



ECTOPIC MURMURS

Volume 24

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Opinions and articles published herein are those of the authors and do not necessarily reflect that of the FEUDNSM Alumni Foundation

FROM THE HOME FRONT:

Class²⁰¹² scores 94%!

LINDA D TAMESIS MD

Dean, FEU-NRMF IM

Class²⁰¹² takes August 2013

Philippine medical board examinations with 94% passing! This is great...or is it? Let us look at the results from various angles and then decide.

In 2008, 211 students enrolled

for the first semester of first year medicine. This was a smaller number of enrollees than we wanted but we had very few applicants. Nurses were in great demand in the United States so those who might have tried to enter medicine were swayed by the promise of employment aboard.

Even graduates of medicine took up nursing. All medical schools were faced with a decreased number of applicants. We accepted graduates from our undergraduate courses of medical technology and physical therapy, regardless of NMAT score. Other schools still set a cut-off, some as high as 80 and 90, for acceptable NMAT scores.

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PRESIDENT's Message **TENDERLY YOURS**

From Dean Linda Tamesis, the *Balik-FEU* is January 23 - 25, 2014. The last day is always the grand ball. I have no information on the possible venue, but there

is plenty of time to know.

The FEUDNRSMAF winter meeting is March 28-29, 2014, to be held at the Hilton New Orleans Riverside Hotel, Poydras at the River, New Orleans LA.

The 35th annual reunion and scientific meeting will be July 9-13, 2014, at the Wynn Casino and Hotel in Las Vegas NV.

The Fabitos are still in the process of negotiating with the hotel and will be definite past this week.

As I have mentioned, details of the above information will come in shortly when things are quite definite hopefully by the

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Message from the **BOARD CHAIRMAN**

I welcome the commitment of our new medical Dean, Dr Linda Tamesis to write a regular column in the **ECTOPIC MURMURS** to keep the general membership informed and updated about our medical school.

We have been involved with our alma mater in so many ways. We have responded generously all these years to requests from previous administrations on funding their research program and seminars, audiovisual aids for the school, funding on a regular basis the scholarship program to name a few. The late Dr Arsenio Martin spent his time and his own finances to recruit the brightest undergraduates in the Metro Manila area to our scholarship program on behalf of the Alumni Foundation. Our various active Chapters of Michigan, Southern California, Northern Illinois, and New York have done fund drives in the past and recently to raise money for the various projects and program of the medical school.

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HERNANI TANSUCHE MD



LINDA D TAMESIS MD

FAITH CORNER

REV MELVIN ANTONIO MD⁶⁵

In the Gospel of Luke, Jesus tells the disciples, *Do not be afraid, little flock, for it is your Father's good pleasure to give you the kingdom.* **Luke 12:22** Jesus tells his disciples not to worry, not to

be afraid, to be watchful of the coming kingdom of God. He gives them reasons why they should have no fear of their future vocation in ministry. Then, just as they were feeling comfortable, Jesus hits them with words that they did not expect. Jesus says, *I came to bring fire to the earth, and how I wish it were already kindled.*

Luke 12: 49-54 In **Isaiah 9:6**, it was prophesied that a child would be born *and the government shall be on his shoulders: and his name shall be called Wonderful Counselor, Mighty God, Everlasting Father, Prince of Peace.* Now they hear Jesus say, *Do you think that I have come to bring peace to the earth? No, I tell you, but rather division.* So much for being called the Prince of Peace. Do you think the disciples are confused? Are you confused? Is Jesus confused?

Jesus' words are admittedly harsh, more than a little threatening and uncomfortable to hear. If we were to read further and take the meaning of Jesus' words literally, we would think that He means to set family members against each other for reasons that are lost to

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GOLD IN THE SHADOW

CESAR D CANDARI MD⁶¹

FCAP Emeritus, Henderson NV
I have posted these events in



CESAR D
CANDARI MD

my previous articles but forgive me if I am close to exploding in pet peeved annoyance or sound like a braggart for I know even a

whiff of entitlement or unchecked ego can be easily perceived as an insipid personality. I wish I know how to use the art of self-deprecation. Hence, may I beg your indulgence if I might sound cock a hoop with self-serving stories? Nothing wrong with that.

I left the Philippines in December 1961 for postgraduate training.

I never dreamt I would become a US citizen and partake in the American dream. And yet I did.

The American Dream is that dream of a land in which life should be better and richer and fuller for everyone, with opportunity for each according to ability or achievement. We look toward a new American Dream with less focus on financial gain and more emphasis on education and living a simple, fulfilling life. Thomas Wolfe once said: *To every man, regardless of his birth, his shining, golden opportunity . . . the right to live, to work, to be himself, and to become whatever his manhood and his vision can combine to*

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PANORAMIC HOPE

JOSE MT ANTONIO MD⁶³

First, kindly permit me to mention what Benjamin Disraeli had once said *In a progressive Country change is constant; change is inevitable.*

My love for our FEU-NRMF Institute of Medicine, and the recent festive exuberance during our Class⁶³ Golden Anniversary celebration and those of other classes are ones of the best.

Our newsletter **ECTOPIC MURMURS** beyond reasonable doubt and with preponderance of evidence has been doing great a job with the leadership of Dr C V Reyes.

In retrospect, the Golden Jubilee celebrants really showed solidarity of friendship; and the beautiful expensive formal dresses with different fake and true jewelries were so beautiful.

The handsome dashing gentlemen in harmonious attire were also so extremely elegant in *Barong Tagalog*, and tuxedos with harmonic golden bow ties and cumber bands.

All the celebrants conveyed happy smiles and great renewals during their 50th Jubilee of experience as physician, work, friends and family ties.

Our personal medical histories were amazing. Some had left us earlier. A few had survived back-breaking health issues; some had coronary by-

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JMT ANTONIO MD

RUMINATION VI

PIO M SIAN MD⁶⁵

Tonight as I sat down, I was ruminating and reminiscing the beautiful vistas and places of the motherland.

Among the most breathtaking is the Pacific Coast of north

eastern Luzon. From the craggy shores north of Palanan, the coves and the inlets of Baler onto the sugar white beaches of Dingalan, unbeknownst to most Pilipinos until the movie *Apocalypse Now* was filmed.

Further south, the tropical shores of Lamon Bay gets some of the best waves in 6,000 miles of Pacific Ocean. *Dream waves* world class surfers seek in the farthest corners of the planet. A few miles offshore, lies Polillo, a group of primeval islands, a real tropical *Garden of Eden*. The flora and fauna are found nowhere else on earth, that National Geographic had a special, a few months ago. Hugging the coast further South, into the Bicol peninsula lies Caramoan where the *Survivor Philippines* was televised.

Then a brainstorm struck. If Brazil was able to move their capital city of Brasilia 1,000 miles in the heart of the Amazonia, why can't the Philippines build two or three mountain cities in the northeastern Luzon in the ridges of the Sierra Madre. Baguio was built in three years when there were no diesels yet. Most heavy manual work were

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PIO SIAN MD



CLASS⁶⁸ Mini-Reunion

A mini-reunion of Class⁶⁸ alumni following the 34th FEUDNRSM Alumni Foundation annual reunion and scientific convention in Chicago was held at Estrella's Residence in Kewaskum WI..

