



ZULKAEDAH 1437

# AT TIBB



AUGUST 2016

**MUST  
READ**

**Fungal & Underwear:  
An observation**

**Student Corner:**

**Beyond The Comfort Zone**

**Malaysian Health Care  
System: A Review**

**MBBS First  
Professional Exam**



# Homeopathic vs Allopathic



# Words from... Editor in Chief

السلامة على معرفة الله ودينه كتابنا

The last few months were quite hectic with interesting medical related news. Firstly, a few lecturers from one of our leading university were caught for plagiarism. The second was the sporadic cases of diphtheria, reported all over the country. At least 15 cases and 5 deaths were confirmed by the health authority. One of the deaths was from Kuala Muda district, very near to INSANIAH. The third issue was water birth, a new method of giving birth where woman in labor sit inside a pool of warm water.

The issue of plagiarism is not a new issue and is also not exclusively belong to medical professions. In the case mentioned above, image of medical doctor was used in research reports published in different journals. I will not go into the detail of the issue since the purpose of mentioning the incident is to remind readers that this is one of the academic profession diseases. In the western countries, the issue of plagiarism is taken very seriously. Severe punishment is waiting for any individuals caught involved in this crime. We are not very sure the motive of the case but it could be related to greed. We hope this incident will be treated professionally and become a red flag in our academic profession. The similar incident should never happen again if we want to be accepted to the world scientific community.

The sporadic cases of diphtheria reported throughout the country happened as a result of unimmunized group of children. Among the members of world health organization (WHO), we are very proud of our child immunization program achievement. We claimed almost 100% of children born in this country receive immunization against at least 10 infectious diseases. Among the diseases vaccinated are tuberculosis, hepatitis B, polio, diphtheria, pertussis, tetanus, meningococcal meningitis, rubella, measles, mumps and human papilloma virus.

Along the years there were always a small group of people who reject immunization. The excuse given is usually related to Islamic value although the true reason

is misunderstanding and ignorance. To quote the example of diphtheria cases reported in Kedah, the family of children involved comes from a poor family. However poverty should not be the reason for rejecting vaccination. It is given free of charge. The health clinics which deliver the child immunization services are never more than 30 minutes drive from any community in Malaysia. I am sure if we investigate further, the reason of why these children were not immunized is irresponsible attitude of the parents. The community where the family lives suffers not only from immunization problem but social, economic and health problem as well.

Water birth is slightly different from the above two issues. This birth technique was brought in from England by a local doctor. Even in the western countries, doctors are undecided of the advantages or disadvantages of water birth. Technically, it is about putting the women floating in warm water instead of lying in bed. As soon as the cervix opening is full, the mother is removed from the water to the usual birthing position on the delivery bed. So obviously water birth is for maternal comfort and it has little to do with the child health.

Sometimes it is good to have a live discussion about medical issue in the media. It shows that the public is aware and concern with whatever is happening in the society. In my thirty years of working as an epidemiologist, these incidents were the trigger factor. Instead of a boring routine working hour of 8 am to 5 pm, we were kept awake with these events once in a while. When it happened, we had to pull all the manpower and expertise in the department to meet the challenges. We even invited experts from all over the world to assist us.

Editor in chief,  
Dr. Shahidan Hashim



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# Homeopathic Vs Allopathic Concept

Written by: Dr. Shahidan Hashim

A German of Jewish origin was the first person to promote homeopathic medicine as it is known today. Dr C. F. Samuel Hahnemann (1755-1843) was practicing allopathic medicine before he switched to homeopathic medicine for some reasons. The foundation of homeopathic medicine is based on three main principles.



**1. The first principle: Let like cure like ,” *similia similibus curentur*”**

This principle is based on a simple observation. When you cut onion you will experience stinging sensation to the nose and eyes and almost immediately suffer from nasal and eye discharge. This condition is almost similar to the attack of flu. So for those who suffer from flu, onion is the treatment.

**2. The second principle: Minimum dose**

Those who take homeopathic medicines will notice that the medicines do not carry any taste, smell or any particular color. Even tap water carries a stronger odor than the homeopathic medicines. The reason for this is that extract used in preparing the remedy is diluted many times. In fact, homeopathic discipline believes that the higher the dilution the better the treatment. In homeopathic medicine, the remedy prescribed functions as a trigger factor for healing process. The main healing process takes place as a result of our own body mechanism.

**3. The third principle: The Single Remedy<sup>1</sup>**

The homeopathic practitioner will prescribe only a single remedy at a time. A selection of remedy is based on the presentation of illness. A remedy which fits into the presentation will be used for treatment.

