

BANGLADESH MEDICAL ASSOCIATION OF NORTH AMERICA (BMANA)



JULY 27-30

Anaheim Marriott, California

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BMANA 42nd Convention'23, Anaheim, California.

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BMANA 42ND CONVENTION

Anaheim Marriott, California
July 27-30, 2023



Thursday, July 27, 2023

Venue: Grand Ball Room Time: 7PM-11:30 PM

- 7:00-7:30 PM Welcome remarks by Convenor and team
National Anthem US & Bangla
Program overview and update
- 8:00 PM: Registration
- Chapter Programs:**
- 7:30-8:00 PM New York Chapter (1st part)
8:00-8:30 PM Florida Chapter
8:30-9:30 PM Other Chapters
9:30-10:30 PM CA-Chapter
10.30-11.30 PM New York Chapter Band

Self-parking: \$20/day

July 28, Friday, 2023

Venue: Grand Ball Room Time: 7-11:30 PM

- 7:00-8:00 AM BREAKFAST, NONCME TALKS
8:00-1:00 PM CME
- Other Programs:**
- 12:00-1:00 PM Program Director Session (OR-2)
12:00 PM: Lunch Break
1:00-2:00 PM Poster Judging
1:00-1:30 PM Jumma Prayer (Newport Beach room)
1:30-2:30 PM Bus to Long Beach
3:00-3:30 PM Boarding for the Yacht
4:00-5:30 PM Live music by M A Shoeb/Literary Event
5:30-6:30 PM Dinner Break
6:30-7:00 PM DJ/dance on the deck
7:30 PM Departure
8:00-8:45 PM Break to get ready
9:00-9:30 PM Modeling show (Ball Room)
9:30-10:30 PM Music by Sadia Rahmatullah
10:30-11:30 PM Music by Chirantan Banerjee

July 29, Saturday, 2023

Venue: Orange County Ball Room Time: 7-11:30 PM

Morning:

- 7:00-7:30 AM Breakfast (Grand Ballroom)
7:30-11:00 AM CME (Grand Ballroom)
9:00 to 4 PM: Election, Los Angeles room (Downstair)
11:00: strategic financial planning

Noon:

- 12:00-1:00 PM Women's Forum (OR-2)
1:00: PM lunch served (grand ballroom)
1:15-1:30 PM Johor Prayer (Newport beach room)
2:00-3:00 PM Business Meeting (Grand ballroom A&B)

Evening:

- 6:00- Grand ballroom room opens (DEFGH)
6:00 to 6:15 PM appetizer (grand ballroom)
6:15 PM Katie Porter, Congress Woman
6.20 PM Muhammad Imran, Honorable
Ambassador of Bangladesh
6:30-6:45 PM Wall street
7:00-8:00 PM Award ceremony/Central EC
Convenor-Co-Convenors/Chief patron
Current President/EC Consulgeneral

Award ceremony by
Dr. Maksud Chowdhury &
Dr. Rumi Ahmed Khan

- 8:00-9:00 PM Dinner
9:00-11:45 PM Music by Sabina Yasmin &
Chirantan Banerjee

July 30, Sunday, 2023

Venue: Dr. Rabi and Dr. Koli's Residence Brunch

Time: 12.00-04.00 PM
2815 E. Chevy Chase Dr., Glendale, CA 91206
End of the Convention

CME: BMANA 42nd Convention in Anaheim, California July 28th and 29th, 2023 at Anaheim Marriot, California

Bangladesh Medical Association of North America (BMANA) &
University Medical Center of Southern Nevada, 1800 W. Charleston Blvd, Las
Vegas, NV 89102

CME SCHEDULE **"Progress in Medicine"** **Day 1: Friday, July 28th, 2023**

7: 00 AM:	Registration, breakfast and Opening Remarks
7:05-7:55 AM:	Guest Speaker
	Session 1: 8:00 to 9:00 AM:
8:00 to 8:25 AM:	"Current State of Atrial Fibrillation 2023" Moksedul Habib, MD FACC, FHRS
8:30 to 9:00 AM:	"Acute Myocardial Infarction: What is in the horizon!" Chowdhury H. Ahsan, MD, PhD, FACC, FSCAI
	Session 2: 9:00 to 10:00 AM:
9:00 to 9:25 AM:	"Strategizing Bronchial Asthma Control,are we empowering patients enough?" Ayesha Sikder, MD
9:30 to 9:55 AM:	"Current Guidelines for the treatment of COPD, 2023 GOLD update Rubabin Tooba, MD
9:55 to 10:05 AM:	Break and Exhibit hall visit
	Session 3: 10:05 to 11:00 AM:
10:05 to 10:30 AM:	"Overview of Lewy Body Disease and Fronto Temporal Dementia" Mohammed Q Islam, MD
10:30 to 11:00 AM:	"Depressive disorders" Munibur Rahman Khan, MD, MS, FAPA, DAPA
	Session 4: 11:00 to 12:00 pm
11:00 to 11:30 am	Subject: Neuromodulation for Depression: Repetitive Transcranial Magnetic Stimulation Shaukat A. Khan, MD, DFAPA
11.30 am-12.00 pm	"Catatonia: Neuropsychiatric Perspective and management" Mohammed A Mollah, MBBS, MD, DFAPA

Session 5: 12:00 – 1:00 PM:

- 12.00 – 12.30 PM: “Incretin in the management of Diabetes: how they are shaping Diabetes and Obesity treatment”
Iqbal Munir, MD, PHD
- 12:30 to 01:00 PM: “Abnormal Liver tests – what an internist needs to know”
Ashraf Malek, MD
- 01:00 – 01:30 PM: “MANAGEMENT OF HYPERTENSION”
Mahfuzur Rahman, MD

DAY 2: Saturday: July 29th, 2023

Session 6: 8:00 to 9:00 AM:

- 8:00 to 8:30 AM: “Overview of MGUS and Multiple Myeloma”
Niaz Hoque, MD
- 8:30 to 9:00 AM: “Opioids: Past, Present and Future”
Shafi Khalid, MD, FIPP, MBA CEO and Medical Director
San Diego Pain Consultants

Session 7: 9:00 to 10:00 AM:

- 9:00 to 9:30 AM: “Fungal Infections in COVID-19”
Nasima Begum, MD
- 9:30 to 10:00 AM: “Tick Borne Infections”
Mohammad M. Zaman, MD

Session 8: 10:00 to 11: 00 AM:

- 10:00 to 10:30 AM: Subject: Recent developments in Cough
Rumi Khan, MD FCCP
- 10.30 – 11.00 AM : Subaila Zia MD, FCCP
Title: Demystifying OSA: How PCPs and others can tackle OSA
- 11.00 – 11.45 AM: Guest Speaker.

BMANA 42nd Convention'23, Anaheim, California.

Convention committee

Convener

Aboo Nasar, MD. MPH. MBA-California

Co-convener

**Iqbal Munir, MD. PhD-California
Tanvir Hossain, MD, MPH-Nevada
Rabi Alam, MD-California**

Chief Patron

**Ruby Hossain, MD
President of California chapter**

Special Acknowledgement:

**Salma Khan MD, PhD
AKM Hossain Monnu, MD
Hasan Zaman, MD
Munshi Moyenuddin, MD
Abdul B Khan, MD
Golam Mostofa MD**

We express our sincere thanks to Dr. Bashir Ahmed, President Elect for the overall supervision and hard work for the success of the 42nd BMANA convention.



Ambassador



গণপ্রজাতন্ত্রী বাংলাদেশ দূতাবাস
ওয়াশিংটন ডিসি, মার্কিন যুক্তরাষ্ট্র

Embassy of the
People's Republic of Bangladesh
Washington DC, United States of America

Message from Ambassador

I am happy to know that Bangladesh Medical Association of North America (BMANA), an organization of medical professionals of Bangladeshi origin, is going to organize its 42nd Annual Convention in Los Angeles, California from 27-29 July 2023. I hope that this three-day long event will foster friendly ties, build camaraderie, and renew the pledges of the members to serve the country of origin and their adopted homeland- the USA.

Medical education in Bangladesh is regarded as one of the best in the region and for decades the Bangladeshi professionals are at the forefront of academia, research, healthcare policymaking, and philanthropy. Thousands of students of neighboring countries are competing to enroll in quality medical institutions in Bangladesh every year, and skilled medical specialists educated and trained in Bangladesh are now serving with reputation in the region and beyond. Bangladesh is one of the first countries to formulate and implement an inclusive and progressive health policy that has benefited millions of poor people in the country with quality health services with active support from the health professionals.

We are proud of our medical professionals who are serving abroad specially in North America and bringing prestige for Bangladesh. The people and government of Bangladesh gratefully acknowledge the role of Bangladeshi American physicians for arranging vaccines during Covid -19 pandemic.

I earnestly hope that the members of this professional organization would continue to pursue its noble endeavors to build a vibrant community here and always come forward to support the distressed humanity as and when required.

Once again, I wish this 42nd Annual Convention of BMANA a resounding success.

Muhammad Imran
Ambassador of Bangladesh

3510 International Drive NW, Washington DC-20008, Phone: (202) 244-2745, Fax: (202) 244-2771
E-mail: mission.washington@mofa.gov.bd, Website: www.bdembassyusa.org



Message from Convener

Dear fellow friends and families of BMANA,

It is our BMANA tradition to host an annual convention every year. This sets the stage where Bangladeshi-origin doctors can congregate, exchange pleasantries, foster friendship, promote philanthropy, and discuss exciting developments in medicine through scholastic CME courses. The convention is also interspersed with a multitude of fun-filled family, social, and cultural events. This year, I feel privileged and honored to serve as the convener. I deeply appreciate the trust and confidence all the members have bestowed upon me. Deep inside our hearts, we wanted this convention to be all-inclusive, fun-filled, and to build the bonds of friendship and camaraderie.

I am deeply indebted to our extremely diligent convening committee comprising of illustrious physicians Iqbal Munir, Rabi Alam, and Tanvir Hossain Kennedy. I am also blessed with a very talented group of physicians who have been an essential ingredient for the convention's success. Please enjoy our warm hospitality in Southern California, the golden state, where hospitality, fraternity, and exciting advancements in medicine will meet at the crossroads. Please excuse any of our shortcomings, as we had to overcome numerous challenges and uncertainties to organize this convention. I look forward to meeting all of you with a warm embrace.

Wishing you a very successful 42nd Annual BMANA convention.

Sincerely,

Abboo Nasar MD



Message from Chief Patron

Greetings,

On behalf of Dr. Ruby and the entire 42nd BMANA-CA Chapter, I extend a warm and heartfelt welcome to each and every one of you. We are thrilled to gather here in California for our highly anticipated central convention.

The tireless efforts of our CA Chapter's members have culminated in this momentous occasion, and we are truly grateful for their dedication and hard work. Their unwavering commitment has made it possible for us to come together today and engage in meaningful discussions that will undoubtedly make significant strides in healthcare, a positive impact on the lives of those we serve.

As we embark on this journey of dialogue and exploration, let us embrace the spirit of collaboration and open-kindness. I encourage you all to actively participate, share your insights, and foster an atmosphere of mutual respect and understanding.

Once again, welcome to the 42nd BMANA-CA Chapter's central convention. May this gathering be a source of inspiration, enlightens, and lasting friendships.

Dr. Ruby Hossain

President, BMANA - CA Chapter



President's Message

Respected Members,

It is my privilege to welcome you all to the Annual Convention 2023 of Bangladesh Medical Association of North America (BMANA). BMANA was founded in 1981 to bring physicians and dentists of Bangladeshi origin close together in a network. BMANA has been coordinating philanthropic and educational activities locally and abroad, with the help and participation of our membership body and other physicians.