Dr Rene Estrella hosted Drs Wilfredo Magat, and Artemio Montes for salmon fishing at Lake Michigan off Port Washington. They came home with seven big-sized salmons. The ladies, including Drs Teresita Mismano and Angelita Mercado Acosta who was visiting from Batangas City, were entertained by Dr Aurora Estrella. What was served for dinner? Of course, freshly baked fresh salmon for dinner.

Almost all were friends since pre-medicine, for 53 productive years. The other Class⁶⁸ alumni were missed.



MELVYN ESCARA MD recovers painlessly

At first, I thought it was my back. I consulted a spine specialist who told me it was my hip, not my back, so he referred me to a hip surgeon who told me that I have a worn out right hip. I least expected that. My new look before surgery. I had a right total hip replacement on September 10.

The second picture shows beautiful nurse Anna who helped me a lot during my recovery at the hospital. She was so sweet I enjoyed my post-op. I forgot the pain that I did not ask for narcotic pills during my whole stay. They were all impressed at my recovery. They all said, including the surgeon, this is the first time they saw someone recovered that fast. Now, I am home and doing very well. I can walk around and go up and down the stairs without walker or cane. Not taking any pain medication. I cannot wait for my next surgery, right total shoulder replacement. Thank you for your prayers.

Well, I guess I will have fun for a while. See you in Vegas

ARSENIO MARTIN MD⁶⁷

Scholarship Legacy

DAISY P RAMOS MD⁶²

About seven years ago when most medical schools in the Philippines, including FEU-NRMF Institute of Medicine, were grappling with the problem of poor performance of graduates in the medical board

examinations, the FEUDNRSM Alumni Foundation officers met with Dean Remedios Habacon and the various department heads to brainstorm how we could uplift both the quality and performance of our student graduates.

Out of that meeting came two complimentary recommendations: recruit better students through scholarships and other incentives, and improve the teaching skills of the faculty through teaching seminars and retreats

The Alumni Foundation supported both measures but gave great emphasis on the recruitment of top students. The thought was if our graduates do well in the board exams, it would boast the stature of the medical school and attract better students.

This is when Dr Arsenio Martin began his stewardship of our scholarship program. He pursued his responsibility with gusto, enthusiastically seeking out the best potential scholars.

He was so involved that he would occasionally get emotional as he shared details of personal circumstances of the recruited scholars and when he

chronicled their year to year progress.

Initially, all the funding for the scholarship program came from the Alumni Foundation coffers; but it soon proved to be an expensive undertaking with increasing number of scholars as they transitioned to second, third, or fourth year. In recognition of the financial challenge, then board chairman, Dr Amante Legaspi, appointed me to chair a scholarship fundraising committee.

The fundraising effort initially started on a low scale. Prizes were mostly donated by the jewelry exhibitors. Then I started donating some designer bags and accessories. Our efforts netted \$27,605 between 2004 and 2009. There was a hiatus between 2010 and 2012 when no scholarship fundraising was undertaken. The scholarship fundraising committee was revived last year by chairman, Dr Hernani Tansuche.

Due to the need of the Alumni Foundation, I proposed to do a raffle at \$20 per ticket and solicited the following prizes: Up to seven days use of our two bedroom condo in Beaver Creek CO; Five-day stay in two bedroom villa in Boracay of Drs A and Jane Legaspi; Ladies Prada handbag donated by yours truly; Jewelry from Kris Ann Jewelry of New Jersey and Nora Vasquez Jewelry of Westmont IL; and Gift certificate from Saks Fifth Avenue

This year, there was greater enthusiasm and participation by both the members of the board trustees and our alumni, with a lot of help from the spouses.

We reached a crescendo of support during the 34th annual reunion in Chicago last July and raised a grand total of \$19,090. It is perhaps fitting that we attained this milestone amount while concurrently mourning the sudden death of Dr Martin who also had served as board chairman and Scholarship Committee chairman since its inception.

Dr Martin worked hard in recruiting, interviewing, selecting and counseling our medical scholars. He was a surrogate father to them, through medical school and beyond. He would beam with pride like a father when our scholars did exceptionally well in the boards or placed in a desirable postgraduate program.

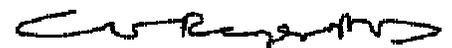
He frequently housed the scholars when they visit the US, provided local medical exposure and experience, and exhorted others, including us, to do the same and helped them find residencies if they decide to train here.

It is therefore fitting that the Alumni Foundation board trustees named and will henceforth have a Dr Arsenio Martin Scholar in his honor and memory.

REJOINDER

Class⁶⁷ Silver Jubilee Fund per last Alumni Foundation treasurer's (Grace B Rabadam MD) report, is now **\$87162.83**, and has remained unused since inception in 1992.

A suggestion to Class⁶⁷ alumni to share the money with the Arsenio Martin MD Scholarship Legacy Fund is hereby formalized.



DAISY P
RAMOS MD

LETTER to the Editor

I enjoyed Dr Cesar Candari's article and insightful comments on Ninoy Aquino. Indeed he was a martyr.

I often wonder though if a precious life was not wasted considering what is happening to our homeland right now.

The rampant corruption, neglect of the poor and class divisions remain unabated. Will there be an end to these? What else will it take? Will we ever learn?

ROLANDO M SOLIS MD⁶³

Commentary:

NOTHING WILL HAPPEN

What must be done?

CESAR D CANDARI MD⁶¹

FCAP Emeritus, Henderson NV

In my article, *Remembering*

Ninoy's Legacy

(**ECTOPIC**

MURMURS August

2013) I wrote,

Senator Benigno

Aquino Sr was a

martyr.

Do we have easy answers to these queries? Maybe not.

Corruption in Philippine government officials will never end unless radical changes prevail. A pitiful country I can cry for.

Pork barrel scam is just one of them. Billions of pesos from congressional Priority Development Assistance Fund (PDAF), the people's money skimmed and plundered. These criminals must face justice;

bring back the billions of plundered money of the people led by the queen of scammers-Janet Napoles! This is a colossal corrupt deal that is so sickening. Today the populations of 102 million Pilipinos are represented by 70%-80% trapped in the vicious cycle of poverty and exploitation. For more than five decades people have grown poorer and poorer, with a growing number living in abject poverty. Everyday people die of hunger. There needs to be a serious reconsideration of a political culture that serves itself, not the tens of millions toiling in poverty. We need to combat financial greed, opportunism, and the corruption, scam, plunder, and thievery of politicians.

Noynoy SB Aquino was elected as our president; we were inspired that Malacañang regained its honor and dignity. Graft and corruption ruled the country and he promised the *walang* corrupt. Yet in his administration the Philippines continued to face an endless number of challenges. The whole nation was witnessing sickening crimes attributed to the inept people in the government.

