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Letter from the editor

To me, NASA is about bringing people together. It is an organization which allows the entire international student body to come together through the various events that it sponsors. You will notice that many of these events are detailed in this very issue. These important proceedings allow students to interact socially outside the confines of the structured classroom. I've discovered these interactions are vital not only in building lifelong friendships and bonds, but in offering distinct career advantages as well. These gatherings allow you to fraternize with classmates from higher semesters who are able to provide valuable insight on what to expect and how to prepare for future obstacles (i.e. USMLE, residency matching, 5th pathway). Conversely, the interaction with students from lower semesters allows opportunities to gaze back into the past and see not only where you came from, but how far you have come.

The NASA organization is not only about current student interactions, though. When I set my eyes on coming here, I read an article published in the NASA Update detailing the quest for the perfect cup of coffee through various vendors located in and around the ICB campus. This piece was sort of an Ebert and Roeper-type critique, rating the potency, flavor, and cost of the essential java. This seemingly mundane topic was still able to paint a picture for me of life in "The Guad". I became entranced. The NASA Update literally changed my life forever. I hope through this publication we can reach people with revealing accounts and thoughtful insights on life as a medical student living abroad.

I'd like to thank Mrs. Marisa Salazar Romo and all of the students who have contributed to this magazine. Also, I'd like to give a special thanks to Hilda Gomez-Ibarra who has recently left our beloved organization to pursue her career. She will be missed.

Rickey Hamby

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NEW

UNIVERSIDAD AUTÓNOMA DE GUADALAJARA

ALUMNI ASSOCIATION

As a member of the *UAG Alumni Association*, you will be part of a constituency that has a positive impact on the US community and the University. The Alumni Association is proud to recognize your academic achievements and your community involvement



UAG Alumni Association

WWW.UAG.EDU/MEDICINE/ALMUNI

President's Column

Medical school: it doesn't matter what semester you're in it's all about setting the long term, short term and immediate goals.

First, I'd like to greet students in all semesters. Welcome again to the first day of the rest of your lives.

Secondly, I offer congratulations, congratulations, and congratulations. Getting to medical school and staying in medical school is by far your greatest accomplishment thus far. The feeling is amazing. Now imagine how great the feeling will be at the end of your 8th semester on graduation day, when you turn to show your medical diplomas to your loved ones. It gives me the chills to think about it. Look at graduation as your long term goal.

Now with a different perspective, let me welcome you again to the first days of your preparation for the United States Medical Licensing Examination Step I and Step II (USMLE Step I & II) or more commonly, "the boards".

My father always said that the key to good studying was to read, understand, memorize, and apply. During my 4th semester here he changed it a bit: read, understand, memorize, and ask questions, questions, and more questions. I can not emphasize enough on the importance of studying for every exam since day 1 as if you were studying for the boards. This will help you take complete advantage of the review course given in 4th semester, and help make the Step I history before entering your 3rd year. Then, your hospital experience

(3rd and 4th year) will be even more gratifying and fulfilling. You will be prepared to take your Step II before graduating. Here, passing Step I & II should be the short term goal.

Now, since plenty of time has to pass before you graduate and become board certified, I thought I should give you more advice on the here and now. What should your immediate goals be? If you are a little short of cash for books, remember that at the beginning of every semester we celebrate the NASA Welcome Picnic, where you'll find upperclassmen selling their books in good condition at excellent prices. If you are looking for an apartment, go to the NASA office. We have a list of available places and a list of students looking for roommates.

We can also put you in contact with students who are selling their cars, furniture, appliances, etc.

Some other tips include joining the American Medical Student Association (AMSA) and taking advantage of school amenities. There is a gym, sauna, sports facilities, computer labs, and two libraries (ICB and CU). Visit the UAG webpage, which has a vast amount of information and good links such as those to USMLE question banks and medical journals. You can even take language classes to better your Spanish or English. The tools for success are available to each and every one of you, just take the initiative.

Adjust quickly to the demands of every semester; it will take effort and determination. There is no use beating around the bush, you have to study a lot. At the same time it is just as important to always unwind. It is all about time management. Create an individual balance that works for you. This balance will get you the grades and the time to be involved in school activities. This balance will get you the knowledge, and give you the time to start experiencing Mexico. Do the time, and the phrase "Welcome to Mexico" should be the one welcome that never subsides.

So, future doctors, I would like to thank you for taking the time to read our NASA Update. It's a magazine from the students to the students, full of experiences that will remind you that it can be done. I hope that these words have given you not fears, but the motivation to do this right. So, for the new incoming students: "Welcome to Mexico!", and for the rest: "Welcome back!"

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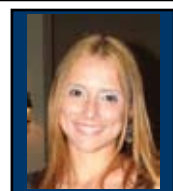
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Lourdes Rodriguez



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NASA President
Lourdes Rosa Rodríguez

Lourdes is from Caguas, Puerto Rico, and attended Syracuse University in Syracuse N.Y. as well as PUCPR in Ponce P.R. Lourdes loves sports, especially volleyball. As NASA President, with her impeccable organization and multitasking skills, she encourages UAG student body participation.



NASA President Elect
Erik Young

Erik is from San Antonio, TX and graduated from Texas Tech University. He enjoys his time away from studying by participating in sports activities, surf trips, and recently acquired an interest in the game of chess. As NASA President Elect, his goal is to help build on the achievements of the organization, continue to encourage student body participation and contribute to making every student's experience memorable during their tenure at UAG.



NASA Vice President
Natalia Harmon

Natalia is from Port Arthur, Texas and graduated from Texas Southern University in Houston, TX. Natalia is really into sport, and is currently a member of the Tecos Women's Basketball Team. She is currently in her 6th semester here at UAG and has high hopes for the following year with NASA.



NASA Secretary
Nicolas Kissell

Nicolas is from Monterey, California. He graduated from Santa Clara University, a Jesuit University located in the heart of Silicon Valley in 2001 with a Bachelor of Science in Biology and a minor in Spanish. While attending college, Nic worked as an EMT for the university while also playing Lacrosse for Santa Clara. Nic is currently in his fifth semester at UAG. This is his third semester as an Executive Committee Member



NASA Editor in Chief
Maushumi Assad

Maushumi graduated from The University of Texas at San Antonio. She worked as a research coordinator at The Methodist Hospital in Houston for almost 2 years before deciding to attend school at UAG. She is a fourth-semester student full of ambition and hopes to someday become either a pediatric or gastrointestinal surgeon. As for now, she settles on being NASA Editor-in-Chief and plans on helping our program in the best way she can.



NASA Sport Coordinator
Hector Garza

Hector attended University of Texas in Brownsville, Texas and Baylor University in Waco, Texas where he concluded his Pre-Med studies. He started playing baseball since he was 6 years old, he has over 10 years playing sports like soccer, basketball football and his favorite baseball, where he performed as organizer and leader among other positions, currently he is playing at the NASA softball league. One of his goal as Sport Coordinator is to involve more people from the school to participate and attend the Tournament.



AMSA President
Natalie Batta

"Natalie is a fourth semester student from Porter Ranch, California. She graduated from the University of California, Los Angeles (UCLA) where she majored in psychobiology. She is looking forward to the current school year and she hopes to help UAG students learn more about current issues in medicine through AMSA".

Location, Location, Location

By: Rickey Hamby Jr.