Over the last decade our membership has grown exponentially as BMANA transformed to a democratic organization. Simultaneously, like any other membership organization, BMANA have endured operational hardship at the executive level. But our conscientious membership body have kept us together time and again. We sincerely appreciate our local chapters and general members for their love and dedication for the organization.

While BMANA have significant achievements in goals over the past years, we have failed in other core principles as an organization. The accountability, transparency and corporate governance to name a few. To become a mainstream organization, we need to have progressive thinking. Sadly, some of us have forgotten that, we all became a physician when we graduated from medical school. No one can take away our identity as the physician. Unfortunately, 42 years after it was founded, we are still trying to keep BMANA a restrictive entity. Whereas, members are the supreme authority in BMANA, voice of the membership body are often ignored. We still don't have uniformity in the BMANA central and local chapter by-laws. Attempts to amend the constitution to addressing these issues with members mandate was bypassed, so we are stuck with an infamous constitution.

With the promise of unity and to change this culture in BMANA, I took the office in 2021, it was definitely not easy during my tenure as the elected president of BMANA. Due to non-cooperation in the executive committee and outside influences, it was difficult to operate BMANA the way I have envisioned. Furthermore, detrimental decisions were taken at the executive level that put BMANA at the brink of disintegration. I sincerely hope, the new executive committee doesn't experience the same ordeal.

On behalf of myself and the executive committee, I thank BMANA California Chapter members for arranging 42nd Annual Convention despite turmoil. Let's welcome the elected executive committee to move BMANA forward progressively and make it ever beneficial and vibrant. Hope you enjoy three day convention in Anaheim, California. I take full responsibility if we failed to meet your expectation during the convention. Your feedback will help us prepare better in the future.

Thank you.

Respectfully,

Jamal Uddin, MD

President, Bangladesh Medical Association of North America

mjuddin109@aol.com



Message from Editor & Secretary

Over the last year, BMANA has continued to maintain its status as a reputable academic organization that promotes the careers of Bangladeshi physicians and the cultivation of Bangladeshi heritage in North America. We have continued to host a comprehensive series of residency preparation seminars which have contributed to the success of many Bangladeshi physicians who were able to match into residency programs in the USA. Many former participants even returned as guest speakers to provide tips for the next group of Bangladeshi physicians applying to residency programs.

The young physician secretary, Dr. Anindita Ahmed, as well as the scientific and social secretary, Dr. Adiba Geeti were instrumental in organizing these events. BMANA also recently began a monthly CME series, featuring notable speakers from across the country. Further, the academic BMANA journal has also become well-established as a reputable source for peer-reviewed journals written by BMANA members.

In order to advance the promotion of Bangladeshi culture, BMANA has continued to host online celebrations during Bangladesh's Victory Day and during Bangladesh's Independence Day. Dozens of participants joined the celebration this year as we witnessed many outstanding cultural performances from BMANA members and their families.

Our updated website also features a special section(সাহিত্য অঙ্গন) highlighting the written poems, narratives, and other original literary works of our members. This section highlights the strong cultural bonds that we have with Bangladesh. We continue to maintain our connection with our roots by continuing our community activism with various Bangladeshi groups.

Notably, BMANA partnered with international cricket star, Shakib Al-Hasan to create a public service announcement on updated COVID vaccine guidelines for the elderly. BMANA remains committed to serving Bangladeshi individuals and upholding its values as a united philanthropic organization.

Respectfully,
Md Yusufal Mamoon, MD, MSc.
Assistant professor, Dept. Of Medicine
Icahn School of Medicine at Mount Sinai,
Queens Hospital Center
Secretary, BMANA
Editor of the Magazine.



Message from Treasurer

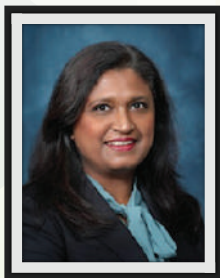
It is my great pleasure and honor to serve as your treasurer of the BMANA Executive committee 2021-2023, starting from the Dallas Convention.

During my tenure, BMANA performed various charitable works including helping support the young physicians from Bangladesh, to publish and present their scientific posters and articles in various medical organizations, including AMA and ACP conferences. We have supported families of physicians affected by COVID. We are also financially supporting the current flood victims in Bangladesh.

I do appreciate and acknowledge the heartfelt support of the esteemed members for organizing and participating in this convention and making it a successful one. I am very much looking forward to seeing you at the BMANA Convention of 2023, Anaheim Marriott, California

We expect the organization to continue its strong charitable, educational and financial position. It is my privilege to serve the honorable members of this respected organization.

Ferdousi Shilpee MD



From the desk of Scientific and Social Secretary

Welcome to the 42nd annual convention of Bangladesh Medical Association of North America (BMANA) in the heart of Disney in Anaheim California! BMANA was established with the noble vision of helping the medical graduates of Bangladesh to build a career here in USA, develop a scientific platform, to encourage research idea development, publishing scientific journals and CME lectures as well as networking among us. Annual convention plays a significant role to celebrate and organize this. After I took oath for office in July 2021 at the Dallas convention, various events have taken place under the banner of the scientific and social secretary. This was only possible by help from all of you and my executive committee colleagues. Thank you!

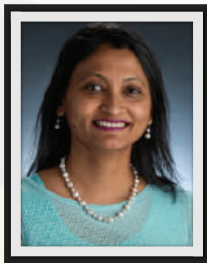
The following intellectual and cultural events took place includes but not limited to:

1. We had our first webinar with Dr. Mushfiq Mubarak presenting his world famous "mask study success in Bangladesh" with our own expert panel to share his research and had thought provoking discussions.
2. We have started to celebrate National Women physician's day and International women's day with our women physician group. This group is dedicated as a platform for exchange of ideas for career development and networking among women physicians of Bangladeshi origin. This is an example of expanding the horizon like any other professional organization. Thanks to our treasurer and member-at-large, BMANA 2021-2023 Dr. Ferdousi Shilpee and Dr. Mahmuda Kolito connect everyone. This will be part of BMANA and can be led by anyone who can continue this platform as an integral part of this institute. The "Women in Medicine forum" will have its first in person session at this convention on Saturday, July 29, 2023 at 12 noon.
3. For the first time in the history of BMANA, we have started a monthly CME series and free 1 AMA credit for our members from April 2022. Thanks to our member-at-large, BMANA 2021-2023 Dr. Tanvir Hossain to organize this with University of Nevada. We have had many distinguished speakers every month till July 2023.
4. We have launched the first official scientific journal of BMANA, with excellent articles by physicians from here and Bangladesh. Thanks to our editor-in-chief Dr. Iqbal Munir and his editorial board and advisee to make this happen. Now we are publishing our 4th edition.
5. Our scientific and research group has multiple research projects and case summaries by young physicians. In the past 4 years our dedicated mentors Dr. Suhaila Khan, Dr. Naquib and Dr. Salma Khan are working with many (+200) young physicians with oral presentations, poster presentations and case reports in prestigious journals and platforms such as American Public Health Association (APHA) and many more. These experiences led them not only to get great interviews for residency but also to be confident. Very special thanks to our previous Scientific and Social secretary, Dr. Yusufal Mamoon to initiate this research group for the young physicians. Also I would like to thank our Young physician secretary BMANA 2021-2023, Dr. Anindita Ahmed constantly trying to find resources for the young physicians.
6. We have also celebrated the 50th anniversary of our "Victory Day of Bangladesh" with a zoom program participated by many talented physicians and their family members. Special thanks to our honorable ambassador to join at our program. We would like to thank "Projonmo Ekattor" children of martyred physicians on December 14th, 1971 to participate, share their painful memories and let us know how we can work to get justice for their lost loved ones. We will always stand beside the right reasons and stand beside them.

Thanks to member-at-large, BMANA 2021-2023 Dr. Hassan Zaman to organize this memorable program. He has arranged programs to honor 21st February and celebrate our Shadhinota Dibosh. Special thanks to our acting President Dr. Bashir Ahmed, BMANA 2021-2023 for holding the base of this organization together for every better and worse situation. Dr. Ziaur Rahman, our immediate past president and general secretary Dr. Yusufal Mamoon beside him has made every impossible task a success. This is a true Team work!! I would like to thank my family for their constant support in this past year, my husband Dr. Mahfuzul Hoq, my daughter Amitra and my son Mahad. Last but not the least, thanks to all of you, members of BMANA for your believes in me and supporting all of my work. As physicians we are always beside those who need our care and compassion. Thank you all for your support. Enjoy this fun filled 3 days in the sunny state of California with your friends and family. Welcome!!!

Adiba Geeti

MD, MSPH, FACP, FCCP, Scientific and Social Secretary,
BMANA 2021-2023



From the desk of Young Physician Secretary

Hello from San Antonio, Texas.

Welcome to the 42nd Annual Bangladesh Medical Association of North America (BMANA) convention in Anaheim California! I am excited to be a part of another successful convention. Bangladesh Medical Association of North America was organized for educational, scientific, cultural and charitable purposes. After I became lifetime member of BMANA, I realized it is time for me to step up and take leadership role to help young physicians to with their career choice.

I took oath as Young Physician Secretary for office in July 2021 at the Dallas convention. Since then, various events have taken place under the banner of the Young Physician Secretary. This was only possible by help from all of BMANA members, who graciously supported and also my executive committee colleagues.

The following events took place includes but not limited to:

1. We had multiple interactive webinars with faculty members of different residency programs throughout USA to guide young physicians. These included how to improve resume, and how to stand out among thousands of candidates. Current residents and recent graduates also participated and shared their experience this difficult journey. It was very motivational and encouraging for incoming applicants and help them to overcome the doubts they have about themselves.
2. As a young physician, also formed a research group in Bangladesh, under the supervision of renowned faculty who is the PI (Principal Investigator) of multiple successful research projects and helped young physicians in Bangladesh. These physicians are the ones who were in the process of applying for residency. It helped tremendously to the young physicians who were not in USA and were having difficulty finding exposure in clinical research. Through the program, they have basic understanding of how to conduct research and how to interpret research findings.
3. Networking, networking and networking. As a YP Secretary, introduced incoming resident to BMANA Research Group, led by extremely talented and dedicated research mentors. Our dedicated mentors Dr. Suhaila Khan, Dr. Naquib and Dr. Salma Khan have been working with many (+200) young physicians with oral presentations, poster presentations and case reports in prestigious journals and platforms such as American Public Health Association (APHA) and many more. We can not thank them enough for their dedication and precious time they spent working with young physician. Through BMANA members, I was also able to arrange multiple observer ship for those who needed US clinical experience.
4. During interview season, we have worked with young physicians, reviewed their resumes, conducted one on one practice interview session until they were ready and comfortable. Multiple Webinars conducted with different faculty members to guide them. During Covid, interview was more difficult as it was all virtual. The candidates had to be more prepared and worked harder to present themselves.
5. After Match season, we had another very important and successful webinar where newly matched residents shared every detail experience of their journey and were very enthusiastic about helping the incoming applicants. I can not explain how emotional I got with each and every young physician's success. It is very rewarding to see their happy faces at the end of their struggle. As Young Physician Secretary, this is what I loved the most in these last two years. I am sure in coming days, new EC of BMANA will continue to do great works.

I have to thank all the EC members again and especially General Secretary Dr. Yusufal Mamoon and Social and Scientific Secretary Dr. Adiba Geet for always helping and encouraging me. I am proud to be a part of this great team who helped me to grow as a BMANA leader. At the end, I cannot thank enough my husband Arif Chowdhury for his constant support and my two lovely daughter Anisha and Alishba, who understood their mother's role and cooperated in every possible way. Thank you to all the members, Hope to see you soon in California Convention.

