and ventilator-associated pneumonia (VAP).<sup>5</sup> Gram positive bacteria are the common causes of nosocomial infection and most of them are resistant to antibiotics. Methicillin-resistant *S. aureus* (MRSA) causes up to 60% of nosocomial infection in ICU. In many of cases, poor antibiotic prescription and genetic mutations are among the risk factors for emergence of antibiotic resistant bacteria in hospital settings.<sup>4</sup> *Pseudomonas* and *Acinetobacter* are also common type of bacteria afflicted with HCAI particularly in ICU settings.<sup>6</sup>

#### PREVENTION STRATEGY: The role of dressing code and hand hygiene

One third of nosocomial infections can be prevented with appropriate infection control measures.<sup>8</sup> These measures include surveillance, prevention strategies and treatment programs. Poor hand hygiene is responsible for 40% of infections transmitted in hospitals. Improvement in compliance with hand washing reduces nosocomial infection.<sup>4</sup> Studies also revealed that doctors wash their hands less frequently than nurses and even improperly.<sup>9</sup> It means a simple and common procedure if not practice properly could risk the source of infection. In 2005 WHO started the campaign of 'Ten years of Clean Care is Safer Care -2005-2015 to reduce the HCAI by safer hand care practice that later on since 2010 adjuvant by 'Save Lives: Clean your Hands' campaign for further strengthening the infection prevention strategy.<sup>10</sup> Protective garments are necessary for health care providers who are exposed to body fluids; for example sweat, oropharyngeal fluids, blood or urine. Gloves and aprons should be worn for handling body fluids. High efficiency particulate air (HEPA) filter masks are recommended for sputum smear positive patients with tuberculosis, particularly for cough-inducing procedures.<sup>4</sup> Appropriate uses of gloves, gown, eye shields and high efficiency particle arrester respirators are important in prevention of nosocomial infections. However the methods of using and disposal of these materials are equally important. Health care worker could be the source of infection to the patients even with the personal protective equipment (PPE) if they are not compatible with the safe use and disposal of PPEs.<sup>11</sup>

#### CONCLUSION

Nosocomial infections are important causes of patient's mortality and morbidity in the hospitals. It even increases monetary burden to the patients due to over stay in the hospitals. Proper maintenance of the dressing code of health care professionals is important in the prevention strategy but never an alternative to hand washing.

#### Key words:

Nosocomial infection (NC), HCAI (Health care associated infection), WHO (World Health Organization), CDC (center for disease control), NHSN (National health care safety network), Hospital Universiti Kebangsaan Malaysia (HUKM), Personal Protective Equipment (PPE).

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# OHANAA NIGHT

## IMSA ANNUAL DINNER

Written by: Siti Syariah bt. Mamat



Kulliyyah of Medicine and Health Science's Annual Dinner was held on Thursday, 11<sup>th</sup> of February 2016, in the SP Inn, Sungai Petani. The main purpose of the Dinner was to celebrate students that just entered a clinical year. With the concept of 'Under the Sea' of Ohanaa Night theme, the dinner was also meant to bring together an engagement of networking amongst the lecturers, administration staffs, and of course, the students. The event was well attended, by over one hundred members and their guests.

The night was graced with the presence of the Dean of Kulliyyah of Medicine and Health Sciences; Prof. Dr. Hashami Bin Bohari and the Deputy Dean; Dato' Associate Professor Dr. Azmi Bin Hashim. The event was rolled up with the typical welcoming notes from the organisers and VIPs followed by the official opening ceremony of the dinner hyped with a marvellous LED cube gimmick.

As we dig in and enjoy the long awaited gastronomic, sumptuous buffet dinner, the mood of the night was elevated with brilliant performances from the year-1 and year-2 students. The Dean's List Honors, an outstand-

ing academic achievement by medical students in each semester and Professional Examination, were awarded to encourage the students in academic performance. Lecturer's Dean Award and Lecturer's Popularity Award also provided to the lecturers in appreciation of their unfailing commitment to the Kulliyyah.

As we move on with the night, some activities were carried out such as 'Guess the Movies' and 'The Bomb'. However, the real rivalry begun when the Lucky Draw session was announced. Everyone in the hall stood a fair to have it.

The momentum of the dinner soon came to a recede. Before the end of the session, there was an event among the student called as 'Traditional Present Exchange', the emcee then announced the end of our wonderful night, and a grand exit formed by the committee members escorted the fellow VIPs with a full smile on the faces. Smile that commemorated more than basic etiquette; it was a smile of joy, and thankfulness for a successful night.