I wish Noynoy could wake up and exercise his righteous power, that corrupt officials must face justice, that the guilty must be put to jail! I truly hope and pray that the present government of Noynoy shall not lose the battle against corruption and poverty. We must find the momentum to move forward. This opportunity for freedom is ... *worth dying for* – from the betrayed words and cause of his martyred father

Ninoy Aquino. The People Power was our shining glory! We expelled a dictator.

I will say it again. First, start with the rally, now going on in Manila. Jose Ma. Montelibano, a Philippine columnist wrote in his glimpses of his homeland in *How Will We Survive?* He discussed the United States Wall Street occupation movement, a dramatic moment of unknown long-term effects. We must encourage the occupy movement for the Philippines (**FEUMAANI News**, November 2011)- its mission to expel those corrupt politicians! It must be the use of nonviolence to maximize the safety of all participants. Can this be done?

Do our countrymen have what it takes to make the necessary sacrifices to build a real future for our homeland? Or are we willing to accept the status quo and watch future generations suffer through the unacceptable conditions that haunt the Philippines today?

President Noynoy Aquino has stated he wants to end corruption and solve our crippling poverty. Yet what must be done? I say stop oligarchy, a huge impediment to the progress of the country, and bring back the billions of plundered dollars stashed abroad. Remove thievery and plunder in government officials and cronies. Arrest the crooks, smugglers and tax cheats. Develop infrastructure, fund education, and create employment. The agricultural and fisheries sectors must be revitalized to halt the migration of poor farmers to urban areas.

Occupy Manila and all cities in the Philippines for the



ROLANDO M
SOLIS MD



CESAR D
CANDARI MD

economic recovery and moral reformation of our nation.

However, occupy long term rallies like the people who had demonstrated here in the U.S., is not easily possible in the Philippines. To build a tent in Luneta and in front of governmental buildings in other cities will be unbearable due to extreme hot weather and monsoon rains. It will be intolerable, agonizing and unsustainable for those young Filipinos.

Second option: It is about time to repeat history of dictatorship. It does sound so evil and unthinkable. It is the impossible. The AFP and PA must support it. Are there any other options?

This is not mine.

Yes, there are few clamors for a dictatorship; of course not like the Marcos nerve; it must be similar to the honest extraordinary dictator Lee Kuan Yew of Singapore. It must be a benevolent dictatorship. History tells us in twenty years Singapore's economy grew eightfold. Average income per capita rose more than fourfold. The percentage of families living in poverty dropped to 0.3% (in the US it is near 20%). Singaporeans' average life expectancy is now 71 years. No one is homeless. Population has stabilized. Virtually everyone has a job.

Singapore just doesn't fit the world's categories. It's a dictatorship with free speech, no fear, and **no corruption**. It's an economy that uses capitalist means to attain socialist ends. Singapore University scholars call it a *meritocratic, elitist, Confucianist, bureaucratic state*.

In the Philippine whom can we trust to lead like Lee Kuan Yew?

President BS Aquino I believe has his honorable goals for the country, and he has the probity like his mother Cory, is intelligent enough not to dishonor the name, the stature, and the idealism of his late father Benigno Aquino.

Coming from Pat Talens, a writer/ commentator, this was what he stated: *Not to resort in a revolution, all the more that I find Martial Law as the most viable remedy to the country's mounting crises. Through Martial Law with the support of the Arm Forces of the Philippines (AFP) and the Philippine Army (PA), President Aquino can abolish the crook Congress (a gathering of many thieves) and all political entities... Through Martial Law, President Aquino can truly implement his daang matuwid cry to better the Philippines. Through Martial law, President Aquino can bring arrest, jail and punishment to so many people who now are in luxury, in lavish living from their loots, while staring those majority Filipinos living in abject poverty, dying daily of hunger.*

Benigno Aquino Sr spent living his life fighting Martial Law, this time, the son Benigno Aquino Jr will be in his life to learn, to discover and to use Martial Law to save his people. Obviously, this is not a popular option. To be in status quo, nothing will happen. The country needs truly a bold patriotic head-of-state or ruler to truly transform the Philippines.

Well, we have seen the unthinkable happen during the spring revolutions in Northern Africa, resulting in significant political upheaval in brutal dictatorships. We are witnessing different kinds of revolutions at different stages in nations like now in Syria. The world is changing, and it is time our country and countrymen change with it. I say we can seek true and everlasting reform, that we occupy our cities in a nonviolent manner and demand true, dramatic economic and political changes; we shall not role out Martial Law! A new Philippines must begin today!

FEUMAANI Medical Mission

January 27 - 29, 2014

Cavite Provincial Hospital
and Trece Martires, General
Trias

and Bacoor for outpatient services

Possible lodging at

Cove Island Resort in Kawit and
the Spring Plaza Hotel in
Dasmariñas

Email at frank-nette@earthlink.net

for volunteers:

name and specialty for a head count

Please send required documents:

curriculum vitae, two colored
passport pictures with labelled
name, and

copy of US medical license to

Nida Blankas Hernaez MD

28951 Forest Lake Lane

Green Oaks, IL 60048

telephone 847-668-7385

ednida888@gmail.com

for application for

temporary medical license.

CLINICAL IMAGES

ANTIDEPRESSANT-RELATED PSEUDOMEMBRANOUS COLITIS



Figure 1 - Abdominal pelvic CT scan reveal wall thickening (arrows) of the sigmoid colon and rectum, consistent with pseudomembranous colitis.



Figure 2 – Colonoscopy show mucosal nodularities, yellow exudate and intervening flat to depressed mucosa.

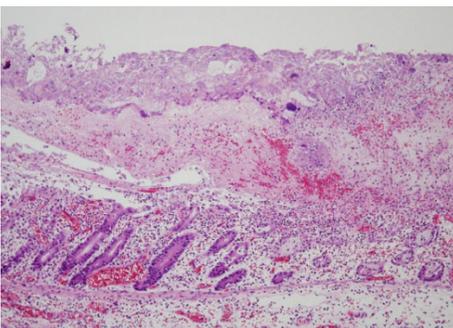


Figure 3 – Classic pseudomembrane of mucus, necrotic debris and acute inflammatory exudate over an eroded colonic mucosa (HE stain, x100).

These images are from a 64-year-old woman with history of depression and panic disorder and treatment with mirtazapine 30 mg daily. She also complained of an on-and off, five-month yellowish, watery diarrhea and left lower quadrant pain interpreted as irritable bowel syndrome without definitive medication taken. The diarrhea worsened a few days before seeing her physician. Of note on physical examination was a moderately tender lower abdomen, more so on the left side. Her oral temperature was 101, and her white blood cell count was 19,100.

No other health issues and no recent antibiotic usage.

Routine abdomen/ pelvis computer tomographic scan demonstrated marked thickening of the wall of the distal sigmoid colon to the rectum (**Figure 1**).

Colonoscopy exhibited diffuse pseudomembranes with intervening flat or excavated mucosal erosion or ulceration throughout the patient's distal colon (**Figure 2**), and random biopsies (**Figure 3**), affirmed the clinical impression of pseudomembranous colitis or *Clostridium difficile* infection with diarrhea.