Anindita Ahmed MD, MPH

Young Physician Secretary, BMANA 2021-2023

Best Wishes From
EXECUTIVE COMMITTEE 2021-2023



Dr M Jamal Uddin
President



Bashir Ahmed, MD
President Elect



Mohammad Z
Rahman, MD
Past President



Md. Yusuf Al
Mamoon, MD
Secretary



Ferdousi Shilpee,
MD
Treasurer



Adiba Anjum Geeti,
MD
Scientific & Social
Secretary



Anindita Ahmed,
MD
Young Physician
Secretary



Mahmuda Alam,
MD
Members-at-Large



Tanvir B Hossain,
MD
Members-at-Large



SM Hasnuz Zaman,
MD
Members-at-Large

**With our founding
President of BMANA**



BMANA AWARD 2023 AWARDEES

BMANA Award committee 2023 unanimous came to decision following awardees:

- 🏆 **BMANA Posthumous award:**
Dr. Zafrullah Chowdhury, founder of Gonoshasthaya Kendra
- 🏆 **BMANA Lifetime achievement award:**
Chowdhury H Ahsan, MBBS, M.D., MRCP, Ph.D.
- 🏆 **BMANA Humanitarian award:**
Dr. Valerie Taylor
- 🏆 **BMANA Recognition award:**
Tasbirul Islam, MD FRCP, FCCP
- 🏆 **Special recognition for public health:**
Md Zohirul Alam, MBBS MPh, FRSPH
- 🏆 **Special Recognition for humanitarian works:**
Lopa S. Kabir-Islam, MD, MBA, FACP
- 🏆 **Special Recognition for humanitarian works:**
Aktar Jaman MD FACP



◀ BMANA AWARD 2023 AWARDEES ▶

On the occasion of 42nd annual convention - Bangladesh Medical Association of North America continues the tradition of recognizing individuals with of national significance and or contributions above and beyond their call if duty.

The first recognition this year is a posthumous recognition - BMANA recognizes late Dr Zafrullah Chowdhury with its highest level recognition - 'National Hero Award' for making unparalleled contributions for the cause of Bangladesh and its people. Dr Zafrullah Chowdhury has received almost every possible national and international award including Ramon Magsaysay Award and Swadhinota podok for his lasting global contribution to public health and primary care through his organization Gonosasthyo! Dr. Zafrullah also contributed significantly to the war of independence of Bangladesh as freedom fighter physician!

BMANA on behalf of the whole physician community in the USA is honored to recognize Dr Valerie Taylor with BMANA humanitarian award for the year 2023. It needs to be noted that Dr Taylor has dedicated her life to the service of the less fortunate in Bangladesh. A British-born physiotherapist, arrived in Bangladesh (then East Pakistan) in 1969, Dr. Valerie Taylor founder the Centre for the Rehabilitation of the Paralyzed (CRP) in Bangladesh, which since its inception, has been a beacon of hope for thousands of individuals with spinal cord injuries, neurological conditions, and other disabilities.

For the year 2023 BMANA lifetime achievement award goes to Dr. Hafiz Ahsan Chiwdhury who is a life members of BMANA who has provided significant contribution over the years in the mission of BMANA, both in USA and in Bangladesh. BMANA recognition award 2023 goes to Dr Tasbirul Islam MD FRCP FCCP for his relentless efforts to improve healthcare in Bangladesh by establishing Planetary Health Academia. During COVID, Tasbir relentlessly made himself available as Pulmonary consultant both in US and in Bangladesh. He advised extensively in COVID management boards. He pioneered COVID management protocols with the ministry of health, PPE protocols and protection of physicians from COVID. Bangladeshi Critical Care physicians consulted with him day and night. He is routinely providing clinical rotation at his University Hospital for our Bangladeshi medical graduates and supporting them for obtaining residency program in USA.

BMANA Special recognition award for public health goes to Md Zohirul Alam, MBBS MPH, FRSPH for works on promoting public health messages through photography. BMANA Special Recognition for humanitarian works goes to Dr Aktar Jaman MD FACP for his work in Bangladesh through "Diabetes and Hypertension Awareness Foundation."

Sincerely

Members of BMANA Award Committee 2023

Dr. Maksud Chowdhury, New York

Dr. Pradip Chowdhury, California

Dr. Rumi Ahmed Khan, Texas

Please email this form to: bmanaaward23@bmana.org

BMANA Past Presidents since 1981

- **Safiul Hasan, MD, 1981–1983 Michigan**
- **M.A. Siddiqui, MD, 1983–1985 Virginia,**
- **Mohammed Kabir 1985–87 Missouri**
- **M. Badruddoja, MD, 1987–1988, Illinois**
- **Abdul Hafiz, MD, 1988–1993 Ohio**
- **Quzi M. Ahmed, MD, 1993–1995 Pennsylvania**
- **Dhiraj Shah, MD, 1995–1997 New York**
- **MB Zaman,, MD 1997–1999 New York**
- **Syed Showkat Hussain, MD, 1999–2001 Michigan**
- **Waled Chowdhury, MD, 2001–2003, New York**
- **Ziauddin Ahmed, MD, 2003–2005 Pennsylvania**
- **Ehsanur Rahman, MD 2005–2007, Delaware**
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Scientific Section

CHROMOSOME 1P36 DELETION SYNDROME: AN ADULT REQUIRING PRIMARY CARE PHYSICIAN-CENTERED MULTIDISCIPLINARY CARE.

Md Rockyb Hasan¹, Falah I. Abu Hassan¹, Tahsin Tabassum², ASM Islam¹

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1p36 deletion syndrome is a rare chromosomal disorder. Primary care-based treatment has been proposed for long-term management. A 24-year-old adolescent was diagnosed with a case of 1p36 deletion syndrome. Constipation and GERD are frequent complaints of PCP visits. There is no proven curative treatment for Chromosome 1p36 deletion syndrome. Early collaboration with specialists as a team where PCP is the leader has proven to better care for this rare disease in all ages. Life expectancy and overall prognosis in 1p36 deletion syndrome are not yet well defined. Long-term supportive management is the only treatment available.

A CASE OF SYMPTOMATIC CAROTID ARTERY STENOSIS MIMICKING ACUTE STROKE REQUIRING EARLY INTERVENTION

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Stroke is one of the leading causes of adult death and morbidity. Early investigations of the underlying cause are important for the timely decision of intervention. A 75-year-old male presented with a focal neurologic deficit and was diagnosed with acute ischemic stroke. Early investigation revealed symptomatic right internal carotid artery atherosclerosis. A right carotid endarterectomy was planned to prevent further stroke. Rapid evaluation of patients with suspected stroke is critical because there is a very narrow time window in which stroke patients are eligible for treatment. Early intervention for symptomatic carotid atherosclerosis is recommended. Early investigations are recommended for every symptomatic stroke to identify underlying etiology.

IG G4 RELATED DISEASE IN ABSENCE OF CHARACTERISTICS HISTOPATHOLOGICAL FINDINGS; A CASE REPORT

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Introduction: IgG4-related disease is a chronic inflammatory disorder characterized by tissue infiltration with lymphocytes and IgG4-secreting plasma cells, varying degrees of fibrosis, and typically quick response to oral steroids. The acute phase of this condition is characterized by high blood IgG4 values.

Case Presentation: A 72-year-old male presented with complaints of low-grade fever for 3 months & cough for 2.5 months, bodyache for 2 months, reduced appetite & unintentional weight loss of about 3 kg for the last 3 months. With these complaints, he visited a physician 2 months back, who drew about 500 ml of fluid from the left side of his chest and diagnosed him as a case of parapneumonic effusion. According to the patient, the fluid was straw in color which was sent for analysis, He received broad-spectrum antibiotics comprising of co-amoxiclav & clarithromycin for 14 days, without any significant improvement. CT Scan of the chest showed ground glass opacification in the upper lobe of right lung. VATS-associated pleural biopsy showed strips of tissue & fibrinous exudate undergoing organization. IG G4 level was 7.32 GM/dl. Though Ig G4 level was high, there was still some dilemma because, in IG G4 disease, there are typical histopathological findings of storiform fibrosis & lymphoplasmacytic infiltration, which was not present. Oral Prednisolone was given as treatment, later Tablet of Mycophenolate Mofetil was added.

Discussion: Ig4-related disease diagnosis typically requires a tissue biopsy of an affected organ with characteristic histological findings, comprehensive medical history, and physical examination. But in this case, characteristic histopathological findings are absent. The goal of treatment is the induction and maintenance of remission to prevent the progression of fibrosis and destruction in the affected organ.

TITLE: SMOKING ABSTINENCE SELF-EFFICACY AMONG BANGLADESHI SMOKERS

*Farjana Masud, MBBS1,4; Sumaiya Monjur, MBBS2,4; Samia Amin, MBBS3,4
1Shaheed Ziaur Rahman Medical College; 2Dhaka Medical College; 3Macquarie University, Australia;
4Dream USMLE*

Introduction: Smoking continues to be the major cause of many preventable diseases including lung cancer. It is anticipated that 10 million fatalities will be directly related to smoking by the year 2030. In contrast to the global reduction in smoking rates, the prevalence of smoking in Bangladesh is still high. While the significance of self-efficacy has frequently been discussed in terms of smoking cessation success, less is known about the variables that may be associated with self-efficacy, particularly among Bangladeshi smokers. Given this gap, in the present study, we sought to determine the factors that may be associated with smoking abstinence self-efficacy, among residents of Bangladesh who intend to quit smoking.

Method: A cross-sectional sample of 90 Bangladeshi smokers was surveyed. Demographic information and smoking abstinence self-efficacy variables were collected from March to mid-June 2023 using a Google form. Data were analyzed by SPSS version 20.

Result: The mean age of the participants was $23 \pm (SD)1.8$. The number of cigarette consumptions ranged from < 5 (35.8%) to > 20 (24.7%) sticks per day. A total of 82.9% of respondents were smokers for more than 1 year. The mean score of self-efficacies had a significant relationship with the number of cigarette consumption per day ($p < .001$) and duration of smoking in a lifetime ($p < .05$). **Conclusion:** This study provides the first evidence of self-efficacy results in smoking abstinence among Bangladeshi smokers which could be a baseline platform for the future public health experts to consider 'self-efficacy' as a targeted mediator variable in interventions designed to increase smoking cessation in Bangladesh.

Keywords: Abstinence, Bangladesh, Self-efficacy, Smoker, Smoking

ACUTE MONOARTHRITIS—COMMON SYMPTOM WITH AN UNCOMMON CAUSE

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Introduction:

The cause of arthritis is unknown in about 20% of patients. 90% of those patients ought to have resolved joint pain in 3 years. So about 2% of patients have a destructive course of arthritis, whose cause could not be determined.

Case Presentation:

We present a case of a 30-year-old South Asian male with right knee pain for 3 years. Knee pain and swelling progressively worsened over the course of 10 months, not responding to courses of NSAIDs or glucocorticoids. MRI of the knee showed large knee joint effusion and synovitis. Synovial fluid aspiration ruled out septic arthritis and Lyme disease. Synovectomy revealed non-caseating granuloma. He was treated for *Mycobacterium marinum* arthritis with anti-tubercular drugs for 9 months. Persistent right knee pain resulted in further workup, showing negative fungal culture. The unusual response to treatment has led to a diagnostic challenge. This case underpins the presence of significant diagnostic dilemmas.

PERITONEAL DIALYSIS AS TREATMENT FOR END-STAGE RENAL DISEASE

Mou, Kaniz Ferdouse I; Rachel, Perlman, MD I

I University of Michigan, Ann Arbor.