The projected shortage of American physicians has become an undisputed fact. The U.S. needs to train 3,000 to 10,000 more physicians a year, up from the current 25,000, to meet the growing medical needs of an aging, wealthy nation, studies say. Because it takes ten years to train a doctor, the nation will have a shortage of 85,000 to 200,000 doctors in 2020 unless action is taken soon. This particularly holds true in rural and unpopulated areas of the country where physicians are scarce. For example, the need for Spanish-speakers in our border states and other areas of the nation has been touched on (see Spring '07 issue), but this fact should never be forgotten when you consider our advantage in this respect.

Recently, UAG has capitalized on the very real need for Spanish-speaking doctors in a new location outside of New York for the Fifth Pathway. Southern Nevada has grappled with a shortage of doctors for years. Higher education officials are looking at creating an exclusive relationship with our university to bring more Spanish-speaking doctors to the valley. The deal with UAG and four Nevada institutions could see bilingual graduates practicing in Nevada in seven years. Since 2002, the University of Nevada School of Medicine has seen about 1,000 applications from students. Thirty-one of these were from Hispanic students, according to Ann Diggins, the school's recruitment director. Hispanics made up 23.5 percent of the population in Nevada in 2005, according to the U.S. Census Bureau, but have made up only 3.6 percent of applicants for the school of medicine since 2002. The Hispanic population is expected to rise in these areas. This development, although a promising new and exciting opportunity for UAG alums, is not the only area of concern in the nation in regard to our physician shortage.

According to Dr. Perry Pugno of the American Academy of Family Physicians population growth and rising numbers of elderly people in Nevada, Arizona, Florida, Texas, and Idaho will make the need in those states most critical. A 2002 survey puts states of the northeast in the least need of physicians with notables such as Texas, Utah, Arkansas, Arizona, and Oklahoma ranking towards the bottom with 2 or less physicians residing per thousand (fig 1). The nationwide distribution of 2.6 per thousand remains well below the 3.1 recommended by the Organization for Economic Co-operation and Development, and adhered to by most industrialized nations.

For somewhat understandable reasons this distribution remains skewed throughout the nation. Other than just meeting overhead payments, most physicians prefer to earn more using city populations which tend to possess insurance in greater frequencies. Another reason for this misdistribution is due to the relative affluence of physicians who tend to relocate where they want to live, not where there is the most need.

Not only does location play a role in a lopsided wealth of doctors needed for optimum healthcare, but also does the choice of discipline of many physicians. In general, the need for primary care physicians has reached critical levels in even the most physician-rich states like Massachusetts. A 2006 workforce study shows critical shortage levels of anesthesiologists and neurosurgery for the past five years. Gastroenterology, orthopedics, radiology, and even cardiology have shown critical levels as well recently. Physicians looking to pursue child psychology should have plenty of job security. According to

one study, 35 states fall below the national average of 8.67 child and adolescent psychiatrists per 100,000 children and adolescents. 14.38/100,000 is considered the ideal number in our industrialized society and wealth distribution. Some 190 metropolitan counties, those encompassing cities or metropolitan areas, do not have a child and adolescent psychiatrist. This need is glaring indeed with an estimated one-in-five youths likely to develop a mental disorder. Gone too are old-fashioned specialists, general surgeons, radiologists, anesthesiologists, who have a wide range of duties. For example, new radiologists are not very interested in traditional radiology. They prefer cutting-edge radiology using catheters to treat cancer, blood clots and other problems, which is more lucrative and has predictable hours.

What can we do as physicians-in-training to rectify this growing problem? Many of us have pre conceived notions as to what we will do with our careers and where we will reside once we embark on our dreams. Many of these dreams vary from student to student save one common goal: To help preserve life to the greatest of our trained ability. I know of no other way of accomplishing this end other than putting your education to use in areas where it is needed the most: underserved/impoverished areas. There, true rewards can be reaped.

It's also important to remember that primary health care clinicians serving in underserved locations may be eligible for partial or complete loan forgiveness through the Federal Government. For more information, contact the National Health Service Corp at www.nhsc.bhpr.hrsa.gov/index.asp.



Figure 1 Physicians/1000		State	Rate	State	Rate	State	Rate
State	Rate	Wis.	2.6	Neb.	2.3	Utah	2.0
Mass.	4.3	Va.	2.5	Mich.	2.3	Ariz.	2.0
N.Y.	3.9	Calif.	2.5	N.D.	2.3	Ark.	1.9
Md.	3.8	N.H.	2.5	N.M.	2.2	Alaska	1.9
Conn.	3.6	Maine	2.5	W.Va.	2.2	Iowa	1.8
Vt.	3.5	Wash.	2.5	S.C.	2.2	Wyo.	1.8
R.I.	3.4	Tenn.	2.5	Ky.	2.2	Nev.	1.7
N.J.	3.1	Ohio	2.5	Mont.	2.2	Miss.	1.7
Pa.	2.9	Ore.	2.4	Kan.	2.1	Okla.	1.6
Hawaii	2.8	Del.	2.4	Ga.	2.1	Idaho	1.6
Ill.	2.6	N.C.	2.4	Ind.	2.1		
Minn.	2.6	Fla.	2.4	Texas	2.0		
La.	2.6	Colo.	2.4	Ala.	2.0		
United States	2.6	Mo.	2.3	S.D.	2.0		

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Subdural Hematomas and Other Amusements of Spring Fling '07:

Dodgeball!

By: Nic Kissell

Dip, Dive, Duck, and Dodge! These are the four Ds one must remember when playing dodgeball. Since it is considered one of the best games of the playground, NASA decided to include a Dodgeball tournament in this year's Spring Fling. Teams from every semester participated in an all-day event under the scorching sun. The results were devastating. Team Truth went undefeated, winning nine games in a row. The team consisted of Rickey Hamby, Vanessa Feragamo, Zach Tyler, Ryan Hashem, and yours truly. It was competitive yet friendly and a great way to include more students who normally do not participate in traditional team sports. Other notable teams were the Black Mambas, who had matching uniforms and a great competitive spirit. They came close to upsetting Team Truth but fell short when an amazing catch by Ryan Hashem eliminated their last remaining player. The next morning I received several phone calls from my teammates expressing how much fun they had but complained about the degree of soreness they sustained. Dodgeball will be back in '08, but for now teams will be unable to practice due to the barbed wire which pierced all the balls. Thanks to all who participated and helped out in this year's Spring Fling!

The life in Augusto

By: Rachel Kolbinski

Augusto Ayala Caminero was a normal medical school student starting his clinicals at Hospital Angel Leaño and studying to take Step 1 of the USMLE when overnight his life changed completely.

It started in November with a bout of food poisoning, apparently from a hot dog he ate one evening after a day of "guardias" and an afternoon of studying. He was slowed down by the typical symptoms of gastroenteritis- nausea, vomiting, diarrhea, myalgias, and malaise. But this case didn't resolve like most of the typical intoxications of Salmonella or E. Coli. It worsened. Augusto was plagued for weeks with symptoms of fatigue, fever, night sweats, and constant vomiting. He knew he was sick, but he wanted to wait until he was home in Trujillo Alto, Puerto Rico, where he would be surrounded by family and get treatment for this mysterious bug.

Augusto held on long enough to fly home to Puerto Rico, where he collapsed in the airport moments after seeing his mother. They went straight to the ER in San German, and the investigation into his condition began. A preliminary discovery of bacteremia explained the past month's symptoms, but something else was discovered in the work-up. Augusto had a heart murmur, and endocarditis was suspected. An abdominal ultrasound also revealed hypodense portions of his liver, and an excruciatingly painful liver biopsy was performed for pathological diagnosis. But the heart was the main concern. Augusto prepared himself mentally for the idea of open-heart surgery to fix his valves, and saw improvement with antibiotic therapy. When a transesophageal echocardiogram showed no vegetations Augusto was relieved and concerned at the same time. His battle was not over, and no one knew why he had gotten so sick. He had lost thirty pounds and had never known illness like this before, yet it seemed that a case of gastroenteritis was all that was to blame.