**Homeopathy and science**

If you are looking for scientific explanation behind the homeopathic principles, then you are using the wrong approach. All three principles stated above are incompatible with any scientific logic. Experts in this field never explain the foundation of their practices. Homeopathic medicine claims of using a holistic approach to cure illness and this approach is better because it energizes our own body mechanism to cure illness instead of using external force. Another selling point of homeopathic advantage which frequently emphasized by the proponents of this practice is homeopathic medicine is almost free of adverse effects. A study by Harvard University researchers found few positive findings regarding homeopathic treatment. Among the advantages are no unnecessary uses of antibiotics and shortened duration of sickness. In another study, homeopathic medicine is as good as placebo<sup>2</sup>.

**Homeopathy in Malaysia**

Homeopathic medicine was introduced into Malaysia through India and Pakistan. Among the pioneer of this

practice was Dr Burhanuddin Al-Helmy, among the first and famous Malay Homeopathic doctor in the country. He was a graduate from Ismaeliah Medical Collage, New Delhi with MDH (Medical Degree in Homeopathy). He held a Master degree and Ph.D in Homeopathy awarded by Chistiya Medical College, Ajmer India and the Canadian Academy of Homeopathy, respectively. Kelantan recorded the most active practitioners in homeopathy. In Kedah, the leader of the homeopathic practitioners is Prof Dr Azizan Ismail. He set up a training center for homeopathy; Kolej Homeopathi Darulaman and become very successful.

I was happened to personally know a homeopathic practitioner by the name of Raja. He set up a clinic in Pokok Sena Kedah. His assistant wore white uniform identical to the nursing uniform in government clinic. However his clinic was closed after a few months due to poor response. The same Raja replaced his clinic with hair dressing saloon. I used to go for his hair cut service a few times during my school day.

Despite a well-established homeopathic training program abroad and locally, some training school discredit the image of homeopathy through training offering ‘diplomas’ and degrees, some of them got degree from correspondence colleges oversea. By paying a certain fees and sending a few pages of “thesis” these colleges produced a certificate or even a degree in homeopathic medicine with entitlement to be called Dr.

The reason I’m telling this story is to show how homeopathic practice was not well receptive by the local people at the time. Part of the blame was on the image projected by some of the practitioners.

**Homeopathic medicine vs Islamic medicine**

In 1990s’ homeopathic medicine suddenly become a front page topic in newspaper. A few cases of immunisable disease were reported among children in northern states in Malaysia. Those cases were reported among a specific religious group who refused to immunize their children. The rejection was associated with the belief that vaccine used by the government contained impure substances.

Among reasons quoted by those who rejected vaccination was that they had been advised by homeopathic practitioners to avoid vaccination. Other reason for rejecting allopathic medicine was

allopathic medicine was less Islamic compared to homeopathic medicine.

Homeopathic medicine was promoted as clean, holistic and Islamic medicine against the 'un-Islamic' allopathic medicine provided by the government. The outbreak of diphtheria at that time has become a big issue involving government, political parties, homeopathic practitioners and Islam.

The claim by some people that homeopathic medicine was more Islamic is never further from the truth. Hahnemann is a Jewish, who most probably is an atheist. His delusion with a medical practice at his time led him to search for alternative medicine. Hahnemann was dissatisfied with the state of medicine in his time, particularly objected to practices such as bloodletting. He claimed that the medicine he had been taught to practice sometimes did the patient more harm than good. That is how homeopathy was formulated around 1796. It was never be scientific or based on logical approaches in the first place. People called this pseudoscience or false science.

The introduction of homeopathic medicine in Malaysia by a Malay doctor with an Islamic personality; Dr Burhanuddin Al-Helmy, indirectly gave the impression to the public that homeopathy medicine was Islamic medicine. Since compound used in homeopathic medicine derived from naturally occurring plants and materials, people can accept the claim of naturalistic, holistic concept of homeopathic medicine. Some of the extremes totally rejected allopathic medicine including the vaccination.

Ironically vaccination was accused to cause severe adverse effect including bizarre claim such as it weakened the manliness if given to male children. At least two groups of people who rejected vaccination during the outbreak in Kedah around 1990s; religious group and university educated government officers and teachers who had a well background in Science. I could handle the religious group but I was having a hard time convincing the science graduates.

### **Vaccination and homeopathy**

Proper analysis of the first principle, "like cure like" will validate the use of vaccination as disease prevention. Material from infected patient like blood, crust, discharge if transferred to a healthy person should be beneficial for that person. A nosode "is a homeopathic remedy prepared from a pathological specimen. The specimen is

taken from an infected animal or person and may consist of saliva, pus, urine, blood, or diseased tissue." Give to a healthy person, this nosode will protect the second person from similar disease. A report appeared in Br Med J. 1964 Jul 11; 2(5401):125 title "Fatal case of poliomyelitis after homeopathic vaccination" <sup>4</sup>

However for some reason the above story was never highlighted to the public. At the time when internet was not yet invented, this was well hidden secret kept from the public. The only source of report was articles and textbooks used in training homeopathic practitioners.