Dialysis modalities include hemodialysis (HD), either in a dialysis center or at home, or peritoneal dialysis (PD), including chronic ambulatory PD (CAPD) or automated PD (APD). CAPD involves multiple daily exchanges (usually three), followed by an overnight dwell. APD uses a cycler to perform multiple overnight exchanges, resulting in short dwells. Variations of APD include continuous cycler peritoneal dialysis (CCPD) and nightly intermittent peritoneal dialysis (NIPD). There is no daytime dwell in NIPD, but daytime dwell is present in CCPD.

The selection of dialysis modality is influenced by patient preference, comorbid conditions, dialysis-center factors, the patient's home situation, and the ability to tolerate volume shifts. Factors such as availability of resources, reasons for starting dialysis, the timing of dialysis initiation, patient education and preparedness, dialysis modality, and access significantly affect patient experiences and outcomes. Adjusting to the effects of kidney failure and the time patients spend on dialysis can be challenging for the patient and their families. Reasons for limited utilization are context-dependent, informed by local resources, dialysis costs, access to healthcare, health system policies, provider bias or preferences, cultural beliefs, individual lifestyle concerns, and possible care partner time.

CLINICAL CHARACTERISTICS AND TREATMENT OUTCOMES OF PATIENTS WITH MACROLIDE-SENSITIVE MYCOBACTERIUM ABSCESSUSUSLUNG DISEASE

JarinTasnim Sikto¹, Sadia Siraj²,Jakia Sultana Nadia¹

¹Bangladesh Medical Association of North America, Queens, NY 11432, ²Department of Health Science, University of Western Ontario, London, Ontario, Canada.

Abstract: Mycobacterium Abscessus is a ubiquitous, rapidly growing non-tuberculous mycobacterium which can contribute to many pulmonary and non-pulmonary infections in humans. The incidence of infections caused by this bacterium is increasing globally. Due to the increase of both drug allergies and drug resistance, the treatment of this infection becomes challenging now-a-days. In this article, we describe a rare case of Mycobacterium Abscessus in a 24-year-old female with a previous history of asthma and allergic rhinitis. Her chief complaint was persistent cough for 6 years. After thorough investigations it was diagnosed as multi drug resistant Mycobacterium Abscessus. The patient was prescribed clarithromycin 500mg twice daily for 8 months, with complete resolution of her symptoms. We hereby documented the clinical features, disease course and successful resolution of Mycobacterium Abscessus infection.

BLOOD-BASED BIOMARKERS FOR ALZHEIMER'S DISEASE DIAGNOSIS: A COST EFFECTIVE AND LESS INVASIVE KEY TO EARLY DETECTION

Tahia Faruk, MBBS¹; Roksana Karim, PhD, MBBS²

Bangladesh Medical Association of North America ¹; Associate Professor, Clinical Population and Public Health Sciences, Keck School of Medicine USC ²

Abstract: The current number of patients living with Alzheimer's Disease (AD) is at a staggering 55 million globally, among which 6.5 million are Americans. Alzheimer's and similar diseases cost the American healthcare system a whopping \$290 billion in 2018 with a monthly cost of \$4,500 more for AD alone.¹ The key to bringing down the morbidity, mortality, and healthcare spending associated with AD is early detection via accessible and affordable screening tools. Traditionally, AD has been screened and diagnosed via CSF biomarkers (A β 42, T-tau, and P-tau) ², followed by confirmation via brain Positron Emission Tomography (PET) scans. CSF biomarkers and brain PET scans have been the gold standard for AD screening and diagnosis for years, however, CSF studies involve invasive procedures and PET scans are expensive, both requiring patients to be in specialized settings. ^{3,4} Delayed appearances of symptoms coupled with lack patient friendly screening options often discourage high risk patients to seek screening, enabling the disease to progress and leaving patients with reduced opportunities to have a better quality of life.⁵ Recently, use of blood-based biomarkers (Plasma β -amyloid ratio (A β)42/A β 40, Tau proteins, Neurofilaments, Glial fibrillary acidic protein ETC.) for detection of AD and other dementia have generated some excitement and hope in the AD research community, particularly because it is less invasive,

cost effective and having the potential to be easily accessible. 6 We have reviewed 27 articles from various platforms such as PubMed, Google Scholar, ETC., published between January 2014 and March 2023, to analyze the usefulness of blood-based biomarkers and compare them to traditionally used CSF and PET scan biomarkers for AD diagnosis. This article aims to shed light onto the importance of early detection of AD and other dementia along with the validity and reliability of the novel blood-based biomarkers, which might have considerable clinical, and public health implications.

MONKEYPOX: PRACTICAL INFORMATION ON DIAGNOSIS, PREVENTION AND TREATMENT

Prince Shah-Riara, Priyanka Mozumdara, Minakshi Biswasa, Sumi Aktera, Suhaila Khana, bResearch Ambitions, Bangladesh Medical Association of North America, bSHK Global Health

Abstract:

This review aims to raise awareness about the dangers of monkeypox, an infectious zoonotic viral disease, as well as ways to prevent its spread in our communities. This review discusses the signs and symptoms (e.g., flu-like illness and rashes), transmission (e.g., direct contact), treatment (e.g., tecovirimat), and prevention (e.g., washing hands, avoiding physical contact) of the disease. This review also discusses infection control and prevention in healthcare settings (e.g., using PPE), and additional precautions needed for children, immunocompromised, and pregnant people. Different diagnostic tests (e.g., polymerase chain reaction) are available for confirmation of monkeypox.

RECURRENT DISSEMINATED BLASTOMYCOSIS DURING PREGNANCY: A CHALLENGING CLINICAL SCENARIO

SaziaFerdows, MBBS1,2; Abdullah Al Zaman, MBBS2,3; Sawsan Tawfeeq, MD2,4; Tahia Faruk, MBBS2; Prince-Shahriar, MBBS2; Fahim Ahmed2; Nasima Begum, MD2,5 Crescent Clinic, CA1; Bangladesh Medical Association of North America, Jamaica, NY2; Assuta Family Medical Group, Los Angeles, CA3; Global Remote Research Scholars Program, St. Paul, MN4; Emanate Health Queen of The Valley Hospital, West Covina, CA5

Abstract:

Blastomycosis is a systemic fungal infection caused by *Blastomyces dermatitidis*. It is mainly prevalent in midwestern, south-central, and south-eastern states of the United States. This primarily affects the lungs but can disseminate to various organs, most commonly the skin. We present a unique case of a 33-year-old female who developed a recurrence of disseminated blastomycosis during pregnancy. Itraconazole was initiated and her baby is being evaluated for evidence of transmission. This case emphasizes the ability of blastomycosis to persist or reactivate during pregnancy, warranting strict adherence to appropriate management and close follow-up. In addition, having a high index of suspicion for systemic mycosis may enable early intervention and prevent complications.

A STEP-BY-STEP GUIDE ON HOW TO SELECT A PRODUCTIVE RESEARCH MENTOR USING A BIBLIOMETRIC ANALYSIS

Elaijah Islam¹, Kristen Pang¹, Alexandra Chang¹, and Kenneth Wong M.D.¹

¹Radiation Oncology Program, Children's Hospital of Los Angeles, and Department of Radiation Oncology, Keck School of Medicine, University of Southern California, Los Angeles, California

Abstract:

As USMLE STEP 1 shifts to Pass/Fail, residency programs will heavily prioritize research productivity and recommendation letters. Ideal mentors strengthen these aspects, especially for underrepresented groups. To help students select mentors, we propose a data-driven method using bibliometric analysis. This analysis determines the Relative Citation Ratio (RCR) of possible mentors, allowing for publication impact evaluation— emphasizing quality over quantity. A similar analysis is also conducted on their mentees, distinguishing productive mentors from productive researchers.

To ensure a thorough analysis of potential mentors, we recommend the trainee first conduct a literature review on PubMed to assess possible mentors' research history. Then, PubMed IDs (PMIDs) of the possible mentors' publications should be collected using Zotero, analyzing publication trends within the last three years to gauge recent productivity. To evaluate the impact of these publications, the trainee can export the collected PMIDs to the NIH application, iCite, to calculate the RCR. The RCR calculation divides the citation count of each publication by the mean number of citations within the same year and research field.

Next, during scheduled meetings with potential mentors, the trainee should request an updated CV and list of mentees to cross-reference the publication list on Zotero. This will analyze the mentor's involvement and impact on previous trainees.

After the meeting, the trainee should analyze the number of pre-Graduate Medical Education (GME) mentees and their current academic ranks to assess the mentor's impact on trainees. In addition, location, availability, and personality should be considered. To facilitate decision-making, the trainee can create a comparison table to weigh various strengths and weaknesses.

Mentor selection is crucial in academic medicine. This abstract offers a data-driven method for career decision-making, equips trainees with effective evaluation skills, and promotes self-awareness of productivity, CV updates, and bibliometric analysis.

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HYPERTENSION - COMPLIANCE ENSURES CONTROL: Challenges for Bangladeshi Americans in Compliance

Rahie, Riffat, E T., MBBS¹, Hasan, Tahira Binte., MBBS², Maisha, Sadia., MBBS³, Mamoon, Md., MD⁴

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INTRODUCTION

A significant issue in the treatment of hypertension has been patient compliance, or adherence, while we have been managing this disease process.[1] Numerous factors that the WHO has identified and that are present in nearly all patients with chronic diseases who have significant non-compliance rates lead to non-adherence to therapeutic regimens.[2] In hypertensive patients, non-compliance with pharmaceutical therapy varies between 45.2% (95% CI 34.4 to 56.1) and 63.35% (95% CI 38.78 to 87.91), while non-compliance with diet and physical activity is represented by 68.8% and 30.9%, respectively, for factors related to modifications to lifestyle.[2] According to scientific research, in order for patients to take their medications as prescribed and maintain dietary and physical activity improvements, it is necessary to use both pharmaceutical and non-pharmaceutical therapies to achieve an ideal SBP or DBP level.[2] As a result, they will see improvements in the management of hypertension, which will lead to a decrease in the burden of the disease and medical expenses.[2] The Dietary Approach to Stop Hypertension (DASH) diet is regarded as a preventive measure for blood pressure management with additional advantages for cardiac function as well as structure.[3] There was a considerably decreased incidence of hypertension when vigorous physical exercise or moderate exercise occurred more frequently and for longer periods of time.[4]

METHODOLOGY

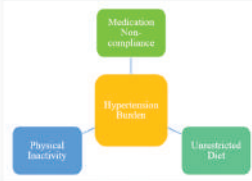
- This analysis is performed based on a questionnaire filled out by hypertensive patients visiting the Doctor's office for follow-up.

-The participants were Bangladeshi in origin who had a specific pattern of diet and lifestyle.

-The questionnaire was designed to highlight the impact of physical activity, dietary habits, and medication compliance on control of HTN.



RESULTS



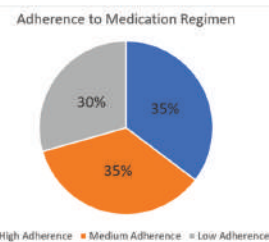
Analysis of the questionnaire revealed a complex web of factors influencing compliance in HTN control.

Demographics

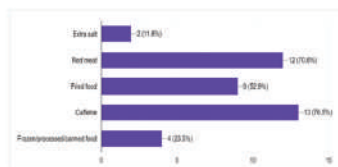
Mean age : 55.4 Female: 52.9% Nationality: Bangladeshi American
Male: 47.1%

COMPLIANCE

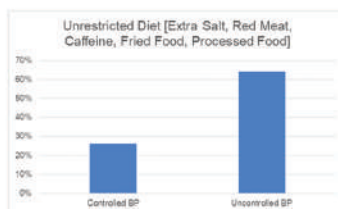
Compliance was determined using Morisky Medication Adherence Scale. Scoring according to MMAS-4 scale revealed 35.29% participants had medium to low adherence to prescribed medication regimen in contrast with 29.4% participants who had high adherence.