Augusto returned to UAG in January 2006 to continue his studies, and soon found out the worst was yet to come. He relapsed the very first day of classes and was admitted to Hospital Terranova, where a doctor advised him that the problem was most likely due to his liver, though an abdominal ultrasound didn't give many details.

Although Augusto was optimistic that he would be back on his feet in no time, his family insisted on his return to PR.

This time he was admitted to Hospital Cardiovascular, and a head-to-toe work-up revealed a very rare condition, so rare the exact frequency in the U.S. is not known. It seemed Augusto had congenital hepatic fibrosis, concurrent with Caroli Syndrome.

Caroli Syndrome is heredity and follows an autosomal recessive pattern. It shows up in children, since it starts as early as 8 weeks gestation. It consists of a malformation of the Ductal Plate, which is the precursor to the intra-hepatic biliary tree. In Caroli Syndrome the small intra-hepatic bile ducts are therefore dilated (just ask Augusto and he'll draw you a picture), and biliary stasis is likely to occur at any time. In Augusto's case it happened during his 25th year of life. In his case the biliary stasis led to cholangitis and sepsis, but in other people it can lead to cholelithiasis and even cholangiocarcinoma. The only definitive treatment for this condition is surgery. A lobectomy can be performed if the dilatation is localized. But Augusto's case is severe, and had already led to sepsis on two separate occasions. He was in need of a transplant, and his only option was to go to Tampa, Florida, and wait for the day that would save his life.

Meanwhile, at Angel Leaño and ICB, Augusto's friends grew more and more worried about his condition. News of a possible transplant and this mysterious disease hit close to home among the students of NASA, and people wanted to help in whatever way possible. The idea of "Vida Augusto" was born. NASA printed up t-shirts and sold them as a fundraiser, and everyone was eager to buy. Even students from the Latino program who had never known Augusto heard of his misfortune and contributed to the effort. A special event, driven by Lourdes Rodriguez and Nicole Spence, was held for "Vida Augusto," and the pictures of the great turn-out showing NASA's support were sent to Augusto. He realized he was not alone.

Augusto was faced with a subtle yet vital choice. He had left everything behind- his life as he knew it, his career, his dreams, his girlfriend, and his friends. There were many times over the course of his battle that he thought he was going to die. He could choose to give in and let his illness take its course, or to hang on to the hope that he would return to the life and people he had left behind. Looking back now he says that the support and encouragement he felt from all the students was a key factor in his fight to go on.

He was overwhelmed by the love he was shown, and he knew he would live to come back to Guadalajara to thank everyone for their support.

Augusto didn't receive the transplant. He got better. So much better, in fact, the transplant would have been more of a risk than leaving him be. Over his 5-month stay in Tampa he regained his health. He was treated with nothing but prophylactic antibiotics and heart surgery to fix what turned out to be a patent foramen ovale, and he got better. He thanks God every day that he was given his life back, and he hasn't relapsed since last summer. Augusto is very aware that he can get sick again at any moment, but he chooses to be optimistic and have faith that he will finish his studies at UAG. He hopes to live a long productive life. He knows first hand about the fragility of it and he wants to make every moment count.



What is it to be Young

Andrea Shriver
6th Semester International Medical Student

Autónoma Medical Students Autónoma Discover the Fountain of Youth!



Medical students at the Autónoma University Medical School in Guadalajara, Mexico, come from all over the world and range in age from mid twenties to late fifties. Around 5% of each class is made up of students older than 35.

At 58, I think I'm the oldest student on campus at the moment

Even though American medical schools say they don't discriminate when it comes to age, when someone in the U.S. graduates from med school in their 50s it gets major headlines. Here, no one makes a big deal about it because it's the norm".

One "young" woman in my class was turned down by 12 medical schools before being admitted to the Autónoma at the tender age of 52!

I'll be graduating at the young age of 60, when most people start to think about retiring. Thus the title of this piece....what is it to be young? I think it's feeling full of life and looking forward to each day with expectation. I love the idea of feeling useful and helping people. Besides, who cares when I die? Well, except the bank, as they would very much hope I should live to pay them every penny back plus a healthy 16% interest. But I can apply to work in a poor area of the United States and that should erase a big part of my loan as well as being a wonderful experience.

If you want to discover the fountain of youth for yourself, if you've always wanted to go to medical school and now you think it's too late, think again!

More stories about older students: one of my classmates, Hubert, is 42 years young and for 10 years he worked as an operating room technician. He now has his eye on being a plastic surgeon.

My classmate Taffy, who's 53, was a nurse for 20 years and now wants to get into research.

But not everyone who's older has a background in medicine. For example, a former classmate in his 50's was in computers. Regardless of background, we all are very excited and glad to be here.

Life is great down here. I live close to the hospital in a little dusty town where my rent for a two bedroom house is only \$220 dollars a month. I can buy all the gorgeous fruit and vegetables I need for a week for under 10 dollars at the Saturday street market (which sells everything from sexy underwear to copies of 5th Ave. shoes for 10 dollars a pair). My gas, water, and electric cost me next to nothing and there are loads of internet places so I don't need to subscribe to an internet provider. I don't need a car because the buses take you anywhere you want to go for 45 cents, and since I live close to school I can walk, which helps keep my girlish figure.

I've been on my own since I was 18 (hippie generation; off to see the world at a young age). In my early twenties I got married and got a scholarship to Practical Nursing school. Ten years later, I divorced (no kids) and worked my way through R.N. school. Then after another twenty years when I finally finished my pre-med studies I applied to medical school and here I am. I'm still not done reaching my goals. I'd also like to go to law school after I work for awhile as a family physician to specialize in Health and Environmental Law (that's the hippie in me). I'd like to see a cleaner world and health care coverage for everyone.

There's no reason why the United States can't take a lesson from Mexico, where the government offers tuition assistance to all medical students in return for a year of their time after graduation donated to social service. It makes health care available for those who can't afford it and it helps the medical students not have to carry such a huge debt.

The differences do not stop there, however. The doctors who teach us are wonderfully supportive and we see patients during every rotation so we get lots of hands-on experience.

Another thing unique to the Autónoma not part of medical schools in the US is that we get 3 chances to pass final exams. Studying medicine is a whole different ball game from studying in college and it takes a while to get the hang of it. My third semester I flunked everything but then passed everything in segundos (second chance at the final) and in extras (third chance at the finals.)

I'm in the 6th semester now and haven't had to take any segundos or extras since. I guess I've finally got the knack of it.

I'm writing this article to inspire anyone out there who's had this little dream that they haven't let themselves live because they thought they were too old. Like they say, you are as young as you feel. If you're married with a family, you're in luck! They lend more money to married people. We have single and married students with kids in our class.... Heck, we even have pregnant students in our class. Young and old, all are welcome here. I say go for it! Join us at the Fountain of Youth of Autónoma University of Guadalajara in beautiful, sunny Mexico!



CHRONICLES OF TUNISIA

By: Mohamed Alghim

Growing up in Cleveland, Ohio, I never fathomed living in Mexico. My decision to attend UAG extended beyond pursuing my dream of studying medicine; I was excited to explore another culture and learn another language. Yet, I was unaware of the extraordinary opportunities and support the UAG would provide to allow me to become a great physician.