Written by: Ireena Ismail

On the 12<sup>th</sup> February 2016, Kulliyah of Medicine and Health Sciences organized a sharing session between local medical doctors and our medical student. The objective of the programme was to give exposure to the students on the reality of a medical doctor's life, a survival life of medical students as well as the way of building a rapport and connection between students and local doctors.

The talk started with Dr Mohd. Zaki Bin Ibrahim, our own Clinical Lecturer of Family Medicine, who emphasized on the right learning method to study medicine. Instead of only 'knowing', he encouraged the students to be able to 'teach' others and finally to 'argue' on the knowledge that they have acquired. Being able to argue certain informations indicates a student well understanding on the main concepts of the subject materials conveyed to them and answering exam questions will not be much problem for them regardless of the examination approaches. The talk continued with En Farid Bin Nazmi, a representative of PEMBINA (Persatuan Belia Islam Nasional) and Dr Asma Binti Ahmad Khalid of I-MEDIK (Ikatan Pengamal Perubatan dan Kesihatan Muslim Malaysia). Both of the speakers gave a brief introduction on their organizations and what their organizations could

offer to medical students. PEMBINA is an organization dedicated to be the leader of the Islamic youth activity by conserving and developing the Muslim youth for the prosperity of the country. Meanwhile, I-MEDIK is committed in being a core organization for the development of Islamic medical civilization in Malaysia.

The talk sharing session reached its peak climate with 'Tanya Abang, Tanya Kakak' session. In this session the students were divided into groups of 12-18 students each with one HO (Houseman Officer) or MO (Medical Officer). Among the hot group discussion topics included best study methods, buying related textbooks, working condition in hospitals and clinical exam questions. The medical officers shared their study and working experiences with the students. The Kulliyah would like to extend our heartiest gratitude to the medical officers for their time and presence to our programme. We would like to extend our gratitude to Dr Asma' Binti Ahmad Khalid (MO Hospital Seberang Jaya, Pulau Pinang), Dr Farah Binti Ghazali and Dr Mastura Binti Zainol Abidin (HO Hospital Sultan Abdul Halim, Sg Petani) and Dr Muhammad Hashemi Dahlan Bin Md Razip (HO Hospital Sultanah Bahiyah, Alor Setar).







Written by: Hazirah Abd Radzak

In this edition of At-tibb, authors would bring readers to one of the food stalls in Kuala Ketil; the Cendol Famous. This humble plain-looking Malay roadside stall, located in Kuala Ketil town at the opposite site of Kuala Ketil police station, sells awesome cendol. Its distance from KUIN is approximately 1km. You definitely can find this place easily. The stall was opened every day at about 10.00 am till sold out. There are about 5 staffs worked there. According to one of the staff, the name of Cendol Famous was given for the stall because their main former business was cendol and this name has attracted many customers to come to their stall. Besides that, they choose the name 'Cendol' since cendol has always been a local favorite dish to cool the thirst on a hot day.

Basically, their cendol consists of finely shredded ice that's loaded with well-balanced combination of palm sugar syrup, aromatic fresh natural coconut cream, soft kidney beans and slurpy green cendol strands. It might look deceptively simple, but you will be amazed with the tasty result even if you go for their normal serving. It's sweet but not overwhelming and refreshing enough to attempt you for a second serving. If you want something that challenges your taste buds, try their Cendol Special- a rich concoction of ABC-like ingredients such as sweet corns and cincau. The most recommended cendol is cendol pulut (glutinous rice) because their best-seller is the one with scrumptious pulut filling. Most of the customer interviewed gave a positive and good response to this served cendol. They praised the great taste of cendol and they said the cendol served here was awesome. Believe me, your first-time taste of this cendol here will be heavenly. The taste is like eating a fresh coconut off a coconut tree.... it's wonderful, its taste and texture is distinctive and cannot be found in other cendol stall in Kuala Ketil.