### **Homeopathy as part of alternative medicine**

In Malaysia, formal recognition of homeopathic medicine begin with the setting of Traditional And Complementary Medicine Unit in Ministry Of Health in 1996.<sup>5</sup> Other medical practices such as Chinese traditional medicine, Islamic medicine, ayurvedic, herbal medicine and many other alternative medicine is made available in government hospitals. This unit is also given a task of streamlining the training and regulation of practicing homeopathic doctors in the country.

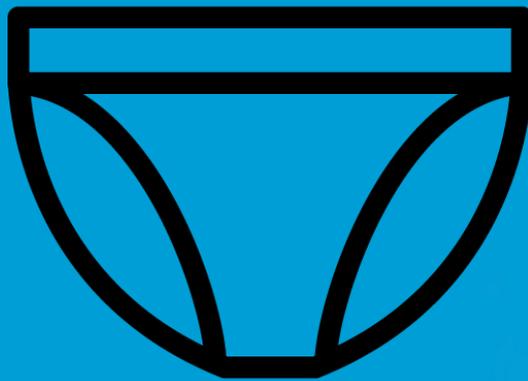
### **Conclusions**

A lesson we should learn in the history of homeopathic medicine is the concept of inclusiveness. By including all health care practices from various sources, optimal benefit is exploited for the public. At the same time government acquire some controlling measures to ensure those who practice medical care in the country follow some basic protocols. Public should be educated to enable them to make informed decision regarding their health care.

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# Fungal and underwear- an observation



Written by: Dr. Shahidan Hashim

The regulations of the boarding school I went to in 1970 were very strict. Apart from the usual school uniform, every student must wear belt. But the most ridiculous regulation was every male student must wear underwear. Yes, I am not joking, UNDERWEAR!

Once a month the disciplinary teacher would conduct individual search to ensure everybody followed the uniform regulation. The teacher really made sure all students wearing underwear. As if the procedure was not embarrassing enough, he would bring along a female prefect during the body search. The humiliation was complete!

I failed to appreciate the wisdom of that particular regulation until I graduated and become a doctor. I notice majority of male students suffer from a peculiar fungal infection. We called the disease "songkla". I am not sure whether the name was related to a place in southern Thailand or not. Songkla is not a life threatening disease. It is a fungal infection of the groin. The medical term for the disease is tinea cruris. It causes itchiness and irritation around the pubic region. Only those who suffer from the disease know how intense the itchiness is.



Students of that generation were generally from very poor families. I am talking about the time when rubber tapper earned about 3-4 ringgit a day. So most of the students were provided with the bare essential of clothes; shirt, trousers, sarong, towel and no underwear. I'm not sure whether parents were not very particular to provide their children with underwear or they just couldn't afford. I think both.

Student in secondary school generally undergo puberty at 16 years old or older. Definitely one of the organs that outpace the growth of the other organs is male genitalia. I suspect the sign is so obvious that teachers especially the headmaster couldn't fail to feel embarrassed. Hence the enforcement of underwear was set up.

Laundry facility in boarding school was very poor. Every student washed their own clothes. The only chance we had for washing clothes was during the weekend. So, students ended up wearing the same clothes for two or more days. I suspect one of the factors causing the widespread of fungal infection was overcrowding and sharing of washing facility.

The humid and hot climate of our country is another factor that promotes the growth of fungal infection. Areas around the axillae and pubic regions are very rich with sweat gland and sebaceous gland. Fungal infection spread very fast in that condition.

I do not know whether the female students suffered from the same disease as the male students. Usually they were very secretive. I suppose they were very particular with self-hygiene and suffered less of the problem compared to the male students.