Loose stool rapid *C difficile* test results were negative for *C difficile* toxin A or B, but positive for *C difficile* (GDH) antigen, which is considered non-conclusive. The PCR (polymerase chain reaction) test, however, was positive for toxigenic *C difficile*, diagnostic of the disease.

Most of the risk factors for *C difficile* infection were ruled out, except mirtazapine which was gradually discontinued, and replaced with escitalopram. The patient was also promptly treated with oral metronidazole, 500 mg TID for fourteen days.

She had a complete resolution of her symptoms for PMC six months to date; and with escitalopram, her depression and panic reaction disorder are under control.

COMMENTS and LITERATURE REVIEW. Pseudomembranous colitis (PMC), or *C difficile* infection with diarrhea, is an acute infectious colitis caused by toxins produced by the proliferation of *Clostridium difficile* in the colon. *C difficile* is a gram positive anaerobic bacillus, producing A and B toxins.

The toxins have cytotoxic and enterotoxic effects. Depending upon the condition of the host, it can be as benign as an asymptomatic carrier state, or as severe as toxic megacolon requiring colectomy. These two conditions represent the extremes of the clinical spectrum.

The typical presentation is that of watery diarrhea, lower abdominal pain and low grade fevers starting either during or shortly after antibiotic administration.

All antibiotics can predispose to colonization; however, the more common culprits are clindamycin, ampicillin, amoxicillin and the cephalosporins.

C difficile culture with isolate toxin testing is the gold standard for laboratory detection but is not suitable for routine use. PCR is the most efficient direct method for laboratory diagnosis, although some laboratories may prefer the algorithmic approach using PCR as a confirmatory test for the presence of toxin.

At some institution the standard of care, for diagnosis, is direct testing by PCR because of the low cost of the laboratory-developed test and the efficiency of its use in a high test volume setting.

Colonoscopy with biopsy is also useful for the diagnosis. PMC is characterized by the presence of elevated, yellow-white plaques forming pseudomembranes on the colic mucosa.

C difficile infection leading to pseudomembranous colitis is nosocomial and usually occurs as a complication of antibiotic therapy but may be associated with abdominal surgery, colonic obstruction, uremia or prolonged hypotension or bowel hypoperfusion.

It also occurs with increased frequency in patients with severe debilitating diseases such as lymphoma, leukemia and advanced human immunodeficiency virus infection.

CT as a noninvasive method of PMC diagnosis has a sensitivity of 52 %, a specificity of 93 %, a positive predictive value of 88 % and a negative predictive value of 67%. Common CT findings includes wall thickening compatible with edema and inflammation, mucosa enhancement due to the hyperemia, *accordion sign*,

target sign, pericolonic stranding and ascites.

C difficile infection has its source in an alteration of the normal bacterial flora of the colon and the release of toxins causing damage to the intestine. As the incidence of *C difficile* infection rises, the subject of their elimination remains up to date.

Very recently and strikingly, a relationship between psychiatric disorders and function of the gastrointestinal tract has recently been recognized. The connection between feeling sad and bacterial bowel disease seems to be a little far-fetched. Not to mention the fact that some antidepressants are to contribute to the onset of PMC more than the others.

Standard references have indicated that tricyclic antidepressants which are anticholinergic, decrease acetylcholine-mediated stimulation of predominately M2 receptors in the GI tract, thereby slowing motility and secretions. This is similar to a muscarinic receptor blockade

Recent study reveals that adults suffering from depression as well as those who take specific anti-depressants, mirtazapine and fluoxetine, are more likely to develop *C difficile* infection. Other discovered risk factors include widowhood and living alone.

It is found that the rate of *C difficile* infection was 282.9 per 100,000 person-years in individuals with depression and only 197.1 per 100,000 person-years in those without this ailment.

The odds of developing *C difficile* infection were 36%

greater for subjects with major depression compared with those without. The findings were similar for other depressive disorders and reported feeling of sadness

Another study has also proved that the odds of testing positive for *C difficile* are twice as high in patients who received mirtazapine than in those who did not. Similarly, for each dose of fluoxetine received, the odds of testing positive increases by 6%.

Other selective serotonin reuptake inhibitors (SSRIs) are not associated with a positive *C difficile* infection test.

In addition, recent research has indicated that an interaction between mirtazapine and trazodone, namely: for a patient receiving both of them, the odds of a positive *C difficile* infection test are 5.72 times greater than in individuals receiving neither of these drugs.

It seems that the relationship between anxiety, depression and functional GI disorders in humans is vivid and bidirectional, so that psychiatric disorders predict GI disease and vice versa.

There is also experimental evidence that depression may lead to actual changes in the intestine. In a mouse model, depression caused by maternal separation resulted in both the development and greater severity of colitis.

Moreover, fecal microbiota of depressed patients are different than those found in patients without depression. This may be caused by the fact that patients with depressive symptoms suffer from immune dysregulation and exhibit greater and more prolonged

inflammatory responses after antigen challenge.

The reason why only certain antidepressants seem to contribute to *C difficile* infection remains unclear. These drugs alter the serotonin levels which are found to play a key role in the pathogenesis of colitis in animal model.

It is speculated that inter-patient differences in genes encoding for serotonin receptors might result in various, here adverse, responses to therapy.

Further studies are needed to substantiate these novel findings, but in the meantime, they should serve as a caution for today's hospital practice.

When patients are in the hospital and going to be placed on antibiotics, and they are also on one of these antidepressants, their doctors should be particularly aware, watchful and cautious for PMC or *C difficile* infection with diarrhea.

A list of **REFERENCES** is available upon request.

by Cesar V Reyes MD⁶⁸

COMMENTS

Editorials, news releases, letters to the editor, column proposal and manuscripts are invited. Email submission, including figures or pictures, is preferred.

FEUMAANI News

Deadline for the
October 2013 issue

October 9 2013

Please address submissions to

acvrear@aol.com

More on GUT Microbes, as a reason for OBESITY?

Obesity, formally defined in 2013 as a disease by the American Medical Association, affects a third of all American and can produce impairment of the normal function of the body, characteristic signs and symptoms, and morbidity.

Some of the important complications may include heart disease, congestive heart failure, diabetes, sleep apnea, stroke, hypertension, osteoarthritis, gastroesophageal reflux disease, various cancers, depression, and even erectile dysfunction.

Since formally defined in 2013 as a disease by the American Medical Association, everyone has talked about it as a syndrome with myriad etiologies, often difficult management, complex prevention methods, varying prognosis, and other topics intrinsic to a human malady.

A recent research has indicated that germ-free mice gain weight when transplanted with gut microbes from obese humans, in a diet-dependent manner.

Physical traits like obesity and leanness can be *transmitted* to the mice, by inoculating the rodents with human gut microbes.