Beside cendol, another refreshing menu served at this stall is Air Batu Campur (ABC), another must-try side dish. ABC is also a popular Malaysian dessert which is

made of shredded ice topped with palm sugar syrup or rose syrup and evaporated milk. Other colorful ingredients that are mixed into one ABC bowl are cendol, red beans, creamed corns and grass jelly cubes. The taste and sensation of ABC served here is perfect to cool your thirst during the scorching hot day. Apart of cendol and ABC, Cendol Famous also serves laksa, curry mee, bihun sup and chicken rice. The taste of laksa here is really good; the broth is rich of fish meat. According to the staff, the broth is prepared fresh daily with its main ingredient is fish meat; kembung or sardine depending on the availability of the fish types. Hard-boiled egg, fresh salads, sliced chili are added ingredients to the good taste of a bowl of laksa. The curry mee and bihun sup served here are also very delicious. The curry and soup have great smells and provide a special distinctive aroma! The price is really reasonable. A bowl of laksa, currymee, bihun sup is only RM 3.00 while chicken rice is RM 4.00.

Lastly, this stall also provides a very good service; fast and tip top. The staff here is also friendly and committed with their work. You will definitely satisfied and unregretful with their service and foods. If you are planning of taking a lunch, do not forget to put Cendol Famous into your list!

Table 1: The Price of dishes served at Cendol Famous

Dessert	Regular	Large
Cendol	RM 1.80	RM 2.00
Cendol Pulut	RM 2.00	RM 2.50
Cendol Special	RM 2.50	RM 3.00
ABC	RM 2.00	RM 2.50
ABC Special	RM 2.50	RM 3.00

# Title: Total Phenolic Content, Antioxidant, Cytotoxicity and Hepatoprotective Activities of *Channa striatus* (Haruan) extract.

Written by: Hazirah bt. Abd Radzak

Antioxidant has been the important approaches to reduce the development of cancer disease and play a role as a protective against liver toxicity. *Channa striatus* (haruan) have been used traditionally oral remedy for wound healing among women after child birth. However, there is little scientific evidence or research yet regarding the cytotoxicity and hepatoprotective activity of *C.striatus*. Thus, the aims of this study are to determine potential total phenolic content (TPC), antioxidant, cytotoxicity and hepatoprotective effect of *C.striatus* (Haruan) extracts.

For this present study, aqueous and lipid extract of was prepared using chloroform and methanol solvent in a ratio of 2:1. Folin-Ciocalteu was used to quantify TPC and three antioxidant assays were used to determine antioxidant activity, including 2,2-diphenyl-picrylhydrazyl (DPPH) assay, azino-bis(3-ethylbenzothiazoline-6-sulphonic acid (ABTS) and ferric reducing ability of power (FRAP). For cell viability assay, HepG2 cell lines (liver cancer cells) were seeded in 96-well plates and were treated with various concentration of aqueous extract of *C.striatus*, AECS (0, 0.00001, 0.00001, 0.001, 0.01, 0.1, 1, and 10 mg/ml) at 24, 48 and 72 hours. MTT assay has been used to measure HepG2 viability by using ELISA microplate reader. For hepatoprotective study, thirty six of adult male Sprague-Dawley rats will be divided into six groups of six rats each (n=6): G1:control (10%DMSO), G2:negative control (10% DMSO), G3:positive control (silymarin-100 mg/kg),G4: *C.striatus* (50mg/kg), G5:*C.striatus* (150mg/kg) and G6:*C.striatus* (450 mg/kg). The extract was given orally for 1 week. Acetaminophen,AAP (3g/kg) was induced orally from group 2 to 6 after 7 days of treatment. Blood collection was analyzed for liver function test and then the rats were sacrificed for histopathologically study.

The result showed that AECS was observed to have higher content of phenolic (12799.33±237.90) compared to lipid extract of *C.striatus*, LECS (515.33±160.75) in TPC assay. This indicated that AECS has higher scavenging activity in DPPH and ABTS assay with EC<sub>50</sub> (64.93±10.78 µg/ml) and (4687±0.67 µg/ml) respectively in comparison to LECS with EC<sub>50</sub> (0.1513±0.046) and (93333.33±11.25) respectively. Additionally, AECS also consists of reducing potency since it has higher ability to reduce ferric ion compared to lipid extract of *Channa striatus*. For MTT assay, a significant decrease the percentage of HepG2 viability in a dose dependent manner was observed after HepG2 treated with various concentration of AECS at 24, 48 and 72 hours. The result showed no IC<sub>50</sub> value of HepG2 obtained at 24 hours while IC<sub>50</sub> value of AECS were 0.85 ± 0.26 and 0.1 ± 0.04mg/ml at 48 and 72 hours respectively. In vivo study, all groups pretreated of rats with AECS has shown significant decrease (p <0.05) in the level of ALT, AST, AST and histological scoring of liver when comparing with acetaminophen group.