DIETARY HABIT



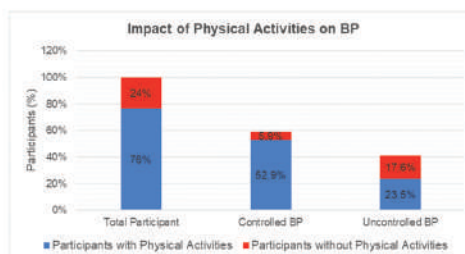
This graph shows that the participants had diet rich in red meat, caffeine, and fried food. As the analysis was done in Bangladeshi people and their diet is traditionally rich in red meat, fried food, this high prevalence of unrestricted diet led to uncontrolled BP in 62% of participants.



PHYSICAL ACTIVITY

-According to the following graph 76% of participants reported engaging in physical activity but only 30.8% of them engaged in physical activity on a daily basis.

-A well-controlled BP was documented in 58.8% of participants, among whom 52.9% were found to engage in physical activities.



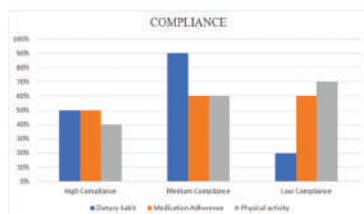
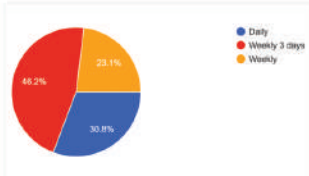
HYPERTENSION - COMPLIANCE ENSURES CONTROL: Challenges for Bangladeshi Americans in Compliance

Rahie, Riffat, E.T., MBBS¹, Hasan, Tahira Binte., MBBS², Maisha, Sadia., MBBS³, Mamoon, Md., MD⁴

¹Dhaka Medical College, ²Armed Forces Medical College, ³Sher-E-Bangla Medical College, ⁴Attending, Icahn School of Medicine, Queens Hospital Center, NY

RESULTS

On contrary, 41.1% had uncontrolled BP. Although 23.5% of them had an active lifestyle but other factors such as nonadherence to medication and DASH diet contributed to their poor control.



This graph demonstrates the overall compliance of participants to DASH dietary habit, medication adherence, and physical activity.

DISCUSSIONS

Hypertension is a chronic condition that affects many individuals worldwide, and controlling it is a major challenge in primary health care [7].

From this study among the Bangladeshi population living in NY, it is evident that the prevalence of hypertension is high. This is mainly because of diet and not having an active lifestyle. Traditionally, Bengali diet consists of red meat, high salt content, and oily fried food in comparison to Western population. This contributes to most people having the disease. Another significant cause is not understanding the importance of adherence to medication. A lot of the patients aren't willing to take or forget to take their daily dosage of anti-hypertensive when they are feeling well.

The guidelines from the American College of Cardiology (ACC)/American Heart Association (AHA) and the European Society of Hypertension (ESH)/European Society of Cardiology (ESC) recommend various nonpharmacological interventions for managing high blood pressure [7]. They are:

- Restricted intake of salt: Limiting the consumption of salt (sodium) can help lower blood pressure.
- Weight loss: Losing excess weight, particularly if overweight or obese, can have a significant impact on reducing blood pressure [7].
- Physical activity: Engaging in regular physical activity, particularly aerobic exercise (brisk walk, jogging, cycling, or swimming), is beneficial for preventing, treating, and controlling hypertension. Structured exercise programs are recommended, and the guidelines emphasize the importance of specifying the frequency, intensity, time, and type (FITT) of exercise regimens. [7]
- Dietary Approaches to Stop Hypertension (DASH) diet: The DASH diet emphasizes a high intake of fruits, vegetables, whole grains, fiber, low or free fat dairy product, legumes and nut intake and potassium, while minimizing fat, red and processed meat, sugar-sweetened beverages and sodium consumption. [8] [9]. This diet has been shown to be effective in lowering blood pressure.
- High intake of fruit and vegetables: Fruits and vegetables are rich in essential nutrients, fiber, and antioxidants, which can contribute to the management of hypertension.

These interventions can be effective as standalone approaches or in combination with antihypertensive medications, depending on the individual's condition and healthcare provider's recommendations.



TAKE AWAY

COMPLIANCE	DIET	PHYSICAL ACTIVITY
Adhere to medication regimen	Adhere to DASH diet	Be physically active

CONCLUSIONS

The study was conducted on Bangladeshis, who are mostly not adherent to the DASH diet because their traditional diets are heavy on fried foods and red meat. And so, despite having engagement in physical activity, the high prevalence of dietary freedom mostly contributed to the high rate of uncontrolled blood pressure among the participants. If we want to have an impact on blood pressure control, we must increase patient adherence to therapy. With the right strategy, many of the significant problems that affect compliance are capable of being resolved.[1] The relationship between diet and risk reduction is additionally strengthened by improved diet adherence.[5] Blood pressure levels were shown to be lower in people who engaged in high amounts of physical exercise and who had favorable views toward physical activity. Programs promoting physical activity should be established to raise knowledge of the health advantages and boost participation in active lifestyles.[6]

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Literary Section



My memories with Dr. Zafrullah Chowdhury.

Dabiruddin Humayun, MD (Firoz).

It was November 1976, just our final MBBS exam was over. We were hanging out with some friends in the green square of Dhaka Medical College. It was on a weekend suddenly someone came up and stood looking around in the corridor. It was Dr. Zafrullah Chowdhury. Me and my friend Akik both got startled and ran towards him.

He shouted: "What you guys are doing? Don't you have any classes?"

We answered docilely: We just finished our final professional exam. We got thrilled hearing him say, 'Great. Then come with me to Gonoshystho Kendro till your results are announced"

Sure, we will. Akik answered on our behalf. We were involved with a party named Agrogami' when we were at DMC. He was one time leader of that party. Because of that connection we worked in Bangladesh Hospital at Eskaton, Dhaka since 1972. He established this hospital to help wounded freedom fighters in India. Gonoshystho Kendro is the continuation of that hospital.

We took two days' time to mull it over. Two days later, We four including one female classmate landed at Savar Gonoshystho Kendro. We all four (Aqikul Alam, Nazneen Begum and Mominul Alam) were from K-29. By the time we reached there it was dark. So, we went to the dorm. The following early morning we found to our amazement a darwan (caretaker) knocking at our door. He mentioned it is the time to go the land for agriculture work. With some hesitation and annoyance, we walked toward the agricultural land. We found everybody was already working in the land. It was November and we were supposed to work in the marshy land.

During the wheeling and dealing and in great disbelief we noticed that everybody was busy working including Dr. Zafrullah Chowdhury was working there. Not only that, a tall Caucasian lady and another white gentleman was also working. The white lady was a Nurse practitioner from Australia and the white gentleman was from Norway or Denmark who was the president of European pharmacopeia. I need to mention that he was planning to establish the Gonoshaystho Pharmaceutical at that time. More surprise was waiting for us.... After the field work we went back to the dorm. After shower we went to cafeteria for breakfast.

With great disbelief we found that everybody was standing in a queue with a tin plate in hand and a couple of people were distributing breakfast through the kitchen window. We did the same. I found the darwan who knocked on the door in the morning was behind me. Also found

One Pillow, Two Heads

October 1977

Muhammad A Jabbar, MD

"Sister ! Sister !!" was a cry from a patient. She was in pain, begging for help from the nurse. It was in October 1977. In Ward Number 19, located on the ground floor of the hospital, we were on duty as fourth year students.

We were not alone, in groups. It was the female patients' Ward, so there was some level of restriction for everyone. But we had to know who has the heart problem, who has cancer or diabetes. It was a requirement for us as students. It was the direction of the Professor of Medicine.

A patient was admitted several days ago; she was from the old part of the city, conveniently called Old Dacca. The patient, not quite an urban look, rather looked like someone from the village, was probably in her late twenties.

Diagnosis was cancer of the cervix, on pain medications. There was no other treatment. No surgery, no radiotherapy. The disease was far advanced.

Nurses come on duty in different shifts, taking 'handover' from the previous shift. Some patients need antibiotics, some need blood pressure medicine and others need diabetes medicine.

All nurses are required to write them in the duty notebook.

This Medical Ward had the layout of a spacious hall room. The beds were arranged in two rows with heads along the wall. On the right side at the far end of the ward, there was a nurses' desk. In the center was the space for medicine carts, food trays and staff communication. This patient was far from the entrance, at the opposite end of the nurses' desk. She has to get a painkiller dose as needed. The doctor on duty has to write the order for the nurse, then the nurse has to write that order on a separate slip of paper for the family to buy the medicine from outside the pharmacy. Some families were able to buy enough of the medicine in advance and the nurse was able to administer as needed. But that was not the situation for this family.

The interns who were on night duty almost always used their call rooms upstairs; they hardly ever came to this room. Some were busy with their studies.

Two of us, myself and Giash Uddin Ahmed, were scrambling to help find the on-duty intern. We went to the second floor. Unable to find him, we came back to the ward. It was around 10 o'clock at night.

We heard the cry again. There was no nurse nearby. We hesitated for a moment, then went near the patient.

"Ore bhaire..., amare kichu dey... Ooh brother..., give me something..." She was in severe pain.

We could not do anything. Doctors had nothing to offer to mitigate the pain. There were no family members at bedside. The pillow that she brought from home was laying on the floor. "Ek balishe dui matha. One pillow, two heads." were the words written on the cover of that pillow. There were two hand-knit flowers, red roses on white background, on two sides, just to make brackets for those words.

Next day morning, we went to the ward. That bed was empty. Not just empty, the bed sheet and mattress were also gone. Out of curiosity, we went to the nurse. Giash and myself.

"Her husband lives in Old Dacca. His name is Ismail."

The nurse did not know what he does for a living. She said, "Maybe a cab driver. He does not earn that much. He got his wife admitted to the hospital through the Emergency Department." He used to come everyday during the visiting hours. He used to leave before it got dark.

"Before leaving yesterday, he told the nurse: 'Agamikal taka jogar hobe. Oshud kenar taka. Tomorrow, I will have money. Money to buy medicine.'"

There was not much time left for us to hear about the couple. We did not get the name of the patient nor was there any family information. All that remained was the cry, 'Sister !, Sister !!', resonating in the air. Also remained are those words of love written on the pillow. And the promise of the husband, 'tomorrow, I will have money.'

Esparence Kalwa

October 1983

Sixteen year old girl was Esparence Kalwa. Due to an accident in the kitchen, she sustained a second degree burn and was admitted in Ndola Central Hospital in northern Zambia. After a few weeks of hospitalization, an infection developed in the muscles and she required surgery to resect the muscles of her leg. What was left was the bones of the leg, tibia and fibula. She needed a dressing change everyday. The plan was to place skin grafts after the wound has healed.

Two doctors were Gazhiuddin and Suresh Reddy from Osmania Medical College in India. The three of us were the Junior Resident Medical Officers in the Department of Medicine. The responsibility of daily dressing change was on the three of us.

The patient did not speak in English. We tried to speak to her in the local language.

" Muli shani? How are you?"

" Muli bainz. I am okay."

She was getting better and able to get off the bed and sit on a chair next to her bed. In about 6 weeks time, she was showing improvement.

Was also walking with a crutch. Not much of the family members we could see.

One day during the round, the head nurse looked at us and said: Esparence is crying.

" Why?" I asked.

" Because you are leaving us."

The news that I was leaving for America, she did not know and she was not supposed to know. Junior doctors like us to leave the country, but it was not desired by the local authority. Anyway, I figured out from the head nurse that the news of my plan of leaving the country was no longer a secret.