During my winter break of 2006, I accepted an invitation to assist in a research project by a visiting professor, Dr. Nachum Dafny from the University of Texas School of Medicine at Houston (UTMSH). The research topic was Methylphenidate and its effects on the circadian locomotor activity of young and adult rats. While in Houston, along with Dr. Dafny and other University of Houston faculty, I spent a tremendous amount of time on the project. I was able to produce two research papers, one of which was accepted for poster presentation at the Second International Congress of Applied Chronobiology and Chronomedicine in Tunis, Tunisia.

Hearing the great news, I was ecstatic and wanted to personally present the findings at this prestigious international conference. But because I was not an official student of UTMSH I did not qualify for any financial support to attend the conference. However, upon presenting my work to the UAG administration and a proposal for support to attend the conference, they were extremely supportive and I was given enough financial assistance to attend the conference.

Attending the conference in March, I was able to represent UAG and UTMSH amongst many different universities and research institutions from all over the world. Also representing UTMSH was Dr. Michael Smolensky, a well-respected pioneer of the field of chronobiology. I was able to learn much about the topic at hand from Dr. Smolensky. In general, I listened to many interesting lectures regarding the role of chronobiology in medicine. I was able to meet many scientists and physicians as well as students from all over the world. Being in an atmosphere solely for the purpose of exchanging ideas and being able to personally contribute was a great experience.

I would like to thank Dr. Francisco G. Martínez Sandoval, Associate Dean for the International Program; Dr. Ricardo León Bórquez, Associate Vice-President of Health Sciences Area and Dean of the School of Medicine; and UAG as a whole for their support and the opportunity to learn more about medicine from a different perspective.

Letter to UAG

By: Peter Kim

I am thankful every day at ICB. When we leave for the hospital I will miss the camaraderie of the classroom. Never again will we sit together in the same classroom. These first two years were a whirlwind I am sad to see end.

I am thankful not only for Hilda, Marisa, the professors and administrators but also for the countless, nameless staff who make this campus our home: the groundskeepers, guards, cooks, cleaners, librarians, laboratory support staff and secretaries (even the ones who take attendance). I know little of their lives but remain grateful for their efforts. Amidst the hectic anxieties that accompany our lofty goals, their modestly invaluable contributions should not be overlooked.

Yet most of all, I am thankful UAG gave me the opportunity to realize a dream that almost died because no other medical school deemed me worthy of admission. I know I am not alone when I say that things could not have worked out any better. I truly love life in Guadalajara at UAG.

While taking classes in my native language, I experience a vibrant Mexican culture bursting with warmth of spirit. Although my Spanish is not yet 100%, fluency will be critical since modern medicine depends on concise communication. Nothing puts patients more at ease than using their native language to explain the bewildering spectrum of symptoms we are learning to decipher.

Although we rarely enjoy leisure's languid luxury, enough time remains to prevent undue awkwardness during the coming transition to the hospital. As we toil to dissect life's elegant miracle, we also prepare for the lifetime of commitment medicine demands. An unspoken awareness permeates each concrete step towards embracing medicine's sacred duties. We must each reach beyond the merely academic because UAG offers a singular opportunity to maximize personal and professional growth simultaneously.

Refusing to learn the language not only of your gracious host nation but also countless future patients seems shamefully myopic and rudely infantile. Demonstrate the sincerity of your gratitude for the opportunity UAG has extended to us all: those who speak Spanish or English without confidence must take it upon themselves to steadily improve their language skills by helping their fellow classmates. I implore you, my classmates and future colleagues, to reach out across the cultural divide because to do so can only make us into finer physicians and better friends.

Por los Campos de México

by: Kelly Gram

El día: some time during the second week of the Easter/spring break. *Lugar:* a remote mango plantation outside of a little beach community that a couple of friends and I happened upon during some mid-afternoon wanderings.

For in reality it was the irresistible appeal of the ripening mangos on the hundreds of trees that dotted the acreage in vastness that provoked us to explore further. We trespassed in hopes of finding someone whom we could ask for the chance to pick some of the luscious fruit and fill our bellies. Cautiously, and armed with sticks as dog-attack deterrents, we approached a humble house of quite decent construction where we spotted a woman heating tortillas on a semi-open flame.

The approach: As is typical protocol, we waited until our proximity and positioning were optimal before releasing boisterous salutations of *Buenas Tardes* hoping to be both heard and seen by the members of the household either before, or at the same time as the dogs, so that if they (the *perros*) go into defense/attack mode, the masters can call them off before they get a chunk of leg or we have to swing our meager sticks while running away. So, upon a couple of loud greetings, the *tortillera* exchanged the same *buenas tardes*, and a cautiously unimpressed look of only slight curiosity and interest in why we were there. Now, standing at the gate, small talk commenced and we received less-than-involved responses from her until I asked if there was anyway we could pay a small price and pick a few mangos of the thousands (not an exaggeration in the slightest) that were on the property. At that point, the proposition was deferred to an older man who replied, *Pasen*.

We were in. The elder, who appeared to be the owner of the property, welcomed us in and pointed us in the direction of different varieties of mango that were available. He also handed us a picking tool: a long bamboo stalk with a small netted basket at the end, resembling an extra-long lacrosse stick, used to collect the mangos that bless the higher branches. Lastly, he asked that we herd the cattle back to the other end of the field.

The three of us, now giddy in our novel experience of cattle herding under canopies of mango, commenced eating. One after the other, of every ripeness, from every tree, until we were experts at knowing which would be the perfect mango for its respective class. Between bites there was intermittent

ssshhhhhh, yyyyyepppp, vaca, va p'alla (como no hablaban inglés).

With the activity our bellies filled. So we continued to stuff our faces.

After a considerable time and now at the other end of the field, we were joined by another, older man who approached. He was frail but capable and we began to chat. Soon we found out that he, we'll call him *Carlos*, is actually the owner of what had been coined *Cielo de Mango* and lived there his entire life, since birth, other than a brief few years in Mexico City as a young adult. He explained more about the mango trees and the history of the place and area, etc... until the point in the conversation in which we revealed that we were students of medicine. From there he began to describe a slew of symptoms for which he hoped we might be able to help him alleviate.

Referring to a condition he knew as *Faja de la Reina* he referenced:

Intense and constant pain in the right hipocondrio, and right flank radiating laterally to the right posterior thorax and right lumbar and ascending up to the suprascapular area of the right side.

6 months in evolution. Pain sensitivity sometimes severe enough so as to prevent him from wearing a shirt.

Sporadic difficulty expelling urine.

Sporadic painful urination.

Uncontrollable minor muscle spasms in left hand and arm.

No prior medical Dx.

Don Carlos had treated this with a few different methods:

Arnica salve topically for pain.

Algunas otras pastillitas, no me recuerdo como se llaman (his words). He also referred to occasionally taking samples of his recently excreted urine at night and applying it to the affected painful area, as well as drinking a small amount.

Reporting moderate relief from this practice.

He answered that the urine sometime tasted sweet and sometimes bitter.

Upon touching the back, Carlos cringed and flinched away in pain.

Now, if you are reading this and contemplating an accurate diagnosis or further investigation as to what was the nature of his problem, as you probably are since you are *Doctores*, what have you come up with? How would you have helped this man, Don Carlos of approximately 76 years, (exact age not known, as he had no documentation of his birth), who lived far from any advanced diagnostic facilities, and who was skeptical of making the trip to see a doctor in the town down the road, because last time the doc just gave him some *pastillas* that did not work? And when he pleads for you to tell him of something that will help him, what do you say?