In conclusion, AECS has higher TPC and antioxidant activity as compared to LECS. Besides that, AECS exhibited potential cytotoxicity effect towards HepG2 cell lines in both dose and time dependent manner and also hepatoprotective effect at lowest dose of AECS (50 mg/kg). However, the precise mechanism for cytotoxicity and hepatoprotective activity of AECS is still unclear to be explained and further detailed studies are required to elucidate the mechanism.







MYSPACE



## Student's Corner

### My Experience in Clinical Years

Written by: Norliana Shakri (MBBS Cohort 1)

Assalamualaikum everybody.....

I have been away for a long time since I the last article. Well, I don't want this article to be really formal, so I will write it as writing a special letter for you.

How are you? Have you been eating well? How was your day? Is it good or bad? Or is it just stressful days? Alhamdulillah, my days this year have been stressful enough to enable me writing something to be shared with. Currently if I could have a good meal and eat it peacefully, I would consider it as one good day has passed by. If the next morning I wake up a little bit late, it means that the sleep is very much needed. If I could make up a meeting with my colleagues from other departments, it is considered as less work to do for that day.

Maybe some of you do not understand my concern. What I mean is ..... In these hectic days, I just hope to start a day with perfect mornings and end with perfect nights. You may think it sound ridiculous, but that's the truth of my daily life now as a clinical-year student. Why do I say this? It is because a perfect morning starts with an early wake up; not only for Subuh prayers with friends but also for "Tahajjud". After Subuh, I

would have breakfast and prepare myself for the day.... I would do some early readings which do not involve doing assignments or homework, read Quran and wait for friends to go to the wards together. On the way to hospital, I wish we could have a brief discussion on the last ward/class session; topics covered, reading materials, or some jokes, and plan of having lunch together.

Clinical students used to have early classes that start from 7.30 am until 12.30 pm with a short break after each lesson. I wish I could really open my eyes, ears and widen my mind to pick up more information. I wish I

could be as diligent as an ant and take more notes and cite up few mistakes in answering the lecturers' questions. During a lunch hour ..... I would dream of having a good and nice meal; with rice, chicken and some veggies on the side dishes,

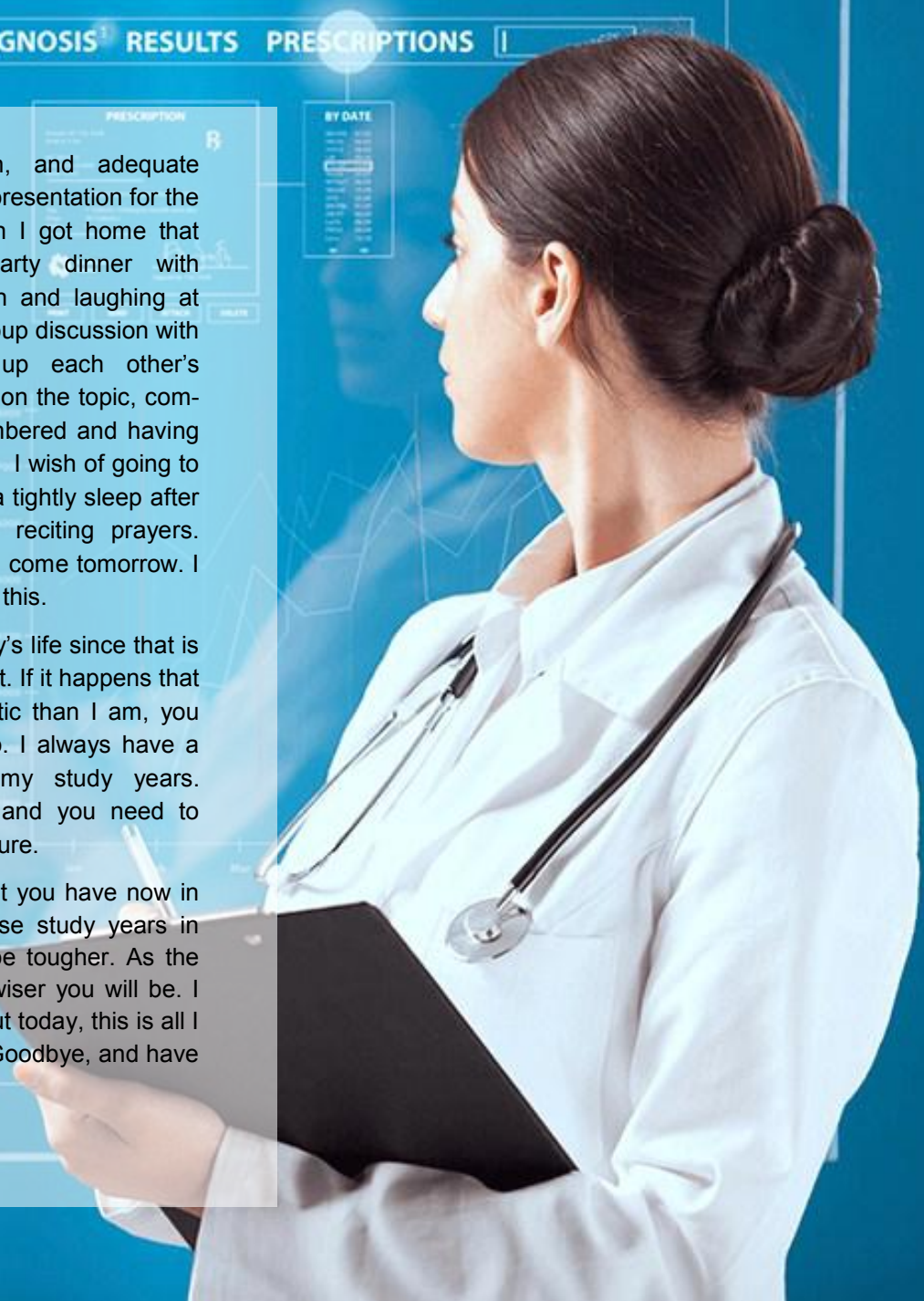
which would be very appetizing and delicious. Then, I could continue my class session in the afternoon until early evening. I hope during this evening time, I would be very cheerful and enthusiastic enough to approach new patients. I would be clerking them along with good