Next day, the last round for me. I asked the nurse how she is doing today? She asked me a question in the local language. I asked the nurse: What is she saying?

Nurse's reply: When are you coming back from America?

I remained speechless. It was a simple question but I could not tell a lie.

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থামের একটি দুপুর

শাহাব আহমেদ

ঢাকা এয়ারপোর্টের ১০ নম্বার ডিপার্চার গেট। একজন মা বসে আছে। বাবা ফোনে কথা বনছে, ছেনেটি চিৎকার করছে আর তার চেয়ে ছোট্ট মেয়েটি একঘেয়ে ও অবিরলভাবে দরজায় ঝোলানো ভালটি নাড়াচ্ছে, ঠক... ঠক... ঠক। মশা উড়ছে ভন ভন ভন। কান দিয়ে ঢুকে নাক দিয়ে বেরুচ্ছে। আবার দেশ ছেড়ে যাচ্ছি। সারাজীবন দেশে থাকলাম না, দেশ ছুঁয়ে থাকলো। শেষ দুদিন অসুস্থ ছিলাম।

তার আগে থামে কাটিয়েছি একদিন। বর্না আপা, মালেক ভাই, বড়দা। অগ্নসর বিক্রমপুরের তিনজন নেতা মালেক ভাইয়ের বাড়ি, তিনিই নিয়ে গেছেন। কুকুটিয়ার পাশে আপুটিয়া। শৈশবে অনেক এসেছি। বাবা, মা, ভাই-বোন...ঐ যে ঐ বাড়িটিতে। একটি পুকুর, সলিহিত ডোবা, তারপরে সেঝো কাকার শ্বশুড়বাড়ি। দুটো বড় দোতলা ঘর ছিল, এখন নেই, গাছপালা আছে।

কিছু হনদেটে, কিছু লানচে, কিছু অবিরল আশ্রয়সূনে গা ঢেকে দাঁড়িয়ে আছে আমগাছগুলো। বয়স্ক গগন শিরীষের শুল্ক কাণ্ডের ফ্যাকাসে বাকলে শ্বাস নিচ্ছে সময়। থামের কাঁচাপথ, ধুলোর সাথে ধুলো মাখামাখি করে। হাঁটতে বের হয়েছিলাম। একজন মুদি দোকানি, তার কোমরের নিচ থেকে বন নেই, দাঁড়াতে পারে না। ছোট্ট একটা শিশু কোলে বসে আছে।

বোচা কিনি হয়? “মান নাই, খুব একটা নয়।” সংসার চলে? “আল্লার রহমত।”

বিস্তীর্ণ সবুজ শস্যের ক্ষেত, মাঝে মাঝে গাছপালা, পুকুর, পুকুরে মাছ, জলের ওপরে পাখির ফাঁদ। “পাখির ফাঁদে কত পাখি যে মারা যায়! ওই ত্রো, ওই ত্রো একটা পাখি ধরা পড়ে মরে য়ুলে আছে, আহা! আহা!” বর্না আপা আফসোস করেন।

দুদিন আগে ওরশ সম্পন্ন হয়েছে একটি নতুন মাজারে, ব্যানারটি এখনও নানেনি। দুটো কবর পাশাপাশি। কয়েকজন নারী-পুরুষ সেখানে। চেয়ার এগিয়ে দেয়। “বসি।”

মালেক ভাই প্রশ্ন করেনঃ কার মাজার? “বাবার।” বাবার নাম কী? “বলো।” আগে ত্রো এই মাজার দেখিনি। পুরানো বাড়িতে ছিল, সেখানে মেঝো কাকার ছেলেরা মেঝো কাকার নামে ওরশ করে, ছোট কাকার ছেলেরা ছোট কাকার নামে। আমরা এই বাড়িটিতে কিছুদিন আগে মাটি ফেলে ভরাট করে মাজার সরিয়ে এনেছি।

ধর্মে ত্রো বিধান নাই, ওরশ কেন করেন? “বাপ-দাদারা করে এসেছেন, ভাই।”

একজন নারী মুরিদ দুটি ফল নিয়ে আসে, একটি আপেল, একটি কমলা।

শস্যের ক্ষেত্রে শান্ত রোদ, রোদে পাখা নাড়াচ্ছে চিল। “দুপুর।”

বহু পুরনো একটি মসজিদকে ভেঙে নতুন করে বানানো হচ্ছে, সুন্দর টাইল-ঢাকা দেয়াল। এই যে এখানে ভজুর ঘর...

পায়খানাটা ওই দূরে নিয়ে গেছি.....

এবং বড়দা তর্জনি উঁচিয়ে দেখান, ওই যে ওখানে কোথাও থাকতেন স্কুল মাস্টার বিপুলানন্দ বসু। তিনি এখান থেকে প্রতিদিন পায়ে হেঁটে যেতেন ব্রাহ্মগাও হাই স্কুলে।

আপুটিয়া থেকে? “হ্যাঁ।”

সে ত্রো কত কত মাইল দূর!

অসামান্য শিক্ষক ছিলেন তিনি। বাবার প্ররোচনায় যখন এখানকার স্কুল ছেড়ে আমাদের ওখানে যান, প্রতিদিন তার সাথে লাইন ধরে হেঁটে যেত বেশ কিছু ছাত্র। “এত দূর?”

হ্যাঁ, ছাত্রেরা তাকে হারাতে চায়নি, এতই জনপ্রিয় ছিলেন।

শিক্ষকের এত কদর? এই দেশে?

ছিল, ছিল, এই দেশেই, ত্রোমরা দেখে নাই।

অপ্রকৃত

মঈনউদ্দিন মুনশী

সে জিজ্ঞাসা করলো আমি কেন এসেছি। বললাম, আমার একটা আন্তঃজাতি নাতি হয়েছে। ভয় হয়, সে সাদা-জাতির হবে। এটা ছিল ভিডিও টেলিহেলথ সাক্ষাৎ। আমার চিকিৎসকের মুখ, মনে হোল, যেন ফ্রেমে বসানো চতুর্ভুজ, আরেকটা চতুর্ভুজের মধ্যে। সে সাদা-জাতির; আড়চোখে দেখলো আমাকে, কথা বলার সময় ব্যাঘাত করলো না। বললাম, আমার ভয় হয় আমার নাতি আমাদেরকে প্রত্যাখ্যান করবে, ওর বাবার পরিবারকে, তাঁদের ব্যক্তিত্বকে বেশি পছন্দ করবে কারন ওরা সাদা আমেরিকান।

চিকিৎসক জিজ্ঞাসা করলো, আমি দ্বিকেন্দ্রী-শহরে জন্মেছি কি না? আমি জানিনা সে এমন শহরের কথা সত্যিই জানে, নাকি মন গড়া করে বললো। বুঝলাম, আমার ভুলটা কোথায়। বললাম, আমি আন্তঃজাতি ঘৃণা করি না, তবে ভয় হয় আমি নিজেই হয়তো ভেতরে ভেতরে সাদা-জাতি হয়ে গেছি। আমার ধারণা যে, এতো বছর এদেশে থাকার ফলে আমি নিজেকে সাদা বানিয়ে ফেলেছি। অনেক আগেই সাদাভাবকে নিজের মধ্যে গ্রহণ করেছি।

নিজেকে আবিষ্কার করলাম ক্রন্দনরত, কম্পুটারের চতুর্ভুজ পর্দায়। যেখানে আমার মুখ দেখতে এক অকৃত্রিম এশিয়ান-এর মত। আমি সহজ হবার চেষ্টা করি, যাতে আমার মুখ সম্পূর্ণ দুমড়ে না যায়। কিন্তু সেটা বদলানো গেলো না, যেন এক জমাট বরফ, চতুর্ভুজ বাস্কে।

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লাইব্রেরি: চট্টগ্রাম মেডিকেল কলেজ

তিতাস মাহমুদ

সেই যে ১৯৯২ তে ইন্টার্নি শেষ করে চট্টগ্রাম মেডিকেল কলেজ ছেড়ে ছিলাম, এরপর সে ক্যাম্পাসে বেড়াতে গেছিলাম প্রায় চব্বিশ বছর পর, ২০১৬ সালে। এগুণ্ডলো বছর কিভাবে জীবন থেকে ফুরলু করে হারিয়ে গেলো, ভেবে পাই না। অসংখ্য স্মৃতিবিজরিত মোজাম্মেল চক্করকে পেছনে ফেলে প্রথম যেদিন মেডিকেল ক্যাম্পাস ছেড়ে আসি, সেদিন উত্তেজনার চাইতেও ভয় ছিল বেশি। সদ্য পাশ করা এমবিবিএস ডাক্তারের কোনো মূল্য ছিলো না তখনও। MBBS এর মানে, মা (M) বাবার (B) বেকার (B) সন্তান (S)। ঢাকায় সরাসরি এসে বাবার হোটেলে উঠলাম। বাড়িতে আত্মীয় স্বজন আসেন। আমার ব্যাপারে তাদের চোখে হয়তো একধরনের স্বস্তি ছিলো, কিন্তু আত্মবিশ্বাস ছিলো না একতিলও। তাঁরা গাড়ির চালক, বাড়ির দারোয়ান, কাজের মানুষদের টুকটাক রোগ বালাইয়ের জন্যে বিনামূল্যে চিকিৎসাপত্র নিতেন। কিন্তু তাঁদের নিজেদের সুখ-অসুখের জন্যে চাই ‘বড়’ ডাক্তার। নতুন এমবিবিএস হিসেবে আমার মূল কাজ ছিলো তাঁদের জন্যে ‘বড়’ ডাক্তার খুঁজে বের করা। সম্ভব হলে কাউকে বলে-কয়ে সিরিয়ালটা একটু এগিয়ে আনা। এ ঘাট ও ঘাট, সেসময় নানা ঘাটের পানিতে খাবি খাচ্ছিলাম। অবশেষে বিসিএস দিয়ে সরকারি চাকুরির প্রথম পোস্টিং পেলাম রংপুরের তিস্তা ইউনিয়ন স্বাস্থ্য উপকেন্দ্রে। মিরপুর আমাদের বাড়ী প্রথমে গাবতলীর দূরপাল্লার নাইটকোচ নিতে হয়।