Nowadays, I notice females who wear head scarf have

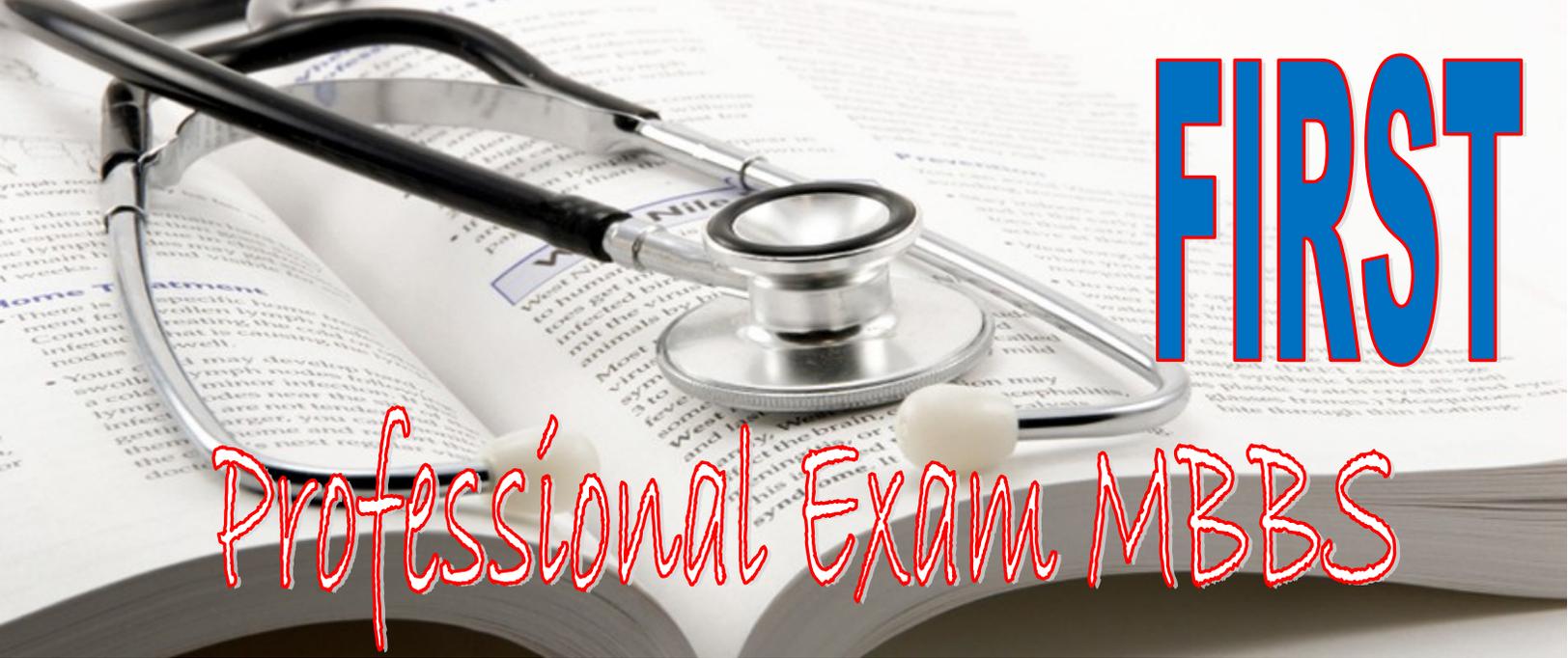
developed a habit of scratching their head on and off. I suspect they suffer from fungal infection of the scalp. The condition is identical to the problem we had during my school time. Scalp is another area prone to get fungal infection. Wearing scarf will provide a micro environment very conducive for fungal growth.

Fungal infection of the skin is a very common disease in Malaysia. Factors leading to this infection are the personal hygiene, climate, occupation and clothing. Rice farmers suffer from infection of the toes and nail. Their occupation usually exposed them to wet and dirty condition. It is quite common that we doctors used to diagnose the occupation of our male patient just by looking at their feet!

Personal hygiene is closely related to frequent bathing and frequent washing of clothes. Bathing will remove the layer of skin where the fungal will easily grow and spread. Frequent washing of the scalp using antifungal shampoo may help to prevent and treat fungal infection.

Another specific factor that contributes to the spread of the infection is the material of our clothes. Thick and synthetic material may prevent the ventilation of the scalp. Humid and oily areas around the scalp encourage the spread of fungal infection.

For male, thin and loose underwear is the best choice if you have to wear one. But the old China short is the best underwear because it is loose, airy and made of thin cotton material. Now you know why old Chinese man with only short and singlet walking around during the hot and humid day.



# FIRST

## Professional Exam MBBS

Written by: Hazirah binti Abdul Radzak

On 26th June 2016, First Professional examination was held for MBBS Cohort 3 Students. The aim of the examination is to determine the conceptual knowledge and competency level of students in the pre-clinical year. If the student pass the examination, they are qualify to the next level (clinical year) but if they fail, they need to repeat the whole year. Therefore, it is the very important examination for them before they could proceed to the clinical year. For this examination, Professor Dr. MyoThan from Unkl Royal College of Medicine Perak (RCMP) and Sr. Assoc. Prof. Than Htwe from Quest International University Perak (QUIP) were appointed as external examiners. Dr. MyoThan had specialization in Anatomy and Dr.Than Htwe in Pathology. The examination was held for about 2 days.