At that point, with total acknowledgement of our limited knowledge and experience, we came up with our best guesses that it may very well be a renal issue and that whatever the condition was, that it was probably considerably advanced. We discussed with him the ailment and possible explanations that we could confidently postulate, and gave him a few recommendations including a greatly increased consumption of water, and curative elements for urinary tract cleansing. Overall, we felt a bit incapable to provide him the assistance he really needed. We felt a yearning for the capacity to be able to diagnose with greater probability the situation and to recognize with more certainty the symptom picture in order to provide a better service to him. It was a humbling and motivational experience that not only reinforced a desire to serve people in such a crucial and personal way, but also to work towards the attainment of the knowledge and skills necessary to be that apt provider.

Regardless, we made a connection with Don Carlos that afternoon that was profound and appreciated by all. We had made no pretenses, nor exaggerations of our abilities, clearly stating that we had only just begun our studies. Yet, Don Carlos was very grateful for the information we had shared with him about the function of his organs, the possible roots of his problems, and the recommendations we provided for improving his situation. He, in all seriousness, graciously offered us a portion of his land to build a little house on. He also proposed a young maiden (no relation of his) as

a spouse for one of us, and then tried to refuse the pesos which we tried to give him for the mangos. He finally agreed to the payment as assistance enabling him to seek treatment. *Què señor.*

We had been impacted multifold that day, by the environment in which we found ourselves, so far from *Providencia* (literally and figuratively), and by the generosity of this kind soul. And we were humbled by their acceptance of us, his expectation of us, and the trust that they held in us as *Doctores* and providers of care.

We got to know more of Mexico that day. We got to know more of ourselves. And we got to know more about what it is to be a physician, not because we were practicing, but because then, more than at any other time, we were perceived and treated as if we were full-fledged doctors, and looked to for assistance as such. Perhaps, a slight taste of what's on the horizon.

We left after several hours with stomachs expanded by our mango feast, and dozens more in a modified shirt/sack, many good byes, hugs, and *Dios les bendiga*. That brings us to the moral of the story:

1) Love People. How can you provide care otherwise?

2) Do not let *Providencia* and P.V. be your only impression of Mexico!!!!!! You will have robbed yourself of a wonderful opportunity.

3) Doctor and Provider of Care: I hope every one of us is able to equate these two terms, and feels a calling more to the latter, than the former.



Attending the UAG - Not All About Medicine

By: Sam Thelin

As many prospective students look for information about what medical school they will attend, many overlook the fact that medical school is not all about medicine. It is also a place where you will spend four years of your life. In general, it is a place where you will do and see many things that do not relate to class.. Where you attend medical school can be just as much a part of your life as what school you attend.

To many Americans, the world is not round or flat; it is somewhat dome-shaped. The world vaguely begins somewhere near Toronto, Canada, and abruptly ends at the Rio Grande. We know something is down there past the river; we hear about this place on the news (the most dramatic things, of course), and we know from our childhood textbooks that it is a place where everyone rides donkeys and takes siestas while wearing a huge sombrero hat. However, many do not fully understand this place so even many of the most adventurous Americans stop exploring "the world" at the border of Texas or California.

Mexico is a very important country to the USA. It is also a very under appreciated country to most in the USA. You can look at any map of the world and easily find two bordering countries that are at unrest, if not some form of violence or war. However, in the USA, we often consider Canada as part of the USA (but with strange-looking street signs with high numbers for their speed limits), and Mexico is "just there" somewhere below the USA on the map. How fortunate we are to live between two peaceful and stable countries.

Canada has been integrated with the USA in many ways. It mostly speaks the same language, has a similar European history, and even large industries, such as the auto industry, have been integrated with ours.

Mexico does not appear as integrated with the USA as Canada... but it is. The USA exports 15% of our goods to Mexico (more than it exports to Canada). Over half of what Mexico imports, it imports from the USA. Likewise, most of what it exports (86%), it exports to the USA. The USA and Mexico are not simply neighbors, we are very connected. In many ways, the USA, Canada, and Mexico are our own little world. However, that is not completely accurate. Although polar bears are about the only thing above Canada, there is a whole Latin world below Mexico. Mexico is our door to the rest of the world, much of which is not as stable as Mexico. Mexico is very important to the USA, and will continue to be important in the future.

Mexico has known for years the importance of the USA. It makes English a mandatory class in school, and most Mexicans know as much about the USA as we do. However, only a few Americans have seen Mexico as equally important, or cared to study the language of Mexico, Spanish. Sadly, most Americans have never been to Mexico.

Most Americans will never have time or opportunity to live in Mexico to learn about it and enjoy all it offers, especially when young before retirement. However, there are almost 1000 medical students at any given time living in Guadalajara, Mexico. Although this would seem like a difficult thing to do because of the language difference, I am one person that saw the mutual advantage (Mexico/ USA) of having a bilingual medical program in Mexico, and made it a reality. It is the only one of its kind in Mexico. The perfect opportunity exists for American medical students to study medicine and Mexico at the same time.

Many ask if the UAG is the perfect medical school. However, many are asking the wrong question. The UAG is just the perfect opportunity.

Need a Study (Surf) Break?

By: Eric W. Young

The first sentence of every article about medical school should have the word 'study' in it, otherwise people won't take it seriously. Furthermore, it should also include words like "stress", "pain", and "suffering"; all the words that paint a dismal picture of what four (five) years of medical school are supposed to be like. Obviously, I have no idea what I am talking about, because to me, dedication sometimes needs a break, even if for only a weekend... okay, maybe like a day and a half. That is enough time to throw my surfboard on top of the car, drive 4 hours West to Punta de Mita, and if I survive an early morning of some 'gnarly' sets, return on Sunday in one piece and theoretically prepare myself for upcoming exams.

Truth be told, I'm really not that good of a surfer. If there were belt rankings like in karate, I would be a white belt or maybe a yellow belt. You would need to ask my instructors and surfing *compadres* - Dan, Jerry, and Lexine - who accompany me on my surf trips. These guys (and gal) are the real deal, and it's difficult to measure up to them when you're looking at an overhead eight foot face and asking yourself... "Why?"

Before I moved down here, I used to surf a lot in San Diego. Then came the medical school application process and the MCAT, all while working a full time job. We all know what that is like-- no time for anything else. If I wasn't studying, I would feel guilty doing something I enjoy outside of my busy schedule. So, fast forward to medical school where "bleep" really hits the fan, and you're stressing out constantly about exams and lack of sleep. Oh, and let's not forget about the USMLE. We can count on medical school to place more pressure on us than we can handle sometimes, and it's easy to lose motivation now and again. Then you hear the same thing over again about the importance of rest and relaxation. What we don't hear enough of is the notion that when we look back on our experiences, we want to remember them with little regret of having missed out on anything.

I must confess that medical school and learning another language wasn't the only reason I came to Mexico I knew at some point, I would need a break... a surf break in warm, crystal blue waters. An eight foot face begging to smash me into the ocean floor sometimes is all the motivation you need - as crazy as that sounds. It's enough to make you forget about the long hours you spend sitting down with your eyes glued to the books. I'm not thinking about the medulla oblongata, megakaryocytes or total peripheral resistance... no, I'm thinking about saving my gluteus maximus!! It's enough my arms are burning from the lactic acid that is quickly fatiguing my muscles, but I somehow find enough strength to paddle over the breaking wave before it devours me. Then as the next set is starting to form, I place myself at an angle from the wave face, and as it steepens behind me, I feel its momentum (or 'energy', an alternative term used in the surf world) start to carry me. Within seconds, I'm up and gliding down the face of the wave, not really sure how I did it in the first place, but now it's time to enjoy the ride of my life. All the worries in the world couldn't ruin this experience for me.