history, good physical examination, and adequate knowledge to turn it into a good case presentation for the next day presentation session. When I got home that evening, I hope to enjoy a hearty dinner with housemates while watching television and laughing at jokes. At night, I would be having a group discussion with my discussion group and fixing up each other's weakness, sharing our understanding on the topic, coming up with a mnemonic to be remembered and having done our homework and assignments. I wish of going to sleep before 12.00 pm. I would have a tightly sleep after greeting everyone a goodnight and reciting prayers. Dreaming what a wonderful day would come tomorrow. I wish every day of my life would be like this.

Someday your life will be like my today's life since that is the normal life of a clinical-year student. If it happens that you are more resilient and enthusiastic than I am, you will be better or do even a better job. I always have a Cinderella kind of dream during my study years. Sometimes, life is very challenging and you need to adapt yourself to more things in the future.

My point here is ... be grateful to what you have now in your life; appreciate the life and those study years in comfort as the coming years would be tougher. As the proverb says; the older you are the wiser you will be. I wish I could give you more advices. But today, this is all I can write to you; my beloved juniors. Goodbye, and have a good day.



*We encourage students to contribute for Student's Corner.*

*attibkuin@gmail.com*



**Write to us..**



# HEALTH

## segment



Written by: Dr. Suhaidah Ibrahim

# Atkin's

# DIET

### No. 1 Malaysian health problem....OBESITY

Obesity issue is currently imposed a big national worries with its society rating first in Asian countries as reported by The Lancet in 2014. Malaysia was rated heavyweight at 45.3% of its population was found to be obese (BMI more than 25), followed by South Korea (33.2%), Pakistan (30.7%) and China (28.3%). This figure obviously has to be curbed properly and need appropriate attention since obesity is known risk factor for non-communicable diseases like diabetes, heart disease and high blood pressure as cited up by Rokiah Don; the Nutrition Division director of Health Ministry in a seminar organised jointly by the Nutrition Society of Malaysia and Federation of Malaysian Manufacturers (FMM-MAFMAG) in Kuala Lumpur, August last year. The percentage of Malaysians diagnosed with diabetes has increased year-on-year and statistics from the National Health and Morbidity Survey showed that the number of diabetes patients aged 18 years and above had increased to 31% last year, up from 15.2% in 2011. This figure has so far has given a red alarm to the Health Ministry since more and more young people are suffering from diabetes which is used to affect only those who were older. That statistic is

even 'overloaded' up with the survey finding that "One in every three adult Malaysians is found to have high blood pressure". If all of these issues are not taken care properly, it could lead to early death and permanent disability. Death at a younger age and permanent disability could ultimately lead to a decline in the quality of life, affecting productivity and resulting in a loss of human and economic resources.