On Day 1, the programme was started at 9.00 am with the briefing given by Prof. Dr. Hashami. During the briefing, he is pleased to welcome external examiner to Kulliyyah of Medicine and Health Sciences and explain about MBBS programme structure, tentative of the examination and introduced the lecturers. Then, all the examiners and invigilators went to Conference room where One Best Answer (OBA) and Extended Matching Item (EMI) exam was conducted. The invigilators for that exam are Assoc. Prof. Dr. Itam and Dr. Saidi. The examination took about 1 hour 30 minutes. After that, there was a break for lunch and Zuhr prayer. There was only closed and small lunch session between examiner and non- muslim lectures since it was holy month of Ramadan. After that, the Modified Essay Question (MEQ) examination was continued from 2.00 pm to 4.30 pm in which Dr. Shahidan and Dr. Muhammad Zahid Hossain were appointed as the invigilators.

On Day 2, Objective Structures Practical Examination (OSPE) was conducted in Laboratory and Anatomy Dissection Hall (ADH) of Kulliyyah of Medicine and Health Sciences. The examination was started at 9.00 am and took about 3 hours. Several lecturers were appointed as invigilators for the exam. Meanwhile, the

other lecturers were assigned to mark exam paper in Meeting Room level 2. During the first one hour, Dr. Than Htwe monitored the flow of the OSPE exam and then she went to Meeting Room to observe the marking session process. During the session, she just examined randomly the answers given by the students. She quite impressive with the student answers when looking to the answer script. She commented that the students have good effort to answer the question because most of the answers given are not deviated too much from the question concept. The lecturers also had sharing session with examiner regarding teaching experience and medical curriculum in the respective institution during the session.

On Day 3, examination board meeting was chaired by Prof. Dr. Hashami. In the meeting, Prof explained and commented the flow of examination. He also announced the number of distinction holders and declared the 14 students who are going to sit for viva voce to obtain distinction. After that, viva voce was conducted for about 1 hour. Unfortunately, no ones are selected for distinction instead of 3 students who were confirmed to get the distinction. According to the examiners, all the 14 students are not qualified because they are not fulfilled the criteria listed by the examiners. Anyway, they have tried hard for that. The First Professional Examination was ended with Kulliyyah meeting to endorse the exam results and comments by examiners for the whole examination process. Most of the comments given by them are good and help us to improve the future professional examination. Thanks to God since everything run smoothly and all the students passed the exam. The percentage also increases from 66% to 71% when compared with the previous batch result. Congratulation to all the students and hope they can perform well in the clinical year.



**Professor Dr. Myo Than**

Unikl Royal College of Medicine Perak (RCMP)



**Sr. Assoc. Prof. Than Htwe**

Quest International University Perak (QUIP)

# Hari Raya Feast

Written by: Hazirah binti Aboul Radzak



Recently, Kulliyah of Medicine and Health Sciences organized Hari Raya Feast to all staffs and students. The feast was held in the foyer of Medical school started from 11.00 am to 4.00 pm with the aim to create harmony and further strengthening ties between staffs and students while at the same time increase the level of understanding between them, especially for those different cultures and religions. The place was decorated by MBBS students Cohort 4. They decorated the foyer with many and colorful balloons. The most interesting are they placed human anatomical model with wearing Malay traditional costume at the entrance to attract people attention. They also prepared "DIY" photo booth and decorated with a wheel chair, stethoscope and beautiful backdrop. A variety of hand-made photo stick props at the booth is provided so that the guest can use during the photo-shoot session.

There are about 100 people attended the event. This year our kulliyah invited staffs from other department such as Rector Office, Department of Academic Affairs, Department of Language Centre, Bursary, Human Resource and Department of Student Affairs. The feast was started with a

welcome message from our Dean, Prof. Dr. Hashami bin Bohari. According to his speech, he expressed thankful to all the guests who came and hope that everybody will be satisfied with the food and treats. After that, Dr. Saidi led dua for eating and followed by "makan-makan" session. There are a lot of menu were served on that day such as lemang, beef noodle, rendang, tomato rice, peanut sauce, cakes, cookies and much more. The celebration became more fascinated by the unstoppable raya song!

After the event, all of the leftover food was distributed to all medical staffs and students. Overall, this was a celebration that brought joy and laughter among staff in KUIN. All of the guests were very much satisfied with the food served and they praised with our well-organized event. Thanks to everyone who are helping directly and indirectly to ensure everything run smoothly. We hoped that we could make this event for every year to all KUIN staffs and students.



# GOOD BYE



Written by: Normaizatul Afizah Ismail

Dr Mohamed Zahid Hossain has been with INSANIAH University College for a very long time since November 2011. At that time he was an Associate Professor of Physiology in Shahjalal University of Science & Technology, Sylhet, under Sylhet Osmani Medical College. He applied for 'lien', which is a special order from government. In that agreement he was given permission to working over sea for a maximum duration of 5 years. So, that was how Dr Zahid started working in Malaysia.