So not only am I in medical school, I can speak Spanish, I've made a ton of friends down here, and I can now add surfing in Mexico as one of my many memorable experiences. So when I'm back in the study mode and don't think I have anything left in me, I think of these exams as giant waves about to crash over me. Then I conjure up the will to study just a little more and hope that in the end I'll get over this wave of exams and prepare myself for the next set that is sure to follow.

Our medical school experience shouldn't be all about studying (don't tell the professors I said that). When we look back, we want to feel like we made the most of our time down here. Success is most certainly to follow with dedication and hard work, and whether we realize it or not, taking time out of our schedule to do the things we love will only make us better doctors in the end. And no... I'm not going to say "surf's up!"



Tips for Medication Usage

Timothy O. Holcomb, MD; Judy E. Holcomb, RN, BSN

The medications prescribed by your healthcare provider are important to help in the management and control of diseases, symptoms, and illnesses.

You need to always take them as prescribed by your physician. Working with your provider will maximize the effectiveness of the drugs and will help avoid any problems.

At your Doctor's visit:

Bring all medication bottles to the office. This includes prescriptions, vitamins, over the counter medications and any supplements or herbal products you might be taking.

Know all of your drug allergies or interactions that you know about.

Tell the doctor if you are pregnant, trying to become pregnant, or are breastfeeding.

Questions to ask your physician:

- What is the name of the medication? both brand name and the generic name
 - Why do I need to take this medication?
 - When and how do I need to take the medication? With or without food? With other medications?
 - How long do I have to take it? Do I take it till it is all gone?
- Will there be any side effects or adverse reactions I need to know about?

Think about the cost of the medication:

Let your doctor know if the cost of the medication is an issue or if your insurance company will pay for it. Make sure your doctor knows how or if you can pay for the medication. By law Generic drugs have to be just as effective and meet the same FDA (Food and Drug Administration) safety requirements as a brand name medication. Ask for the generic or less expensive choice, if available. I recently had a friend tell me that she was suffering from a mycotic (fungal) infection of her great toe nail. The prescribed medication was going to cost her over \$1000 for the course of treatment. She did not have the funds or insurance to cover the costs, so she chose no treatment.

A generic substitute would have cost her \$84.99 for the cost of treatment. A price that she could afford to begin treatment.

Tell your doctor if you would prefer to treat your health condition without medications or inquire if other treatments such as weight loss or exercise are an option.

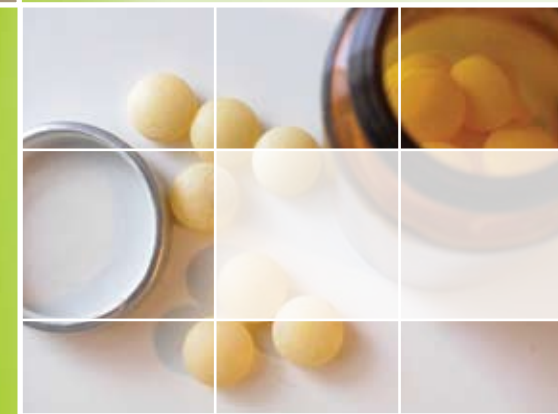


At the pharmacy:

- Read the label. Make sure it is the right medicine and make sure you understand all the instructions on how to take it before you leave the pharmacy. Most pharmacies will allow you to speak directly with the pharmacist, if you would like.
- You should be able to read and understand the label clearly.
- Ask how to store the medication. Some medications need to be refrigerated or kept in shaded areas.
- Do not leave your meds in a vehicle because they can get too hot or freeze.
- Ask the pharmacists if it ok to take this medication with your other medications.
- If you need another language on the label, ask the pharmacist.
- If child-proof bottles are a problem opening, ask the pharmacy to use regular opening medication bottles.

At Home:

- Take the medications as directed.
 - Use a pillbox
 - Use a calendar
 - Plan ahead if you travel. Have enough medicine for your whole trip. It is also important to have the pharmacy bottles with the correct label on it, in case you are checked and have to prove the medications are yours.
 - Have your pharmacy number and prescription numbers handy in case you misplace or lose your prescription.
 - Ask family or friends for help if you need it.
 - If you have any type of allergic or adverse reaction, report it to your physician and pharmacy immediately.
- If you have any allergies, reactions, or chronic diseases, consider getting and wearing a medical alert bracelet.



Other Things to help with safe medicine use:

- Take or dispose of any unused medications
- Do not share any medications
- Do not take any medication if they were not prescribed for your illness
- Make sure you call for your refills several days before you run out
- If you have any side effects of an unexpected allergic reaction, call your physician and 9-1-1 right away.
- Always fill and refill you medications at the same pharmacy
- Keep the poison control center number (1-800-222-1222) near your telephone
- You can use www.medlineplus.gov to find out information about your medications

Mente Sana, Cuerpo Sano

By: Caroline Cross



Homeopathy is based on the 'Principle of Similars', first expressed by Hahnemann in the exhortation *similia similibus curentur* or 'let likes cure likes'. Hahnemann first realized this approach when researching a supposed malaria cure using the bark of the Cinchona tree. When he ingested the bark, he found the effects mimicked the symptoms of malaria. This led Hahnemann to consider that a substance may create symptoms that it can also relieve. Hence, treatment according to homeopathy involves giving very small doses of substances called remedies that would produce the same or similar symptoms of illness in healthy people if they were given in larger doses. The *similia* principle had a prior history in medicine, from Hippocrates in Ancient Greece—who noted, for example, that recurrent vomiting could be treated with an emetic (such as ipecacuanha) that would be expected to make it worse.

Students of Hahnemann founded the first homeopathic medical school in the United States in the late 1800's. It gained recognition because of success in treating the many disease epidemics rampant at the time including scarlet fever, typhoid, cholera and yellow fever. The school's method of treatment became very popular in the early 1900's. At that time, there were 22 homeopathic medical schools, 100 homeopathic hospitals and over 1,000 homeopathic pharmacies. Boston University, Stanford University and New York Medical College were among those educational institutions that were teaching homeopathy. However, it was not long after this period that many of the schools closed mostly due to the decline of homeopathy's popularity, which was greatly affected by the discovery of penicillin and advent of synthetic drugs such as antibiotics and corticosteroids.

Similarly, the philosophy of Naturopathic Medicine has its origins in India and believes that in order to remove the cause of the illness, one must treat the whole person. The practice focuses on improving health and treating disease

by helping the body's innate capacity to heal itself. This approach utilizes nutrition evaluation and dietary revision, counseling for lifestyle modification, botanical medicine, physical medicine, mind-body therapies, manual therapy, hydrotherapy, herbalism, acupuncture, environmental medicine, aromatherapy, and homeopathy. Naturopathic doctors (NDs) prefer not to use invasive surgery, or most synthetic drugs, preferring "natural" remedies, for instance relatively unprocessed or whole medications, such as herbs and foods. Licensed physicians from accredited schools are trained to use diagnostic tests such as imaging and blood tests before deciding upon the full course of treatment. Naturopathic medicine believes that Western healthcare is often symptom-based; one system might well be helped at the expense of another system. Therefore, practitioners call for the primary principle of "*vis medicatrix naturae*", the healing power of nature.