The study also shows that a *lean* microbial population could infiltrate and displace an *obese* microbial community, preventing mice from gaining

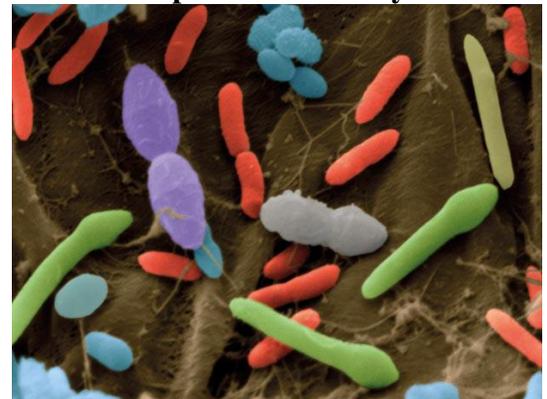
weight so long as they were on a healthy diet.

Of course, there are many causes of obesity beyond microbes. These results might provide a proof-of-principle for ameliorating diseases.

By understanding how microbes and food interact to



A picture of obesity



A color scanning micrograph of mixed colonic bacteria (reprinted with permission from microbeworld.org)

influence human health, researchers may be able to design effective probiotics that can prevent obesity by manipulating gut microbes.

The human gut is home to tens of trillions of microbes, which play crucial roles in breaking down food and influencing health. Interested workers have also shown that obese and lean people differ in their microbial communities.

A list of **REFERENCES** is available upon request.

by Cesar V Reyes MD⁶⁸

RUMINATION VI

continued from page 3

done by Chinese and Japanese coolies but a vast majority were Pilipino sweat and muscle power. Of course, the Americans had an urban planner and architech, Daniel



PIO SIAN MD

Hudson Burnham. The same person who designed Chicago and Detroit, remodeled New York, San Francisco and Washington DC. He was commissioned to plan and build a city a mile high so it will be cool and comfortable for the Governor-General of the newly acquired colony. He started construction in September 1900, the city and the Governor's mansion was ready for occupancy by July 4th 1903. That was at a time when muscle power was king. Steam power was too heavy to get into the mountains. Picks and shovels did what heavy machinery can do now. No satellite weather predictions then, that the total casualties from falls, flash floods, rock slides typhoons and earthquakes remains buried in the hills. The whole plan worked and the city still stands for 110 years.

The biggest demographic problem in the Philippines is not overpopulation but maldistribution. Metro Manila has a population density of 15,000-18,000 people per square kilometer, the whole province of Cavite tops with 2,000 souls per square kilometer or 20 persons per hectare! Most provinces in Central Luzon have over 1,500 people per square kilometer. If

one walks 20 kilometer east of Novaliches or Antipolo, he will be in the **boondocks** (the only Tagalog word that attained household term in US). The population will be very sparse. Take Isabela, it is the second largest province in the Republic, but has the lowest population density of only 50 persons per square kilometer. Similar conditions prevails in surrounding provinces of Quirino, Nueva Viscaya, and several other places.

Consequently, progress is hindered. Destructive illegal lumbering is a common livelihood even it causes death in many cases.

In my generation, people tended to be clannish, extended families hid under the skirt of *nanay* or *lola*. Nobody dared to go far. Everyone seemed dependent on breadwinner. I am glad that trait is fast fading as we can see the millions of OFWs all over. About OFWs they do wonders all over the world. The Middle East petroleum will not flow without Pilipino workers, ships of all kinds will remain in port without *Pinoy* seamen. When they come home, with their technical abilities, they can be the back bone of the labor pool to operate the heavy machineries to cut roads to the NE Luzon mountains. The *brainstorm* continued to envision a major highway similar to the ones in the western part of Luzon. Some billionaires or investors can develop the area with their capital and can expect tremendous returns. Highways to the new settlements can be cut jointly by government and

private enterprise, much like Boracay. Plans should include to consider typhoons, high winds, tsunamis etc. Modern electronics can help predict all these. Conditions to maximize the benefits of living in higher elevations at best months to stay or stay out in inclement weather. Power can be adequate with several high flow rivers that can sustain building hydroelectric plants. Homes can be designed to withstand prevailing conditions.

Accessibility is a must. If help is slowed by inaccessible roads, ambulance, fire trucks and vital vehicles cannot come on time then this will just become a costly misadventure. Modern day pioneers will need security. Helipads at strategic points can be built so rapid response to terrorists can be resolved.

Again this is just a brainstorm that keeps on going and going before it gets switched off by age, CVA or Alzheimers. I hope brother Rolly who is close to the president can read this and have his own idea.

PANORAMIC HOPE

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pass procedures, etc.

One Golden Jubilee family really stood out, that of Dr and Mrs Fernando Angeles. Their handsome son, John, showed no hesitation mingling with his dad's crowd and dancing the *tinikling*. Their beautiful



JMT ANTONIO MD

intellectual daughter, Stacy, gave me reasons to laugh and smile many times in our dialogue.

My best friends, Dr Gerry Guzman with his wife, Gigi, seems to be getting younger with more vigor and vitality as they lead the Class in dancing practice. They also exhibited incredible and amazing energies in putting up the decorations, and non-stop dancing lessons.

To FEUMAANI, we really appreciate your group's dedications. Almost 100% in our Saturday dinner round table and the rest of our fellow alumni from my personal perspective had a real good time and expressed happy and smiling faces.

The lecture of the Dean, Linda Tamesis MD, during the continuing medical education seminar stimulated my mind and understanding that time really has changed with inevitables.

Her definable foresights with the use of graphic slide presentations of the evolving plans to re-establish various departments and subdepartments for better deliverance of respective duties, reporting to the top for decision making, and subsequent improved implementations of the same.

The most attractive, and admirable venues are her idea that FEU medical graduates should have jobs within two years after their graduation.

That is one of the smartest intellectual results that may prevent another *brain drain* like the time when we all came to this land of opportunity and freedom in the 1950s and 1960s.

Those decades were characterized by a wide open door to Philippine physicians and other intellectuals because the United States had inadequate number of physicians to deliver its medical care to the people.

I commend Dean Tamesis for her new ideas that are practical and logical, and immensely invigorating and stimulating to mind.

Please allow me to suggest or add to the Dean's ideas that those graduates in top honors and in the first top ten in the Philippine medical board examinations to be supported by our school, to have a free round trip ticket for their venture to pursue training and expertise in related sciences, especially in physics and genetics, eg, at National Institute of Health, or in one of the IVY league institutions --- with proper connection and recommendations.

While the salaries are usually low and housing is expensive, if FEUDNRSMA Alumni Foundation and FEU-NRMF would only co-equally provide underwrite these opportunities, the set-up will be ideal.

After finishing their terms as postgraduate trainees, these scholars should be back home to continue and employ their science projects and expertise if US institution does not so allow them to stay here.

Back at the home turf they should do a job equivalent to being associate professors with minimal salary; and therefore they should be allowed to work outside FEU as practitioner in their expertise or in group practice to earn their living.

They should share with our medical school their advanced expertise by teaching our medical students with the title of associate professors and clinicians by giving lecture series to the hospital housestaff for at least a year or two with minimum salary per hour.

Then after fulfilling that obligation, they should be paid accordingly to the FEU-NRMF design of salary scale; and they should also be allowed to practice solo or with group practice to add to their income.

I have a valid idea of suggestion because the medical practices in the Philippines are patterned after the United States.

Our hospital with private investors, or the physicians themselves, should establish strategic satellite outpatient clinics in the upper income area residence.