Now the time has come. Duration of 5 years has come to the end. Even though he has to return to his country, it is with heavy heart. He falls in love with Malaysia during his stay here. Her wife, Madam Shahafar Hossain, really likes to stay in Malaysia and wish to be a permanent residence. Their three daughters are staying in Bangladesh, they are all grown up and have their own life. His second daughter had been with them for a short time in 2013, when Dr Zahid joined Allianze University College of Medical Sciences (AUCMS). However, when AUCMS collapsed in 2014, he joined INSANIAH back. Like it or not, Dr Zahid will be going for good. His last day in the office will be on 30th July 2016. He has been promoted to full Professor in Physiology in 2014 by his university in Bangladesh. He will be serving for the university until his retirement, two more years to go. After that he might be coming back to Malaysia because of his passion to the country.

In my interview with Dr Zahid, he gave some good advice to the medical students. From his observation, he found out that a few of the medical students were easily lost focus and do not really study. They unable to recall facts from previous lectures and do not want to read text books. This is so shameful. He hopes that those

students will change their attitude by coming early to class, focus and be proactive in classroom. "There is no shortcuts to success and never depends on luck!" he said.

To his colleagues, there are always sweets memories to be remembered. It cannot be denied that there was also pain and sour memories. But all those couldn't be compared to how lucky he is to get acquainted with the staff here in INSANIAH.

Dr Suhaidah Ibrahim, his close colleague in Physiology, has once mentioned that Dr Zahid is a very knowledgeable person in his field. With his more than 30-year experience, medical physiology is just at his fingertip, he is also friendly and helpful. His experience and expertise are his valuable assets and yet is also to be shared. He would guide and help his junior colleagues without hesitation; all the knowledge/tips are shared to build a better teamwork.

We, the board of At-Tibb, hope you will stay wise and healthy. We also would always welcome you anytime if you choose to come back to INSANIAH!

& Goodluck

Goodbyes are not  
forever,  
Goodbyes are not  
the end,  
They simply mean  
I will miss you  
Until we meet again

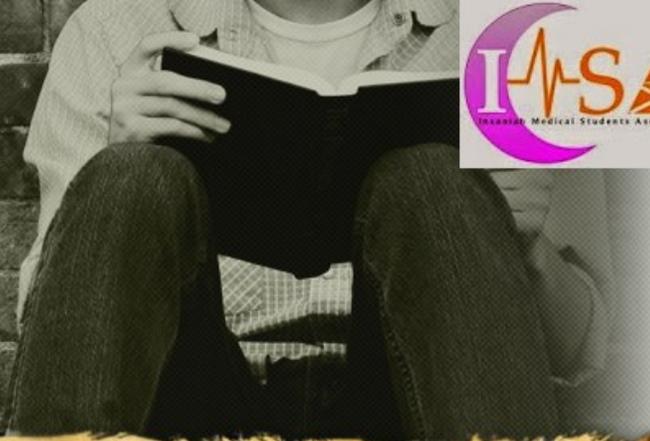


**Dr. Mohamed Zahid Hossain**

**INSANIAH University College, Malaysia  
(2011-2016)**



MYSPACE



## Student's Corner

Written by: Nazurah bt Mohamad Roslan (MBBS Student Cohort 3)

# Beyond The Comfort Zone

I always love traveling. To be able to experience new culture, new atmosphere, new language, and new gesture. Why do I wander? To begin with, visiting a new place opens up the possibility of the unknown. Yes, you can read every guidebook and surf every website, but you still won't know what to expect until you're there, until it's happening. A true adventure, which for me could be walking into an unknown street with unfamiliar language, trying the new taste of food or running to catch the last train (takes a well of stamina and a bushel of flexibility). Time and again, I have risen to the challenge. I have pored over maps when I've been lost, and asked questions in languages I barely know. I have bumped over Rome's back roads in a fume-belching bus, and walked myself back to my room with my aching back bone due to prolong walking.

A certain level of heroism is required during travel, including the ability to endure discomforts such as pick pockets, cold showers, and cobblestone-weary feet. And there are situations that test your mental, like the time when I couldn't convince the Italian B&B mistress not to serve me nonhalal sausages for breakfast.

Stumbling blocks like these factor into my traveller's trepidation. It's easy to imagine the worst-case scenario when I'm facing a cramped airplane seat, jet lag, and culture shock. Each time I set out on a journey, I confront a litany of fears, from the petty (what if they don't serve vegetarian food) to the monumental (what if my plane crashes?). Fear wants me to forget exploration; it wants to squelch my heroic self that sojourns out to greet the unknown.

Every trip is as much a journey into my personal geography as it is to a specific city or country. By gently prodding my inner

adventurer to boldly go forth, I'm mapping my capacity to take care of myself, face my fears, gracefully interact with others, challenge my limitations and expand my horizons.