With all of those facts highlighted, how many of us have a 'worry thought' in minds? Everyone would like to slim down for the fact of personality attraction and health. Why does Malaysian have such a high obesity rate? Well, many reasons have been speculated.....society, eating culture, misinformation and misunderstanding????? Poor eating of Malaysian that make food as a big part in everything they do; from business functions to cultural celebrations, food is always in abundance and its typically deep fried finger food with rice/ flour as a main ingredients of the menu course which could be considered as "gluttony and sloth". Life style? Malaysians don't like to go outdoors, the humid conditions, cultural attire and fascination of

being fair, instead of tanned, restricts physical activities to the indoors. I do believe that the awareness of having an ideal weight is good for many reasons and the desire to slim down for those of having overweight and obesity is there in the minds but the will power is not strong enough for them to make a move. If we look around... overweight/obesity is everywhere; schools, politicians, corporate leaders, including doctors and dieticians and yes, celebrities too. This negative visual surrounding makes it tough for someone to build up the courage to step out of their shell.

Misinformation and misunderstanding is not really only a Malaysian problem but is a global problem. For ages we are made to believe of what so called a food pyramid, introduced by American Farmers Association, as a healthy eating guideline. Carbohydrate sources, naturally food produced by the local farmers designated at the bottom of the pyramid, are suggested as our main energy source from the food consumption and fats and oils are suggested to be used sparingly. People always relate an ideal weight or losing weight with exercise and



gymnasium work out. This mind setting is totally **WRONG** since we can lose weight and/or maintain an ideal weight without exercise, gym workout or crunches as long as we know what to do, motivated and know where to apply the awareness.

### Energy source and the metabolic pathway.

The key points that every one of us to understand is ... everyone's metabolism can use two different types of fuel for cellular energy – either carbohydrates that are quickly turned into simple sugars by the body, or fats. But the type of fuel burned can have a big difference in losing or maintaining the weight. Carbohydrate is broken down into a simpler form of sugar; glucose, that enters the bloodstream and taken into cells by insulin for cellular energy generation. Insulin is a hormone released by

pancreas in response to elevated levels of glucose in the blood stream. Insulin also converts excess glucose into glycogen and store it in the liver and muscle. At the same time it inhibits broken-down of fat as an energy source and stimulates the uptake of fatty acids; product of lipid/fat metabolism, and stores it under the skin tissue. Elevated level of glucose in the blood stream needs higher level of insulin to push glucose molecules into the cells. The breaking point is reached when pancreas is exhausted and cannot produce insulin adequately. This ends up with glucose remains in the circulation at a higher level and leads to hyperglycaemia, diabetes will result.

Lipid is broken down into glycerol and fatty acids and the transportation of its end-products does not involve insulin at all. Since our foods are rich in carbohydrates; rice and flour, and fats; coconut milk and oils, low-fat diet seems to be not a preferred choice because the cause of fat storage, which leads to overweight or obesity, is the high release of insulin into the blood stream.

### Atkins Diet

Dr. Robert C. Atkins, an American cardiologist, introduced Atkins diet which limits his patients' intake of carbohydrates. As a result, more than 80% of his patients successfully lost weight and kept it off – even though they had previously been unsuccessful on regular low-calorie diets! A low-fat diet reduces fat intake but keeps high in carbohydrate/ sugar contents. As a result, many people constantly cycle between sugar "highs", where excess sugar is actually stored as fat in the body and sugar "lows", where you feel fatigued and ravenously hungry for more carbohydrates and sugar. For many reasons, it's really hard to lose weight this way. Atkins, on the other hand, limits carbohydrates (sugar), so the body burns fat, including body fat, for fuel.

Atkins diet was originally introduced in 1972 but was considered unhealthy and demonized by the mainstream health authorities, mostly due to the high fat content. However, new studies have shown that fat, including saturated fat, is harmless. The benefits of this diet plan was not recognized until in the past 12 years when over 20 studies have shown that low-carbohydrate diets are effective for weight loss and can lead to various health improvements including high blood sugar level. Studies showed that despite of

being high in fat, Atkins diet does not raise LDL (the "bad") cholesterol on average, although this does happen in a subset of individuals. The main reason low-carbohydrate diets are so effective for weight loss, is that when people reduce/restricts carbohydrate intake and eat more protein and fiber, their appetite goes down and end up automatically eats fewer calories without having to think about it.