বাস থেকে নামলে সিএনজি নিয়ে যাবে তিস্তা ইউনিয়নে মধুখালের পার পর্যন্ত। ডিঙ্গি নৌকা দিয়ে সরু খালটি পেরিয়ে রিকশায় চড়ে আমি যখন স্বাস্থ্য উপকেন্দ্রে পৌঁছালাম, তখন সূর্য প্রায় ডুবে গেছে। আমার মেডিকেল অ্যাসিস্ট্যান্ট হারুন সাহেব অবাক বিস্ময়ে বললেন, ‘স্যার, আপনি সত্যি সত্যি এখানে থাকতে এসেছেন?’ আমি বললাম, #৩৯; হ্যাঁ, তেমন প্রস্তুতি নিয়েই তো এলাম। আমাদের সবাইকে বাধ্যতামূলকভাবে প্রথম দু’বছর গ্রামে চাকুরি করতে হবে।’ তিনি মিটমিট করে হেসে বললেন, #৩৯; আচ্ছা স্যার, চলেন তবে। আগে আপনার থাকার ব্যবস্থা করি’ সেখান থেকে তিনি আমাকে তার বাড়ীর পাশে গোয়ালঘরের ওপর ছোট্ট একটা চিলেকোঠায় থাকার ব্যবস্থা করে দিলেন। সেই রাতে, আমার আজও মনে আছে, একহাতে লণ্ঠন নিয়ে অন্য হাতের দুই আঙ্গুলে নাক চেপে, নিঃশ্বাস বন্ধ করে, গরুর মলমূত্র ডিঙ্গিয়ে বাঁশবাগান ঘেরা টিনের চাল দেয়া একটা বাথরুমে গিয়েছিলাম। এরপরে জল আরও গড়িয়েছে। সেসব লিখতে গেলে পুরো জলাশয় হয়তো শুকিয়ে যাবে। জীবনের এইসব চড়াই-উতরাই পেছনে ফেলে ২০১৬ সালে একদিন দেখতে এলাম চট্টগ্রাম মেডিকেল কলেজ ক্যাম্পাস, যেখান থেকে আমি এমবিবিএস ডিগ্রী লাভ করেছি। গেট দিয়ে ঢুকতেই হাতের ডানে সেই শাহ আলম বীর উত্তম মিলনায়তন। মিলনায়তনের দরজা বন্ধ ছিলো। বৃত্তাকার ভবনটির সামনে খোলা উঠোনটিতে দাঁড়িয়ে আমার দু’চোখ জলে ভিজে উঠলো। মনে মনে এই ভেবে আবার হাসিও পেলো, আমি যেন রবীন্দ্রনাথের ‘দুইবিঘা জমি’র সেই চাষাভুষা লোকটা। এই সেই মিলনায়তন, যার সর্বপ্রথম অনুষ্ঠানটি হয়েছিল আমার পরিকল্পনায় এবং উপস্থাপনায়। গান-নাচ- আবৃত্তি-সাক্ষাৎকারসমেত একটি সাংস্কৃতিক অনুষ্ঠান, ‘এই রোদ এই বৃষ্টি’ সেখান থেকে যন্ধুর দেখা যায়, চোখ ড্যাব ড্যাব করে চারদিকে তাকিয়ে দেখছিলাম।

তবে খুব বেশি দূর একটা দেখা যায় না। উঁচু উঁচু দালানগুলো আকাশটাকে প্রায় ঢেকে দিয়েছে। সত্যিই ফেলে যাওয়া মেডিকেল ক্যাম্পাসটির গড়ন, গঠন, স্থাপত্যের অনেক পরিবর্তন হয়েছে। কিন্তু তারপরেও সবকিছুকে আমার একান্তই নিজস্ব, খুব কাছের এবং আপন মনে হচ্ছিল। যেমন আমার সনাতনী মা, ঈদে-উৎসবে পাটভাঙ্গা টাঙ্গাইলের নতুন তাঁতের শাড়ী পরেন, তাঁকে দেখতে কিছুটা অন্যরকম লাগে। কিন্তু কাছে গেলে তার সে গন্ধটাই পাই। যে গন্ধ চিরায়ত, আদি, অকৃত্রিম এবং অনন্য। সেদিন মনে হয়েছিল, আমার ক্যাম্পাস, যুগের প্রয়োজনে নতুন সাজে সেজেছে। কিন্তু আমাকে চিনতে সে এতটুকু ভুল করেনি। সিঁড়ি বেয়ে বর্তমান কয়েকজন ছাত্র আমাকে নতুন ছাত্রসংসদ ভবনের দুইতলায় নিয়ে গেলো। মোটা গাছের গুড়ি কেটে বানানো একটা অভিনব টুল এগিয়ে দিয়ে বসতে দিলো। মাটি থেকে ঘরের ছাদ ছুঁয়ে যাওয়া প্রায় পনেরটি কার্ঠের বুকসেফ আমার চারদিকে খাড়া দাঁড়িয়ে। সেই সেক্ষেত্র তাকে থরে থরে সাজানো নতুন-পুরাতন অজস্র বই। দুই বাংলার প্রায় সবক’ #৩৯;জন উলেখযোগ্য কবি, সাহিত্যিক, নাট্যকার, প্রবন্ধকার, ছোটগল্পকার, ঔপন্যাসিকের বই আছে এখানে। আমি ভাবতেই পারি না, মেডিকেল শিক্ষাবর্হিভূত এতোগুলো বই কোনো এক মেডিকেল কলেজে থাকতে পারে! একজন বললো, ‘ভাইয়া, এটা আমাদের সাহিত্য লাইব্রেরি। বাংলাদেশে কোনো মেডিকেল কলেজে এটি-ই প্রথম’ আমি বললাম, ‘বাংলাদেশে কেন, পৃথিবীর আর কোনও মেডিকেল স্কুলে এমন সাহিত্য লাইব্রেরি আছে বলে, আমার জানা নেই’ আমি অপার বিস্ময়ে লাইব্রেরির দেয়ালে টাঙ্গানো সত্যজিৎ রায়, হুমায়ূন আহমেদ আর বঙ্গবন্ধুর বিশাল পোর্ট্রেট গুলোর দিকে তাকিয়ে আছি।

একজন বললো, ‘ভাইয়া, আমাদের বোন’স (Bones) লাইব্রেরিও আছে। এনাটমি ক্লাসের শিক্ষার্থীরা, শরীরের হাঁড়গোঁড় এই লাইব্রেরি থেকে ইস্যু করে নিয়ে যেতে পারে।’ এই যে গেল বছরের শেষে, ফের যাওয়া হ’লো চট্টগ্রাম মেডিকেল কলেজ ক্যাম্পাসে। আমি ২৮তম ব্যাচের ছাত্র। প্রায় ২৮ বছর পর ২৮ ডিসেম্বর আমাদের ব্যাচের সবাই জড়ো হয়েছিলাম প্রিয় ক্যাম্পাসে।

এরই মধ্যে আরও কিছু নতুন ভবন হয়েছে। বড় মসজিদের পাশে ক্যানসার ইন্সটিটিউট হবে, তার জন্যে খানা-খন্দ চলছে। হোস্টেলে যাবার পেছন দিকের টানা রাস্তার পাশে দুই পাহাড়ের উপত্যকায় খেলার মাঠটি ছাড়া বাকি সর্বত্রই নতুন বিল্ডিং! ক্যান্সাসের পূর্বদিকে কান্তা ছাত্রনিবাসের লাগোয়া মানসিক রোগীদের যে ওয়ার্ড ছিল, সেখানে এখন বহুতলা ইমার্জেন্সি ডিপার্টমেন্ট। বিকেলবেলা ঐ ওয়ার্ডের সামনে দিয়ে হেঁটে #৩৯; ক্যাফেরোজ #৩৯; হোস্টেলে ডালপুরি, চা, সিঙ্গার খেতে যেতাম। আমাদের দেখে ওয়ার্ডের বারান্দার শক্ত লোহার খিলের ওপর থেকে কোনো একজন অতি উৎসাহী স্কিফোফ্রেনিয়া রোগী চড়া গলায় গেয়ে উঠতো, ‘কান্সাল হইলে ভবে কেউ জিগায় না।’ আ-হা! স্মৃতি। ইট পাথরের আধুনিক দালান কোঠা নির্মাণ করে তাবৎ পুরাতন, জীর্ণ-জরা সব ধুলোয় গুড়িয়ে ফেলা যায়। কিন্তু মানুষের মগজে যে গান একবার গেঁথে যায়, তার কণ্ঠরোধ করা যায় না। ২৮ বছর পরেও সে গান আপন মনে বেজে ওঠে, সেই পুরনো সুরে।

এবার নতুন শিক্ষা ভবনের লিফটে দশ নম্বর বোতাম টিপে ওপরে উঠে এলাম। দরজা খুলতেই চোখের সামনে ঝকঝকে একটা সাইনবোর্ড। তাতে লেখা ‘২৮ তম ব্যাচ ফয়সাল আই-টি হাব।’ বাইরে একটি সেক্ষের ভেতর পায়ের জুতো খুলে রেখে প্রবেশ করতে হয়। চমৎকার পরিপাটি, ছিমছাম সাজানো গোছানো, শীততাপ নিয়ন্ত্রিত, অপেক্ষাকৃত ছোট আকারের সম্মেলন-কক্ষ এটি। নতুন কার্পেটের মুচমুচে জ্বাণ নাকে এসে লাগে। চামড়া দিয়ে মোড়ানো গোটা বিশেষ দামি নরম সোফা। সোফায় বসা দর্শকের চোখের সামনে খানিকটা উচ্চতায় মাঝারি সাইজের বজ্রতা মঞ্চ। মঞ্চের ওপরের দেয়ালে ৫২ ইঞ্চির বিশাল এলইডি টেলিভিশন মনিটর। রুমটির বামপাশে একটি দেয়াল তুলে দিয়ে সেখানে বসানো হয়েছে পাঁচটি অত্যাধুনিক হাই-এন্ড কম্পিউটার ডেস্কটপ। আর একপাশে আছে হাইস্পিড ওয়াইফাই এর জন্যে যাবতীয় ফাইবার অপটিক সরঞ্জাম।

এই আই-টি হাবকেও এক অর্থে লাইব্রেরি বলা চলে। দেশি-বিদেশি প্রায় লক্ষাধিক নিত্য নতুন মেডিকেল জার্নাল কম্পিউটারগুলোতে জমা করা আছে। যেকোনো শিক্ষার্থী এখানে এসে কম্পিউটারে পড়াশুনা করতে পারবে এবং প্রয়োজনীয় আর্টিকেলটি সাদা কাগজে প্রিন্ট নিতে পারবে। এই যে ডিজিটাল যুগে ছোট হয়ে যাওয়া আমাদের পৃথিবীটা সত্যি এখন আঙ্গুলের ডগায়, মাউসের একটিমাত্র ক্লিকে। বিশ্বের যেকোন বৈজ্ঞানিক সভা-সম্মেলন এই আই-টি হাবে বসে সরাসরি টেলিভিশন মনিটরে দেখা যাবে। দর্শক সারিতে বসে মাল্টি-মিডিয়া ক্যামেরা দিয়ে সরাসরি প্রশ্ন করা যাবে সম্মেলনের বক্তাকে। একইভাবে পৃথিবীর যেকোনো প্রান্ত থেকে চট্টগ্রাম মেডিকেল কলেজের যেকোনো কনফারেন্স আই-টি হাবের মাধ্যমে অনলাইনে বসে যেকোউ দেখতে পাবে, শুনতে পাবে এবং প্রশ্ন করতে পারবে। মাল্টিমিডিয়া মনিটরে, জুমে আমরা দেশি বিদেশি বন্ধুদের সাথে মজার আলাপ করছিলাম। পাশ থেকে আমার বন্ধু খুরশিদ বললো, ‘জানো তো, বাংলাদেশের আর কোনও মেডিকেল কলেজে এমন আই-টি হাব নাই।’ আমি বুকের ছাতিটা ফুলিয়ে গাঢ় গলায় বললাম, ‘চট্টগ্রাম মেডিকেল কলেজ আজকে যা ভাবে, অন্যান্যরা তিন বছর পরে তা নকলকরে।’ আমি আরও বললাম, ‘অন্যান্য সব মেডিকেল কলেজ এমবিবিএস তৈরী করে। চট্টগ্রাম মেডিকেল কলেজ বিশ্বের সর্বাধুনিক মেডিকেল শিক্ষা প্রদান করে, মানবিকতাবোধ সম্পন্ন, সাহিত্য-সংস্কৃতি-সুকুমার গুণে ঋদ্ধ, একজন রুচিবান, সপ্রতিভ মানুষ তৈরী করে।’



সুখি মানুষের গল্প

Basher M Atiquzzaman MD

শুক্রবার বিকেলে আমি সাধারণত রুগী দেখি না। সপ্তা শেষ হবার একটা আমেজ এসে যায়। সপ্তাহান্তের ছুটির জন্য আমার মনটাও হালকা হয়ে যায়।