### Learning

There are many different ways of learning. Some of us absorb best when we read, while others prefer to learn visually from diagrams, videos, and demonstrations. Auditory learners like me (I guess) prefer to learn through listening, via lectures, talking things through and hearing what others have to say, gaining extra information from the tone and the nuances.... Well, maybe there are some of the good side effects from my 3 years of debate practice with Miss Vas, my speaking coach.

But there are also kinaesthetic learners who learn through moving, doing and touching, preferring a hands-on approach through which they actively explore the physical world. So if we have always thought of ourselves as not being able to learn things easily, it may be that we have not yet found the style of learning that best suits us and as the brain is plastic, we can with some practices, develop new styles of learning. The more you learn, the more you are able, by linking our areas of knowledge together, to come with some useful ideas.

Like we would not know how physics and sky diving go together unless we knew a little bit about both..... Okay maybe that's not such a good example to go with but you get my point. The more we know, the more we create.

# HEALTH segment



Written by: Dr. Shahidan Hashim

## Malaysian Health Care System: A Review

A friend of mine was having problems with his urinary system. He had problem of passing out urine. His urinary tract infection was on and off. I suspected that he was suffering from prostate enlargement.

I referred him to a family medical specialist (FMS) at the nearest health center. He managed to get the appointment to see the specialist on the same day. After a simple physical examination, he was informed that his problem was benign prostate hypertrophy (BPH); a condition commonly found among male of age 60 and above. What my friend need was a further examination and treatment by urologist.

The FMS referred my friend to an urologist in the main state hospital. Urologist is a specialist in urinary tract problems and normally available in main state hospitals. His service is only available to people through referral. The FMS in the health center is the only person allowed to refer patients to urology specialists. Another way of getting referred to specialists is when the patient developed medical emergency, admitted into the hospital and referred by the attending doctor. Otherwise people cannot simply book into the hospital and request to see urologist/ specialist.

My friend was informed to come and see the urologist after six months. That was the earliest date available for him. Having to wait for that long, my friend consulted back the FMS with a thought that there might be another alternative to get it settled sooner. He was informed of no other alternative except going to private hospitals. In private hospitals he could see the urologist as soon as he wished; of course he had to pay higher for the same service. The private hospital fees could be a few hundred ringgit per visit and a few thousands ringgit if he got admitted.

The above scenario is true for any specialist services in Malaysia. The waiting time of 6 months or longer is normal for almost all specialist care. It is common for the waiting time of more than one year. People believe that money cannot buy health. In this situation money buy the health service.

### Health Services in Malaysia

There are two types of health services in Malaysia; government and non-government. The government facilities are run by the government. Patients pay

**Table 1:** Hospital beds, admission and number of doctors in government vs. Non-government sectors

Resource*	Government	Non-government	Government : non-government Ratio
Hospital admission	2,110,628	139,545	15 : 1
Hospital beds	39,728	14,033	2.8 : 1
Doctor	28,949	62,702	1 : 2.2

\*Source: Department of Survey & Mapping, Malaysia

minimal amount for the services. Non-government health service are profit-oriented agencies that serve whoever could pay them.

The workload in government hospitals is 15 times higher than the one in non-government hospital. Yet the number of doctors is half compared to the private hospitals'. Therefore we can say that doctors in government hospitals are thirty times overworked than their colleagues of the private sectors.

Long waiting time is just one of the problems in government hospitals. When workload is heavy, the quality of service deteriorated. Hospital wards are full to brim. The situation reminds me of the condition in 1980's where patients were put on stretchers, the same stretcher used by security guard. Looking at the current economic status we can only expect the situation to remain the same if not worsen. Of course the poor people who get treatment in a government hospital cannot complaint since they pay only a small fees compared to fees of private hospitals.

On paper, doctor population ratio exceeds the number set by WHO. Even the Ministry Of Health targets doctor to population ratio is 1:400 by the year 2020. The apparent shortage of doctors is actually artificial. When government allows two separate systems to operate, the available resources is split into two. Despite living in one country, the people are treated differently as they live in different countries. Even if they live next door to a private hospital with all the specialists and sophisticated equipments, there is a wall separating them from the service. That wall is called money. The urban poor who lives next door to a private hospital and yet cannot benefit from the services is bad enough. The rural poor stay hours away from the private or government services. Private hospitals are built in town because the riches live in town. Even referral government hospitals are located in town areas.

Even the ratio distribution of doctors of both sectors; 1:2.2 government to non-government, is not bad enough, government doctors are allowed to work in the private hospital. This regulation further enlarges the workload gap of the two sectors. If the Malaysian government is serious to achieve the developed country status in the near future, something must be done to address the problem. Health is the responsibility of the government.

The dual system must be abolished. It is immoral to allow such disparity to exist in this country. Sick persons are at the most vulnerable situation. Asking them to pay at the time they cannot work and earn money is cruel. A scheme must be developed to ensure health service is made available at a time of when and where needed.