The medical students with supervision by their teachers, or associate professors, could take care of the satellite clinics in poor (really poor) neighborhoods for free medical comprehensive care.

These could either be an outpatient or inpatient for the medical students to start developing respect for unfortunate, poor and disadvantaged people; good bedside manner; the art of taking histories and physical examinations.

These could also be in the emergency room so the medical student learn early enough the realities of medical practice, and to be able to take care of fellowmen, irrespective of living status, Catholic, or not, etc.

With the presentation of Dean Tamesis, I share my above-mentioned dream with my forthright optimism as a dreamer. I will avoid at all cost to make my dream my master of my fate.

On another matter, the Alumni Foundation by-laws are almost more than 30 years old as established by our beloved and distinguished professor, JB Nolasco, in the collaboration with his lawyer friend, Mr Samuel Green.

In most probability, these by-laws now need some changes to guide the younger members in the future leadership of the organization.

This 30-year old testament we have been following, I personally believe, and it is now high time of inevitability, to change, add, delete, or revise, or do nothing, by five selected representatives who are honest with intellectual attitude, reputation, and character to look into this subject .

First, we have to avoid the tendencies of any individual or group of individuals to monopolize running our beloved Alumni Foundation, with some malicious or selfish intent for personal honor, prestige, and gain.

This possibility of the aforementioned bias had resulted in the development silently by some alumni not to attend the reunion.

Some who have been attending clamor for a change are wishing to relay this information to the closed or made-deaf ears. They have also have remained silent for so long, outside the CME convention hall, or during breaks, in my keen

observations. This despicable situation is manageable, as malignant cells can still be controlled while we are alive.

Please do not vilify me if I am telling the truth and what is right. If I am truthfully right beyond any single shadow of a doubt then the angels are behind me and leading me to the right path.

If you or some believe that my ideas are wrong then Lucifer in reality did not die as created by God except all beings will have an end.

If I am wrong I humbly accept all your decision with humility, love, peace, courage, and compassion.

In short, let me convey to all distinguished alumni to avoid something wrong in our composition of the board of trustees, lifetime *emeritus* board trustees, and the selection of future Alumni Foundation presidents, and our delegate(s) to the FEU-NRMF Board of Trustees at home.

My fellow alumni, let us dedicate ourselves to have a decent and intellectual dialogue for the sake the Alumni Foundation, and not to allow anybody or one individual to control all of us in decision making.

The president and his cabinet with numerous *emeriti* participating with political influence, especially in selecting the lifetime achievement and distinguished alumnus awards, is outdated.

Let us follow the word to live by one of our geniuses as Albert Einstein who stated *Learn from yesterday, live today, and brighter hope for tomorrow. The most important thing is not to stop questioning.*

Hence, do we need to change the course of our direction? Maybe, but gradually, to questions prints in our by-laws that may need to be renewed, added, revised, and deleted, to change the course of our direction at present time for the original aims had been almost or more than three decades ago.

Change is inevitable. It is easy for me to propose, or say, but with courage, resiliency, and firm determination we have to do it if two thirds of the alumni are agreeable.

If we cannot attain $\frac{2}{3}$ of our membership, then my and fellow alumni silence will not preclude that our freedom of speech based upon Article I of our United States Constitution cannot, and should not be suppressed.

Remember, there is nothing easy in this globe; but with brighter rays of hope for our future younger generation are in order.

They have to learn how to handle the mantle of leadership with malice toward none and charity for all, avoiding dysfunctional personalities of any old group, or individual in any group, of the composition of the board trustees, like *emeritus* (for what?), or past presidents as permanent member of the elitist with the display in their name tags (for what?).

Only our respected peers that are presently serving should continue to serve because of their experienced, honesty, integrity, professionalism and character, without bias and favoritism with their courageous perseverance as members of the board of trustees at home they (Drs

Philip Chua and Rolando Solis) should have their name tags so the fellow alumni may know that any alumnus or group may be able to convey their concerns with dignified and professional ideal dialogue for at least a minimum of ten minutes to maximum of thirty minutes depending the numbers and concerns to be address.

It must be by appointment, and must be written in a separate sheet during registration and in the days of the reunion, daily his/ her name, or their group with the date and time to see (Drs Chua or D Fabito).

A minority of our colleagues who are the current leaders have been serving as board trustees for more than two to three decades with dedication, honesty, professionalism, and dignity.

Why continue (one individual, or selected few) without any end in the horizon forever the accolade for our beloved JB Nolasco's life history? A few were in the podium to speak allegorical story. What for?

Are all of you, the only few, possessed the qualities to lead, to re-invigorate, and to continue steer the canoe?

Please do not vilify my ideas for I need some explanations with logical sense for this is the battle of *reasoning* and not the reptilian side of our brain.

I will continue to search because of our freedom of speech, and you all the answer to my question: WHY with logic? The deterrent to logic is silence but I hope if the majority of the alumni are just going with the flow; or why rock the boat; or I-do-not-care

attitude. I do care and why not?

Please think deeply for if I am wrong in your judgments, then give me reason(s).

Let us start now, and not be a *ningas kugon*.

Some of you again are serving for prestige and honor, and developing dictatorial tendencies to select the alumnus of the year and lifetime achievement.

The selection of these awards should be by their Class, especially the alumnus of the year; but for the lifetime achievement award recipient should be selected by a committee of five members (and not members by the *emeritus* board trustee or board of trustees); or by the majority of the Alumni itself present during our reunion celebration.

The members of the board trustee *emeritus* should not be the ones who elect and select as our next president because they are your buddies, and who follow blindly, etc.

These are ludicrous puppies, and what for, and **why?**

Just to continue your power of control.

The past presidents and *emeritus* members of the board of trustees have been monopolizing for three decades who will be the president, and next president-elect. Majority of the past presidents, and members of elite *emeritus* (for they had served as president before or was selected by) had served well for decades with honor, integrity, and dignity that everybody knew (but some may disagree...

That's life, or some are afraid to rock the boat. Few cannot express or afraid to

discuss it with decorum.

Hence, they just keep silent with their mouth shut, or lastly they just do not want to rock the boat non-verbally.

We all have the freedom of speech, oral or written, guaranteed by Article I of the United States Constitution. Why be afraid to speak or write up?

I knew some of our alumni had the opportunity to serve as presidents of their respective hospitals, etc, and had served in a larger sense in some of their own ways successfully in all your careers.

I am very proud of all you!

You all have served with dignity, respect and honor.

Now, the time has come that all of you should step down to inject younger blood: intellectual and energetic, and give them opportunity also to serve with honor and dignity.

My colleagues: Change is inevitable for there are always rainbows behind the dark cloud.

Coming from my heart without abomination, intrigue and ludicrous reasoning, and with malice toward none, here are my propositions.

In case an individual member, or at least two third of all the alumni, object to my propositions without malice and disarray, below accusation and vilifying my personal ideas that I am rocking the boat in a big ocean waves of disaster that I am not discerning, then please accept my humble apology to know how to forgive with your kind heart in all your solitude.