The North American Board of Naturopathic Examiners (NABNE) credentials candidates and administers the NPLEX. There are 21 jurisdictions that license NDs in North America. In September 2003, California joined these ranks, followed in the same year by the District of Columbia and Idaho in 2005. Naturopathic physicians are now licensed in Alaska, Arizona, California, Connecticut, District of Columbia, Hawaii, Idaho, Kansas, Maine, Montana, New Hampshire, Oregon, Utah, Vermont, Washington, and the US Territories of Puerto Rico and the Virgin Islands. Regulated provinces in Canada include British Columbia, Manitoba, Saskatchewan, and Ontario, with Alberta currently in process. There are active licensure campaigns in 9 additional states and Canadian provinces as well.

The following are examples of curricula taken from a Naturopathic medical school (ND) in Arizona and a comparison between the different medical licensures.

Comparison of average number of hours of basic sciences

	NATUROPATHIC	ALLOPATHIC	OSTEOPATHIC
Anatomy (gross/dissection)	350	380	362
Physiology	250	125	126
Biochemistry	125	109	103
Pharmacology	100	114	108
Pathology	125	166	152
Microbiology/ immunology	175	185	125
Total Hours	1125	1079	976

Source: Jensen CB. Common paths in medical education. The training of allopaths, osteopaths and naturopaths. *Altern Complement Ther* 1997; 3:276-280

Naturopathic medical school curriculum overview

Basic and Diagnostic Sciences: Anatomy, neuroanatomy, neurosciences, physiology, histology, pathology, biochemistry, genetics, microbiology, immunology, lab diagnosis, clinical diagnosis, physical diagnosis, medical research, epidemiology, public health, medical ethics and others.

Clinical Sciences: Family medicine, ENT, cardiology, pulmonary medicine, gastroenterology, rheumatology, neurology, dermatology, urology, infectious disease, pediatrics, geriatrics, obstetrics, gynecology, pharmacology, pharmacognosy, minor surgery, ophthalmology, psychiatry and others.

Naturopathic Therapeutics: Clinical nutrition, botanical medicine, homeopathy, naturopathic manipulative therapy, hydrotherapy, counseling, naturopathic philosophy, naturopathic case analysis/management, advanced naturopathic therapeutics, acupuncture and traditional chinese medicine, ayurvedic medicine.

Source: Jensen CB. Common paths in medical education. The training of allopaths, osteopaths and naturopaths. *Altern Complement Ther* 1997; 3:276-280

The goal of naturopathic medical education is to prepare clinicians for the challenges of general practice, with a foundation in current medical science as well as traditional naturopathic theory. Candidates for admission to naturopathic medical school must earn a baccalaureate degree (or equivalent) prior to matriculation, including standard premedical undergraduate courses.

More than 70 companies, trade unions, and state organizations offer health plans that cover naturopathic medical services, requiring utilization reviews incorporating documented patient outcomes. As NDs are increasingly covered as specialists and primary care providers under reimbursement plans of corporations such as Microsoft and Boeing, the credentialing processes required by their insurers (such as Blue Cross and Blue Shield, Kaiser Permanente, Connecticut, Oxford, and Healthnet) result in formal analyses of safety and efficacy of practice.

Alternative medicine is again on the rise in the United States and developing nations. As a matter of fact, in some cultures these practices never left. The philosophies of homeopathy and naturopathic medicine share their roots with indigenous cultures' herbal, natural and ritual medicine that have been passed down from ancient times.

Mexico has a rich history of traditional medicine from its indigenous inhabitants that is still flourishing today. I actually had the opportunity to observe lectures and experience clinical settings in which I learned the role of alternative medicine in healthcare today and the history of medicine in Mesoamerica.

This semester I chose to complete my PMC at "CU", the main campus of the Universidad Autónoma de Guadalajara. For those of you who know Dr. Navarro, who heads this particular clinic, you have had the opportunity to work with a wonderful, knowledgeable and caring physician. Furthermore, you may have realized that he utilizes a combination of allopathic, alternative and chiropractic medicine in the treatment of his patients. I experienced acupuncture for the first time working at this clinic while also observing chiropractic techniques used to relieve a tension headache. What I was moved by most was after a clinical investigation of a patient with hypertension. Dr. Navarro first prescribed the patient captopril for his high blood pressure. Then on the back of the prescription he proceeded to write a recipe for a natural remedy in the form of a tea that apparently had the same capabilities of the pharmaceutical, but with no side effects. This gave the patient the option of trying something natural, affordable and safe for long-term use to combat the symptoms of the ailment. I was very impressed by his patient interactions, including the time he took to explain their symptoms, the drug prescribed and their specific herbal remedy concoction. I respect Dr. Navarro immensely and would recommend doing PMC at his clinic one semester. He has a great deal to teach everyone.

Dr. Navarro learned homeopathic medicine in a school here in Guadalajara named Homeopatia de Guadalajara. He has been practicing this philosophy for 17 years. When asked to describe his experiences he said, *He tenido mucho exito sobre todo con enfermos que no se curaban con alopatia tanto en enfermedades agudas como crónicas, por ejemplo asma, neurosis, ansiedad y estrés. Para prescribir un medico, tenemos que personalizar el medicamento tanto en sintomas mentales y fisicos porque hay varios medicamentos para una misma enfermedad.*

Some recipes he divulged to me:

Para estrés y gastritis

Noxvomica 30 mg antes cada alimento

Ignatia 30 mg

Juntos, 30 gotas antes cada alimento

Para ardor al orinar:

Cantharis 30 mg

Echinacea 30 mg

Zarzaponzilla 30 mg

Juntos, 30 gotas en agua antes cada alimento

Para cruda (hangover):

Noxvomica 30 mg, 20 gotas cada 15 minutos durante 2 horas

I also had the pleasure of meeting and speaking with Sergio Guerro Dieguez, Investigator of Archaeological and Anthropological Studies, regarding his experience with medicine of the indigenous peoples of Mexico. Licenciado Guerro Dieguez teaches Mesoamerican Studies and Indigenous Languages at UAG. These classes are open to Mexican and all foreign students of UAG interested in learning more about the culture and life in Mesoamerica or dabble in the beautiful Nahuatl language of the Aztecs. He spent 10 years living among various indigenous peoples throughout Mexico. When I asked him to describe the traditional medicine of these people, he uttered three words, *natural, ritual and sencilla*. I inquired about his thoughts regarding the combination of homeopathic and allopathic medicine and he relayed this: *El poder vivir con los pueblos indigenas me permitió primero, conocerme a mi mismo, saber mis virtudes, mis defectos, corregir lo negativo, para hacer de ello cualidades, etc. Gracias a Dios me permitió conocer desde la gente mas sencilla, hasta grandes personalidades como fue el caso de Maria Sabina.* [María Sabina García (1888 - November 23, 1985) was a Mazatec medicine woman whose practice was based on the use of the various species of native Psilocybe mushrooms. Sabina was the first contemporary native shaman to allow Westerners to participate in the healing vigil known as the *velada*, where all participants partake of the psilocybe mushroom as a sacrament to open the gates of the mind. The *velada* is seen as a purification and as a communion with the sacred.] *Creo que en el siglo XXI en que vivimos, estamos muy lejos de conocer su cultura por la tecnología, que cada vez nos aleja de cosas tan sencillas como valorar mas a la persona. El ser sencillo y homi de parece ser, una tontería, o estupidez, sin embargo para ellos son características muy generales, muy comunes. Yo aprendí y seguiré aprendiendo día a día, porque lo que menos valor le damos, de esas gentes, nos dejan una enseñanza muy grande.*