আজ তা হোল না। আমার খুব কাছের একজন ডাক্তার বন্ধু তার বাবাকে নিয়ে আসবেন আজ বিকেলে। অফিসে ঢুকে খানিকটা থতমত খেয়ে গেলাম। আমার ডাক্তার বন্ধু তার বাবা- মা, আর তিন ভাই বোন নিয়ে আমার জন্য বসে আছেন। তার বাবার বয়স আশির কাছাকাছি। এখনো স্বাধীনভাবে চলাফেরা করেন। আর তার মা কে দেখলে কেউ বলবে না যে তিনি সত্তরের উপরে।

আমার বন্ধুর বাবা মা থাকেন অ্যালাবামার ছোট্ট একটা শহরে। বাবা মা দুজনেই ছোট্ট সে শহরের একমাত্র কলেজে অধ্যাপনা করেছেন। সময় পেলে এখনও চাষাবাদ করেন নিজেদের ছোট ফার্মে। তাদের এক মেয়ে আইনজীবী। আর এক ছেলে অ্যালাবামার একটি শহরের মেয়র। ভদ্রলোকের জীবনের ইতিহাস বড় রঙিন। বাবা ছিলেন শ্বেতাঙ্গ কৃষক, মা ছিলেন কৃষ্ণাঙ্গ দাসের মেয়ে। আমেরিকার বর্ণবাদের অন্ধকার দিনগুলোর অনেক চড়াই উত্থাইয়ের সাক্ষী তারা। তিনি অত্যাচারিত হয়েছেন নিজ পরিবারের কাছে, বন্ধুর কাছে, সমাজের কাছে। অত্যাচার সহ্যে না পেয়ে শহর ছেড়ে গিয়েছিলেন বোস্টনে। সাথে ছিল সদ্য বিবাহিতা কৃষ্ণাঙ্গ স্ত্রী। দু যুগ পর তারা ফিরে গিয়েছেন নিজ শহরে। স্কুল করেছেন, কলেজ করেছেন, ছাত্র পড়িয়েছেন। ছেলে মেয়েদের মনের মতো বড় করেছেন।

গত তিন মাস ধরে তাঁর ওজন কমছে। খিদে নেই। কোনো রোগ ব্যাধি নেই বলে ডাক্তারের কাছে যেতে চান না। ছেলে জোর করে ধরে এনেছেন বাবাকে। সপ্তার শুরুতে তাঁকে দেখেছি, কিছু পরীক্ষা নিরীক্ষা করার পর দেখা গেল তাঁর অগ্নাশয়ে ক্যান্সার হয়েছে এবং তা লিভারসহ নানা জায়গাতে ছড়িয়ে গেছে। আজ আমাকে দুঃসংবাদটা তাঁকে আর পুরো পরিবারকে জানাতে হবে।

রোগীকে দুঃসংবাদ দেয়াটা আমার সবচেয়ে অপছন্দের কাজ। তারপরও এ কাজটা প্রায়ই করতে হয়। আমি সাধারণত আগে থেকেই রোগীকে বলি তাঁর প্রিয়জনকে সাথে করে নিয়ে আসতে। আমি দেখেছি এটা আমার কাজকে অনেকটা সহজ করে দেয়।

দীর্ঘ সময় নিয়ে তাঁদের সব কিছু খুলে বললাম। ওদের সবার চোখে পানি। আমার চোখেও পানি। ভদ্রলোক তাঁর ষাট বছরের প্রিয় জীবনসঙ্গীর হাত শক্ত করে ধরে আছেন। আমাদের কারো মুখেই কোন কথা নেই। তিনিই নীরবতা ভাঙলেন। নরম গলায় বললেন। “ডাক্তার, আমি একটি চমৎকার জীবন কাটালাম। আমার আর কিছু পাবার নেই এ জীবনে। আমি একজন সুখী মানুষ। আমি কোনো কষ্টকর চিকিৎসা নিতে চাই না। জীবনের শেষ কটা দিন আমার ফার্মে কাটাতে চাই। আমার কাছের মানুষগুলোকে দেখতে চাই। শেষ কটা দিন আমার কলেজের কচি মুখগুলোকে জীবন সম্পর্কে বলতে চাই”

এর আগেও আমি এরকম সুখী মানুষের তৃপ্ত জীবনের গল্প শুনেছি। এদের কাছে জীবন মৃত্যুর সেতুটা বড় চেনা, বড় সহজ। খুব কম মানুষই বুকে হাত রেখে বলতে পারে, “ আমি একজন সুখী মানুষ, আমার জীবন পূর্ণ”।

চারদিকে ভ্যালেন্টাইন ডের প্রস্তুতি শুরু হয়ে গিয়েছে। গাড়িতে করে ঘরে ফিরছি। ভালোবাসার দিনটি এবার কেমন কাটবে এ চমৎকার মানুষটির? এসব ভাবতে ভাবতেই রবিঠাকুরের গান শুনছি-

“আমারে তুমি অশেষ করেছ
এমনি লীলা তব।
ফুরায়ে ফেলে আবার ভরেছ
জীবন নব নব।”

ভালোবাসার দিনটি স্বর্গীয় আনন্দে ভরে উঠুক সবার

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More Tax-Free Savings for Physicians: Backdoor Roth-IRA

Meskath Uddin, California

Physicians are called high earners by IRS because A married couple filing their tax jointly has an Adjusted Gross Income or AGI (means incomes minus adjustments) of \$228K or more.

These high earners are not allowed to contribute to Traditional IRA and Roth-IRA but there are loopholes that they can take advantage of and thus save more money tax free.

Let's get a general idea about the types of Individual Retirement Accounts (IRA). These are separate from your 401K, 403B and 457B and you will need to open these privately, see below how.

A- In a Traditional IRA you put (contribute) with your pre-tax money, that means you do not pay tax on the amount you put (contribute) in to this account or in other words you take the deduction of tax on this amount you put (contribute). Thus, this is called a Deductible IRA. Max you can contribute to this Traditional IRA is \$6500 per year (\$7500 for people 50 and above). When you take the money out of this account, which is called Distribution, you will pay tax on both the principal (which is your pretax money) and gains.

B- A high earner is not allowed to contribute in this way to a Traditional IRA (see A) however he is allowed to do it with a precondition and that is he will not be able to take tax deduction on this contributed amount. In other words, he can do it with post-tax money. This is called a Non-Deductible IRA. Max you can contribute is the same as in A. When you withdraw /take distribution you pay tax only on gain, not the principal (which is your after-tax money). You are allowed to do this for you and your wife even if you are contributing maximum to your 401K, 403B and 457B and even if your wife is NOT EARNING as long you are filing your tax jointly.

C- Roth IRA is an IRA where you contribute with your post-tax money. So, you will not be claiming deduction of tax for the contributed amount. Max you can contribute is the same as in A. Your withdrawal/distribution will be tax free FOR BOTH THE PRINCIPAL AND GAINS.

D- But the high earners are not allowed to contribute to Roth IRA (C) either. However, if they already have a Roth IRA they are allowed to TRANSFER (NOT CONTRIBUTE) INTO THIS Roth IRA from a non-deductible IRA (item B). The final withdraw/distribution will be tax free for BOTH THE PRINCIPAL AND GAINS.

This transferring money from non-deductible IRA (B) to Roth (D) is called Backdoor Roth IRA. You like to do this hassle because the Roth has unlimited benefits; you can contribute even after 70 1/2 yrs of age if you are earning, no need of mandatory withdrawal after 73 and the money will keep growing, you don't pay a dime of tax to IRS on withdrawal/distribution even if your original \$6500 becomes \$1 million, you can keep it for your kids and no need to keep tracks of all stock/-funds/bonds

you bought, sold and traded because no questions will be asked by IRS about the gains. How to open all these kinds of IRAs; You can open all these accounts with a brokerage firm like Vanguard, Fidelity or Charles Schwab etc. by going to their web sites.

Here is how you do Back door ROTH; You open two accounts; an IRA (B) and a Roth IRA (C) account without funding them- that is with zero deposit or zero contribution. Since your balances are zero, they are not yet existing to IRS because you didn't contribute/put/deposit any money to these accounts yet.

You now have two accounts; an IRA with zero balance and a Roth IRA with zero balance. Now put/deposit/contribute \$6500 into IRA (\$7500 if age 50+). Now IRA balance is \$6500 but Roth balance is still zero.

Next; you immediately transfer the entire amount from IRA to your Roth IRA. So now IRA balance became zero but Roth IRA balance became \$6500. The catch word here is you didn't CONTRIBUTE TO ROTH BUT YOU TRANSFERRED INTO OR CONVERTED YOUR MONEY TO ROTH IRA. You are all set.

Do the same for your wife.

Depositing 13000, you and your spouse together, every year will have 130,000 in ten years and it has a potential to become at least triple in 10 yrs if invested wisely.

When can you withdraw; You can withdraw after maturity i.e when you are 59 1/2 yrs old plus the account is at least 5 yrs old. If you withdraw before that, then IRS will charge you a penalty of 10% and ordinary income tax on the amount withdrawn. So if you need money before that please do not do it.

MAKE SURE YOU NOTIFY YOUR TAX ADVISOR IF YOU WANT TO DO IT.

Many physicians I know of already have Backdoor Roth IRAs.

Shaheed Minar in California with City's Funding



Best Wishes!
from Dr.Quader family



Best Wishes!
from

**Dr. Munshi Moyenuddin
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BMANA, CA CHAPTER

Dr. Moazzam Hossain established this hospital to his village to serve remote population. At present, he is suffering multiple illness. His family is requesting prayers from all of you



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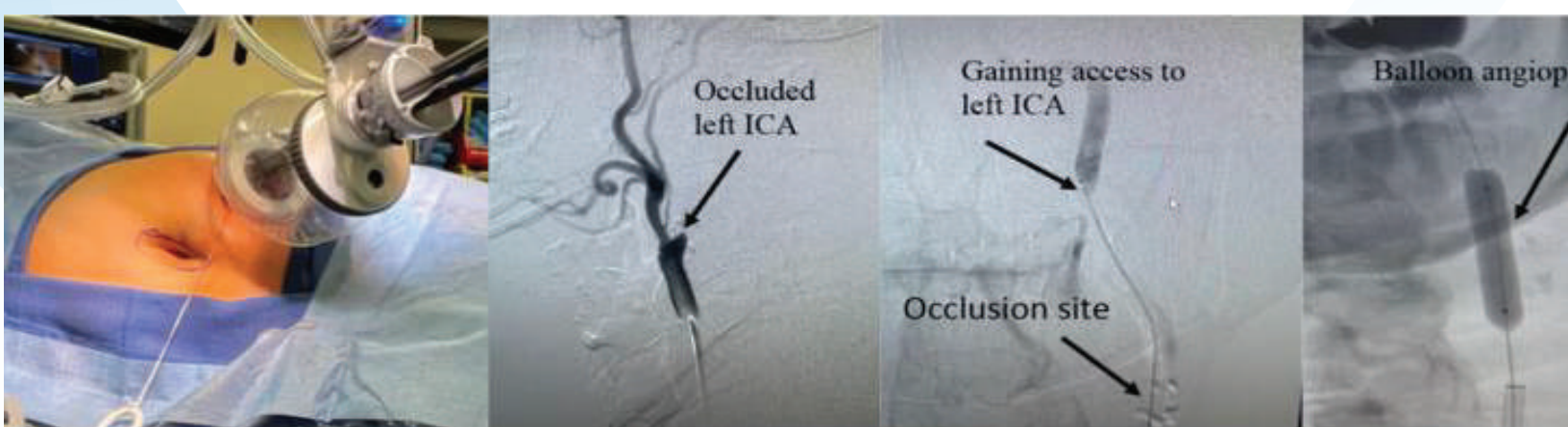
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