If I will be judge with wrong with my propositions because of timing of ideas with two third of our alumni objected then I will

accept it graciously with humility.

My love and respect with gratitude to our beloved FEU-NRMF Institute of Medicine in my solitude I was thinking ahead with the word of wisdom by Benjamin Disraeli *In a progressive Country change is constant; change is inevitable.*

One of the hardest things to change is to our bad habits and character for Lucifer did not die when our Lord Jesus died in the Cross.

Dishonesty and cowardice and unkindness are all hard to change for history, past and present, all these things are happening attest to these negatives attitude for self-aggrandizement.

Hence from time immemorial these had been unstoppable even few great men from poisoning Socrates, killing Jose Rizal, and Mahatma Gandhi to Ninoy Aquino had shed their blood in the hallowed ground.

As Abe Lincoln had said *with malice toward none but with charity for all* real change is inevitable (but it took his idea to be implemented and became a law after a century). There are more good than bad things in life. Hence, my alteration not silence must not give anybody a reason to vilify my personal ideas.

My next suggestions if not studied well may produce destructive criticism that will be unproductive and retrogressive.

Let us all apply Article I of our Constitution in a personal constructive dialogue. Henceforth I would like all of our alumni to think if they all want (few are nonchalant, others just do not care, and few will just

keep silent) to exercise their freedom of speech, etc.

I propose, and submit without any mental or spiritual reservation, or reward to change, delete, add, revised some in our Alumni Foundation by-laws that are outdated for we are all following for more than three decades.

Let us try to make it better with the changes of time, and sooth with time by injecting younger blood to lead. If two third of the alumni simply want to be silent for they do not wish to rock the boat, or are afraid to express their ideas, then I rest my case.

Please **think** first finalizing your decision for there should be something right (positive as an optimist), but also know that may have *opposites*.

My kind request to all are not releasing the arrow from the bow in making all decision without intellectually studying, and delivering logic, for that arrow will not come back to all you that are negativistic.

Remember that the arrow of arrogance, dishonesty, intrigue, jealousies, etc, produce lack of character with idiocy; hence once reputation has been tarnished it would not be easy to erase, or if that arrow was prematurely released this will not come back to the individual that have released it from the bow.

But if you all have discovered that the horseshoe metal, or wood, that you have thrown, boomerang to you back, you may have a despicable and irreparable damage, and serious injuries that you may sustain.

In light of these two events that may happen, or may not have happened, irreparable

damage for having a nonchalant character and attitude would be hard to treat and prognosis may be critical.

Here are my suggestions (each class has one vote: yea or nay):

All present board members or *emeritus* should resign, immediately design not to monopolize same as anti-trust terminology. (Except our present two FEU-NRMF board trustee members, Drs P Chua and D Fabito, for I believe they are honest with honor and integrity that they are representing us with all their heart and spirit.

The elected president and president-elect should continue their duties for two year terms without re-election or serving in the new administration.

All must be back as ordinary citizens of our beloved FEUDNRSM Alumni Foundation.

Each president of the various Classes should select a candidate for president (if the Class president during his/her educational training should serve position permanent). The president should do nothing to be obtrusive, influence, interfere, or any say unless the president asks their advice with current president of the Alumni for that year of his/ her term, and the rest thereafter.

The president and president-elect that had been duly elected by their own board members of the outgoing president must be approved by at least 70% of the board members of the out-going president. The president and president-elect shall have the mantle for this rare opportunity to select their own cabinet members.

The term of the president should be limited to two years without re-election after their term of office. The same is with the cabinet members.

The president-elect has the prerogatives to appoint four members in a committee to select the succeeding president with stipulation that 70% of his/her cabinets have to agree because of the qualities of leadership, integrity, honesty and character.

The president should be transparent, and in written financial statements must be distributed to all alumni via **ECTOPIC MURMURS** to avoid too much expense.

The respective class president should have a written statements distributed to all their classmates what happen to their contributions and or donations, and in writing the purpose where the funds should be given.

The recipient should write a letter of appreciation to the president of the class, and or a single donator in the reimbursement of their contribution/ donation; that the recipient(s) have received in writing such, to follow the intent of the contributors or single donator.

Yearly for transparencies, these documents should be published in our **ECTOPIC MURMURS**.

To avoid too much expenses (since mostly are retired with fixed income) our annual reunion celebration, we have to do in Las Vegas (which is never sleep with plenty of entertainment and 24 hours restaurants).

We shall start our reunion from Monday through Thursday

(for Friday up to Monday the room rates double).

Hence, by booking in one umbrella as FEU Reunion with specific group number the hotel may waive the increase rate on Monday and Thursday in July 2014, and yearly thereafter.

Lastly, our by-laws maybe outdated, hence the president has to appoint for intellectuals with experienced, integrity, honesty, and a decorum in their dialogue (I personally recommend respectfully the following: Drs P Chua as chairman, D Fabito vice chairman, and Gerardo Guzman, Rolly Solis, and Arturo Basa members) with experienced to settle issues that may need to be added, deleted, or revised.

The chairman should vote only if there is a tie. If there is/ are changes necessary this should be given to our corporate lawyer for review that may add or delete in legal terminologies what the committee have recommended, and will continue to be for as a non-for-profit organization as originally intended.

Our by-laws should be reviewed every decade to keep up with time.

Finally, the speech in honor and our tribute to Dr Nolasco's annual memorial lecture series should be delivered by the president of the alumni. Why should we have only one individual for more than two decades had been delivering this tribute? Why?

I hope this political dialogue that I have been proposing will not divide us, and develop animosities for no house can stand on each own when there is division. Instead, it should be an

addition and multiplication to make as stronger as ever.

Let inject to the younger blood to carry this flaming torch of cooperative spirit with exuberance, and smiling faces without greed and animosities. Let us give the proper awards of distinction yearly to the individual that really deserve it, not because of dirty clout of political arena in dictatorial manner.

Receiving and dictating who will be awarded with some honorable distinction by not allowing Lucifer but angels to overcome. I am not interested in a position in my twilight zone, but just a humble servant for I have has been neutral with my perceptive ideas, and keen observations.

Again, if we do not agree with what I had proposed do not vilify me personally, and let us continue to have the battle of ideas with logic for we have all freedom of speech. I had been chief of gastroenterology, head of the department of medicine, and lastly as president of the medical and dental staff, and chairman of the by-laws committee during my term of office in 1989-1990, including as a member of the board of trustees.

Hence, my position for this subject I have to remove myself for my age numbers keep on increasing for younger blood is the one of the greatest gift to all. As one of Dr Jose Rizal poems conveys *Youth is the Hope of Motherland*. In same vein, Albert Einstein states *Not everything can be counted counts, and not everything that counts can be counted...another year older, but who's counting. If I will called to duty to serve, I*

will prefer as a philosopher-historian adviser without leaning to the right, middle or to the left.

Historically from the past empires when political power have been concentrated and controlled for years, and yearly by one individual and his surrounding subordinates just yes mom, or yes sir, that is monarchic and dictatorial. Hence, what happened they all fell flat on their face as history has attested.