Many Nahua medicines were derived from plants. The medicinal plant knowledge of the Nahua is still employed throughout Mexico. This traditional medicine, rather than being viewed as a second-class type of medicine for the poor, should be viewed as a more natural, holistic, affordable alternative to synthetic pharmaceuticals. Furthermore, many plant remedies employed by traditional indigenous medicine have proved to be beneficial to non-indigenous and non-Mexican populations as well. The following are just a few of the medicinal plants employed by the Nahuas in the past and are still employed by many Mexicans today to treat various illnesses. The *epazote* (the name is derived from Nahuatl: *epatl* = skunk, *tzotl* = sweat or dirtiness) is used for gastrointestinal illnesses. The *flor de manita* (known as *macpalxochitl* or "mapilxochitl" in Nahuatl, both meaning "flower of the palm of the hand") is used for illnesses of the heart and the nerves. It is also used to treat epilepsy. The *flor de corazon* (known as *yoloxochitl* in Nahuatl, or "flower of the heart") is used for illnesses of the chest, to control fevers, and to alleviate illnesses of the heart (Bye and Linares 1987). St. John's Wort, Lemon Balm, Licorice, Hyssop and clove oil are just a few examples of popular, available herbs which offer anti-viral, anti-inflammatory and analgesic properties and are used in the U.S. today. It is important to be under medical supervision when taking herbal remedies as they also can have dangerous side effects or reduce the efficacy of some drugs used concurrently.

My experience with Dr. Navarro and my understanding of Lic. Guerro Dieguez has opened my eyes to alternatives or complements to Western medicine. Before sophisticated medical treatments, people around the world relied on whatever they had at hand to treat injury and illness. Many cultures developed systems of natural remedies that are still used today. These remedies, seldom studied in clinical trials, have been challenged by the medical establishment, and are considered "alternative" to standard medical practice. Don't forget that Alexander Fleming was analyzing a naturally occurring blue mold when he discovered it secreted compounds that inhibit bacteria. This exemplifies the importance of natural processes and entities in the search for treatments of disease. We do not need to choose between the different fields, but why not



integrate alternative medicine into Western medicine and realize the common goal is to give patients the best care possible? Furthermore, cost-effective healthcare is in high consumer demand and Naturopathic medicine is on the forefront of providing this. Whether treatment processes call for a microdilution, a plant from a tropical rainforest, a wild hallucinogenic mushroom from the mountains or a brand new pharmaceutical from Pfizer, the patient should be educated and informed of all options open to them and the risks and benefits of each. Consequently, I believe we should preserve ancient medical practices, learn from their properties and keep in mind the symbiotic relationship we have with nature. In the future, let us not forget the past or the power of the mind to heal.

MEDICAL



Timothy O. Holcomb, MD



•Ancient Celts used to dye their faces before going into battle with a plant dye called "woad". Woad is in the same family as a both cauliflower and broccoli and contains a cancer fighting compound called glucobrassicin. This compound has been found to be especially useful if fighting breast cancer, but the problem so far has been extracting enough glucobrassicin from the vegetables to be helpful. Woad itself contains 20 times more of this substance than the vegetables. Recently though researchers have found that "wounding" the leafs of these vegetables increases glucobrassicin levels 30 percent, making it now an abundant and inexpensive source of this promising cancer fighting agent.

•Researchers at Brigham Young University have developed a new test useful in the diagnosis and treatment of eating disorders. The test uses a sample of the patient's hair to measure protein and nutrient content to see if the patient is eating properly.

•The Journal of Human Psychopharmacology reports that "sugar highs" may actually be "energy lows". In a study of healthy adults, subjects were restricted to 5 hours sleep a night. They were then given a light meal with a low-caffeine high sugar energy drink or an identical tasting placebo. Additionally given a high concentration exam. Results revealed the subjects taking the energy drink had much slower reaction times and trouble concentrating than the subjects taking the placebo. Also discovered the energy drinks tend to boost sleepiness.

•Think twice before doubling your portion of processed meat. The Journal of the National Cancer Institute reports that increasing your portion of processed bacon, sausage, ham, or lunch meats by 1 oz a day, increases the risk of stomach cancer 15 percent.

•What did you do on your birthday? Neurology magazine reported in a study of over 24,000 patients admitted through a hospitals emergency department for acute stroke or heart attack, the number of people that were having their birthday were approximately 20 percent more susceptible than a typical day. This suggests that a birthday may represent an acute psychosocial stressor for some people.

•Another interesting subject reported in The British Journal of Psychology revealed that men are more attracted to shapely woman when they are hungry. Researchers visited several university dining halls and asked men how hungry they were and then showed pictures of 50 women of various sizes, all within a normal range. Men that were hungry were more attracted to woman of a higher body weight than the sated subjects. Researches concluded the reason was when food is scarce a woman with a higher body weight may be the ideal mate.

•Drink more orange juice! A recent study published in the Journal of the American Society of Nephrologists revealed that orange juice prevented the formation of kidney stones more than any other citrus juices, such as lemonade. Orange juice raised the level of citrate and reduced the crystallization of uric acid.

•Wash your hands more often when staying in a hotel room. A random study of "cleaned" hotel rooms, done by Reuters Health, showed that of 150 surfaces tested in each of the rooms, 35 percent had detectable traces of rhinovirus, the type responsible for most colds. Researchers further noted that transmitted dry mucous can transmit the virus for up to 2 days, after an affected individual had checked out.

•There has been a dramatic upswing in reported deaths in Drug and Alcohol treatment centers of patients drinking hand sanitizing gels. The labels on these gels reveal that they contain up to 70 percent alcohol, but it is of the ethyl variety which is fatal for consumption.

•With everyone wanting to make sure their children eat right, more school districts are starting to ban sugary treats, even on special occasions. Experts warn, however, that moderation, not elimination is the key. Because the more these treats are restricted, the more desirable they become to children.

•Another old wive's tale proven! Remember when mom would kiss that "boo-boo" to make it well? Well, researchers have discovered opiorphin a naturally occurring painkiller in human saliva. Opiorphin seems to work by prolonging the body's own defenses against pain by activating opiate receptors that block pain to the brain.

PICTORIAL



Contact List

for New Students

(compiled by Sam Thelin)

Comision Federal de Electricidad

1760 Gral. Eulogio, Parra
(Between Manuel Acuña and Jesus Garcia. Go east past Lopez Mateos and Americas. Turn left on Manuel Diequez. Turn left on Gral Eulogio Parra).

SIAPA (The water company in Guadalajara)

José Maria Vigil #2494
Col. Italia
Guadalajara, Jalisco
3642 1938 and 3642 3311

Federal Express

Av. Americas #1395
Col. Providencia
Guadalajara, Jalisco, MX
CP. 44630
01 800 900 1100
(Southwest corner of Pablo Neruda and Americas. Across the street from Country Ford. Closes at 5pm, last shipping leaves at 4:45).

Green Angels

(Orientation, assistance and tourist help on Mexican routes)
55 5250 8221 ext 130/297

La Casita

(Store that specializes in items imported from the USA that cannot be found commonly in Guadalajara)
Terranova 594B
Col. Providencia
Guadalajara, Jalisco, MX

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