The government should come out with a health payment scheme which aims to ensure all available services are accessible to all Malaysian at all time. Out of pocket payment should be minimized. Everybody contributes to this health saving according to their affordability. Those who live outside the economic mainstream must be addressed separately but should never be neglected.

A lot can be learned from health systems in developed countries. It is meaningless to claim our country as developed based on dubious indicator. Health of the population should be top priority for any developed government. The question now is whether the present government has the political will to change the system or not. Only then Malaysians would be proud to claim themselves a developed country.

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# CALAMITY

Written by: Dr. Shahidan Hashim

وَلَا تَهِنُوا وَلَا تَحْزَنُوا وَأَنْتُمْ الْأَعْلَوْنَ إِنْ كُنْتُمْ مُؤْمِنِينَ

“So lose not heart, nor fall into despair: For ye must gain mastery if ye are true in Faith (Ali Imran: 139)”

For that reason, a good Muslim must keep in mind that there is no misfortune happens to us but it's all have already been decreed by Allah far before the world was created. The main reason behind this is that we must not grieve very deeply in a long term. The key to all misfortune is not to give up, instead be patience because Allah promises us a great reward for being patience if we are true in believing Allah SWT.

Despair and sorrow are two feelings no human being can claim to be free of. The difference between us is the degree of the feeling and how do we handle them. Personally, I thought the student's life was the deepest point in my life for the feeling of losing heart and despair. At that moment, the heart was young and physical was at the strongest state, I should have been in the most optimist and happy life. It did not turn out that way because, I thought, medical course demanded a full commitment. The price of failure was so great, either being a doctor or becoming a 'nobody'.

Only very much later, when I enter the final phase of my life; old age, did I realize the fact that losing heart and despair did not grow from the challenges and hardship of medical course or any external factors. Those feelings occupy me because my heart was not attached close enough to Allah SWT.

We, of course, once suffered from such a hardship in our lives. As Muslims who believe in the existence of Allah the almighty. We must keep in our mind that all the hardship, disaster, or calamity we face in this life is in the destiny of Allah and those has already set by Him far before the world was created.

مَا أَصَابَ مِنْ مُصِيبَةٍ فِي الْأَرْضِ وَلَا فِي أَنْفُسِكُمْ إِلَّا فِي كِتَابٍ  
مِنْ قَبْلِ أَنْ نَبْرَأَهَا إِنَّ ذَلِكَ عَلَى اللَّهِ يَسِيرٌ ﴿٢٢﴾

“No calamity occurs in the earth nor in yourselves but it is inscribed in the Book of Decrees before We bring it into existence. Verily, that is easy for Allah. (Al Hadiid: 022).”

We are obliged to face any kind of hardship with patience because He promises us that there will be good news or reward to those who are patience when suffering from hardship.

وَلَنَبْلُوَنَّكُمْ بِشَيْءٍ مِنَ الْخَوْفِ وَالْجُوعِ وَنَقْصٍ مِنَ الْأَمْوَالِ  
وَالْأَنْفُسِ وَالشَّمْرِاتِ وَبَشِيرِ الصَّابِرِينَ ﴿١٥٥﴾  
الَّذِينَ إِذَا أَصَابَتْهُمْ مُصِيبَةٌ قَالُوا إِنَّا لِلَّهِ وَإِنَّا إِلَيْهِ رَاجِعُونَ ﴿١٥٦﴾  
أُولَئِكَ عَلَيْهِمْ صَلَوَاتٌ مِنْ رَبِّهِمْ وَرَحْمَةٌ وَأُولَئِكَ هُمُ الْمُهْتَدُونَ ﴿١٥٧﴾

“Be sure we shall test you with something of fear and hunger, some loss of wealth or lives or the fruits (of your toil), but give glad tidings to those who patiently persevere. Who, when afflicted with calamity, say, Truly to Allah we belong, and to Him we shall return. Those are the ones upon whom are blessings and Mercy from their Lord. And it is those who are the [rightly] guided. (Al Baqarah: 155-157).

Keep also in mind that Allah orders us not to easily give up and be patient through His commandment in Al Baqarah: 153.

يَا أَيُّهَا الَّذِينَ آمَنُوا اسْتَعِينُوا بِالصَّبْرِ وَالصَّلَاةِ إِنَّ اللَّهَ مَعَ الصَّابِرِينَ ﴿١٥٣﴾

“O you who have believed, seek help through patience and prayer. Indeed, Allah is with the patient.” (Al-Baqarah: 153).

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Baby

Girl

A  
Bundle  
of JOY



*Congratulation Dr. Lee Ji Li*  
*Baby's name: Ooi Yi Zen*  
*Date of Birth: 29th May 2016*

Happy  
Birthday

2016

August

OUR DEAR  
*friend*



DR. NAFEESA BANU  
25 August

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