The Atkins diet has 4 different phases:

**Phase 1 (Induction):** Under 20 grams of carbohydrates per day for 2 weeks. Eat high-fat, high-protein, with low-carbohydrate vegetables like leafy greens. This phase kick-starts the weight loss.



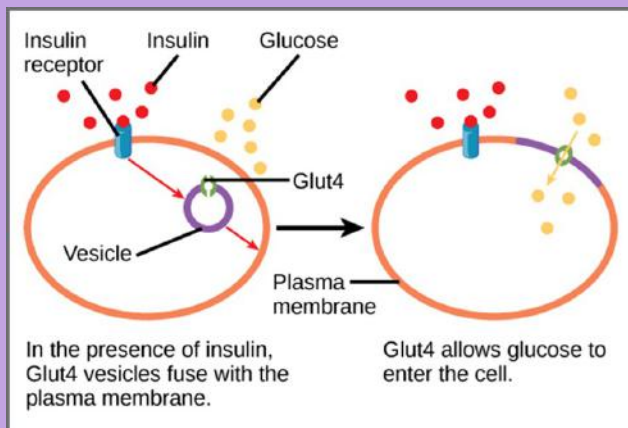
**Phase 2 (Balancing):** Slowly add more nuts, low-carbohydrate vegetables and small amounts of fruit back to your diet.

**Phase 3 (Fine-Tuning):** When you are very close to your goal weight, add more carbohydrates to your diet until weight loss slows down.

**Phase 4 (Maintenance):** Here you can eat as many healthy carbohydrates as your body can tolerate without regaining weight.

After induction is over, you can slowly add back healthier carbohydrates such as higher carbohydrate vegetables, fruits, berries, potatoes, legumes and healthier grains like oats and rice. However, you will have to stay moderately low-carbohydrate for life, even if you reach your weight loss goals. If you start eating the **same old foods** again in the **same amounts as before**, you will gain back the weight. This is true of any weight loss diet.

Those phases may seem a bit complicated and may not be necessary. You should be able to lose weight and keep it off as long as you stick to the Atkins principal of low-carbohydrate meal plan. Some people choose to skip the induction phase altogether and include plenty of vegetables and fruit from the start, begins with the second phase; balancing phase. This approach can be very effective as well. Others prefer to just stay in the induction phase indefinitely with a very low-carbohydrate or ketogenic diet. A strict induction diet plan is not suggested for nursing mothers and pregnant ladies since it could reduce breast milk production substantially and no study conducted among these groups.



GLUT4 is a glucose transporter that is stored in vesicles. A cascade of events that occurs upon insulin binding to a receptor in the plasma membrane causes GLUT4-containing vesicles to fuse with the plasma membrane so that glucose may be transported into the cell.

Here are the foods that should be avoided and should be taken on the Atkins diet:

#### Avoided Foods

- Sugar: Soft drinks, fruit juices, cakes, candy, ice cream, etc.
- Grains: Wheat, spelt, rye, barley, rice.
- Vegetable Oils: Soybean oil, corn oil, cottonseed oil, canola oil and a few others.
- Trans Fats: Usually found in processed foods with the word “hydrogenated” on the ingredients list.
- “Diet” and “Low-Fat” Foods: These are usually very high in sugar.
- High-Carbohydrate Vegetables: Carrots, turnips, etc (induction only).
- High-Carbohydrate Fruits: Bananas, apples, oranges, pears, grapes (induction only).
- Starches: Potatoes, sweet potatoes, rice (induction only).
- Legumes: Lentils, beans, chickpeas, etc (induction only).

#### Foods to Eat

You should base your diet around these healthy foods:

- Meats: Beef, pork, lamb, chicken, bacon and others.
- Fatty Fish and Seafood: Salmon, trout, sardines, etc.
- Eggs: The healthiest eggs are Omega-3 enriched or pastured.
- Low-Carbohydrate Vegetables: Kale, spinach, broccoli, asparagus and others.
- Full-Fat Dairy: Butter, cheese, cream, full-fat yoghurt.
- Nuts and Seeds: Almonds, macadamia nuts, walnuts, sunflower seeds, etc.
- Healthy Fats: Extra virgin olive oil, coconut oil, avocados and avocado oil.

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# F A R E W E L L

# party

goodbye  
thankyou  
regards  
farewell  
cheerio  
ciao  
adieu  
cheers  
sayonara  
ciao  
adios

coda  
bye-bye  
Auf-wiedersehen  
seeya  
toodle-oo  
conclusion  
Arrivederci  
so long  
culmination  
adios

Written by: Nurshafarina Shaari

On the 17<sup>th</sup> February 2016, our kuliyah organised a double celebration lunch in conjunction with Chinese New Year, farewell party for Ms Ireena and our staffs who had been transferred to other departments. Our guests of honour were our registrar; Tuan Haji Syed Isa Bin Syed Ibrahim and our deputy rector of student affairs; Prof.Madya Dr.Sharipah Azizah binti Syed Sahil. Upon their arrival, the party started with doa recitation by Dr.Saidi bin Moin followed by a welcoming speech by our dean, Prof. Dr Hashami bin Bohari. The Lunch was adjourned with a gift presented as an appreciation token to our staffs; Puan Ismahairani binti Ismail, Encik Muhammad Afiq bin Zainodin and Cik Nurhanis Sharmin binti Ahmad Shukri, who had been transferred to other departments and Ms Ireena, who resigned to continued her study. We bid farewell and wish all of them happy working at their new places.





# RESHUFFLE of staff



Name: Ismahairani bin Ismail.  
Duration of service in Kulliyah of Medical and Health Sciences: 1 years 2 months (2014-2016).  
Post: Personal Assistant of Dean.  
New workplace: Kulliyah of Syariah.



Name: Natasha Farhana binti Zainol  
Duration of service in Kulliyah of Medic and Health Sciences: 4 years 2 months (2011-2016)  
Post: Medical Laboratory Technologist.  
New workplace: Department of Nursing, Kulliyah of Medical and Health Sciences.



Name: Muhammad Afiq bin Zainodin.  
Duration of service in Kulliyah of Medic and Health Sciences: 1 years 2 months (2014-2016).  
Post: Administrative staff.  
New workplace: Kulliyah of Hospitality.



Name: Nurhanis Sharmin binti Ahmad Shukri  
Duration of service in Kulliyah of Medic and Health Sciences: 1 years 2 months (2014-2016)  
Post: Administrative staff.  
New workplace: Department of student affairs, KUIN.



Name: Mohd Fakhrudin bin Ghazali  
Previous workplace: Assistant of Administrative Clerk and Operation in Languages Centre, Insaniah University College (KUIN) (2012-2016)  
New workplace: Assistant of Administrative Clerk and Operation in Kulliyah of Medicine and Health Sciences, Insaniah University College (KUIN)



**AIR MAIL**

KAJANG, SELANGOR



Your resignation is a cruel reminder that all good things in life must come to the end. You may have stopped being a colleague, but you'll always remain our friend. Good luck in your study!

~kmhs~



**BON VOYAGE**



*Ms. Ireena Ismail*



## **WELL DONE AWARD**

**FATIMAH NUR BINTI NIK MOHAMAD NOR**  
Winner hafazan 1-5 juzuk (Female Category)

&

**FAZREEN ATHIRA BINTI ZULKIFLEE**  
3rd Place in English Debate

Congratulation for a great achievement from our students from Kuliyyah of Medicine & Health Sciences in Karnival Amal Islami Institusi Pengajian Tinggi Islam (IPTIM) 2016.

The carnival was organized by Kolej Universiti Insaniah Kuala Ketil, Kedah from 19 hingga 21 Februari 2016. There were 24 events participated by 13 Islamic higher education institution from all over Malaysia.





March 2016

“Kursus Pengurusan Jenazah”

2-3 May 2016

- Jadual Spesifikasi Ujian (JSU) Training

22 May - 2 June 2016

- Final Examination MBBS

*mybeautyishijab*

"Indeed, Allah loves those  
who are constantly repentant and  
loves those who purify themselves."

*Al-Quran 2:222*

*mybeautyishijab.tumblr*



**HAPPY  
BIRTHDAY**

**MARCH**



5th of March

Dr Suhaidah Bt Ibrahim



12th of March

Dr Muhammad Aslam Farooqui



19th of March

Noor Azimah Bt Noorbidin



19th of March

Nurshafarina Bt Shaari



20th of March

Dr Johari Bin Mohamed

*Birthdays are a new start,  
a fresh beginning and a time to pursue  
new endeavors with new goals.  
Move forward with confidence and  
courage. You are a very special person...  
May today and all of your days  
be amazing!*







Please write to us !  
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09300 Kuala Ketil, Kedah Darul Aman.

[attibkuin@gmail.com](mailto:attibkuin@gmail.com)