Change is inevitable. When the re-written by-laws have been completed, and approved by the present administration, then it should be printed out in paperback and distributed to all alumni with a fee of (\$5) to be collected to each and every alumnus that has received such legal documents.

Change for the best is inevitable, and to add General George Patton said *A good plan vigorously executed right now is far better than a perfect plan executed next week.* By Henry Ward Beecher who stated *The ability to convert ideas to things is the secret to outward success.* Lastly, Pbulis Syrus stated *It is idle to dread what you cannot avoid.* To end, Mahatma Gandhi said *Where there is love there is life. Mabuhay!*

GOLD IN THE SHADOW

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make him. I have gained my modest achievements.

Sim Silverio, editor/publisher of Asian Journal, San Diego, summarized it this way: *Cesar is*

one of the pioneering Filipino American doctors in America breaking barriers, gaining respect and achieving acceptance from mainstream America.

I have received awards from my cherished FEUDNRSM Alumnil Foundation, from Class president Dr. Philip Chua and from the Far Eastern University in Manila.

I, for one could hardly believe that a man from the shadow in medical school could achieve such semblance of fame, coupled with momentous and incontrovertible honor.

I was never known in my class other than a serious student of medicine. I had neither the time nor the inclination to be a student leader.

As a result I did not join the fraternities, *Beta Sigma* or *Sigma Mu Sigma*, and the Student PMA. I was satisfied to be hidden in the *shadows*. It was neither the dissolution of my *persona* nor the launch of the individuation process - the dark shadow which everybody carries with him, the inferior and therefore hidden aspect of the personality.

It was more of a constructive aspect for I believed a person's shadow might represent hidden positive qualities. This has been referred to as the *gold in the shadow*. Was I receiving little attention because someone else is bettering known or more skillful? Not really.

I have chosen to be invisible compared to the active officers of our Class⁶¹. I was not in any class organization such as the student council. Though student politics was in my heart ever

since I was in my secondary school years (at the highest echelon of my class), there was no room or time for it in medical school.

I can write, but never contributed to the official newsletter of the FEU Institute of Medicine **Medical Student**. Remember an idiom — the cream of the crop?

Yeah, I was never in that vigorous and energetic group of leaders. I never joined the R&R of the Class that was popular to everyone.

I was solidly ingrained in the passion of commitments, spending few quiet moments alone. I was driven by a consuming desire to become a doctor and make all sacrifices necessary.

Therefore, my story was a tale of a man journeying through the turbulent seas, albeit unnervingly calm through the turbulent seas of the external world.

Success finally arrived in my life. Colin Powell stated, *There are no secrets to success. It is the result of preparation, hard work, learning from failure.* Over the years, many people have viewed success as the gaining of fame and fortune.

While this is true, success encompasses all kinds of prosperity. Fame and fortune is just one form. With all humility, I thank Lord Almighty.

God is the equation, God is the process.

I recognize my absolute unity with God to the degree which I can consciously determine the outcome of my personal equation in this Universe.



CESAR D
CANDARI MD

The members of Class⁶¹ are united forevermore under the perpetual leadership of class president Dr P Chua and by far the ultimate batch of successful medical doctors who migrated from the Philippines in search for the proverbial greener pastures.

The good news is, a few of us are still engaged in successful practices, while others are in gainful employment in various hospitals and medical centers.

The majorities, however, had retired and are now living comfortably in the United States and elsewhere.

The Class⁶¹ will have a momentous seven nights Alaskan Royal Caribbean cruise from August 30th to September 6th, 2013.

We are looking forward to a relaxing, pleasure cruising, an exotic true cruise adventure to most of us who will sail with loved ones and with our friends and classmates on today's much more active and diverse newer cruise ships. We do have a realistic expectations about this upcoming cruise experience.

In conclusion, the Golden Jubilarians are still all **smiles** now that we are in the winter of our lives.

There is still that full-fledged sunrise which is even better for years to come.

We are in the shadow of light, our 'existence is but a brief crack of light between two eternities of darkness' *vis-à-vis* that tragedy of life.

When those befall upon anyone of us, then your classmates will sing that lovely and emotional song, *The Shadow -- of Your Smile*.

FAITH CORNER

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the disciples at the time. Were he speaking to us today, these words would be so prophetic that they become scary. Just think of divisions within the family unit these days. The signs and symptoms are



REV MELVIN ANTONIO MD

there – high divorce rates and family violence. Children involved in family squabbles being kidnapped or killed because the parents couldn't get along. The Christian Church family is no different. We are today a church divided over issues of doctrine, practice and theology. On a global scale, the world is ever more in threat of self-destruction because of divisions caused by differences in ideology, political direction, social station and religious beliefs. There is not a continent in the world that is not at war over such differences. Is Jesus talking about the world today, that his prophetic words are coming true fast and furious? Where is the good news of the gospel? Where is the hope?

This is a prime example of why reading and preaching biblical texts has to involve bridging the distinct contexts of the biblical story and today's world. The reader/ preacher must consider the historical and narrative context of the particular text. From a narrative context, these verses reflect the prophecies of Micah at a time when Israel was being corrupted by idolatry and total

disobedience to God. The prophet Micah says, *for the son treats the father with contempt, the daughter rises up against her mother, the daughter-in-law against her mother-in-law; your enemies are members of your own household. Micah 7:6*

Jesus uses these verses to make it absolutely clear to the disciples what it will cost to follow Jesus and only Jesus. He uses harsh words to catch their attention. He wants to leave no doubt in their minds that Jesus is the way – the one and only way to the Kingdom of God – not through friends, not through mother or father, not through brother or sister. Why use such harsh, frightening words? This is where it becomes important to gain a historical context in our reading.

At this point in Luke's story, Jesus is on his way to Jerusalem where the conflicts and divisions that he himself has been experiencing throughout his ministry will spill over into a plot to take his life. His coming has already created much conflict within families including his own, conflict within the synagogues and the larger public arena. Jesus knows this. He is, to use a very familiar word, stressed, stretched almost to the point of breaking. A better word to describe his state of mind is that he is distressed at the closeness of Jerusalem and the cross. He sees a shift in his own mission and he wishes the disciples to hear the sad truth now more than ever. And so he uses harsh words to make it clear to the disciples what it will cost to follow him, only him, not false judges and prophets that will

surely come when he is gone. In the same way, we are asked to declare that Jesus is the way – the one and only way to the Kingdom of God. When we commit ourselves to follow Christ, we must listen to all that he has been saying all along. In the Gospel of Matthew, he says, *See, I am sending you out like sheep in the midst of wolves.* If we go out into the world to proclaim the gospel today, we will surely find many places where the message of Jesus is not welcome.

There is no middle ground. To be identified with Jesus in ancient times was politically and religiously dangerous. It is just as dangerous today. In Africa, India, Pakistan, it is not unheard of for families to punish or even kill sons and daughters who have placed their faith in Christ. In many Muslim countries, conversion to Christianity is a crime punishable by death. In our part of the world, the divisions that Jesus speaks of may not be as overt and as violent, but there are divisions nonetheless.

Opposition comes from religious people who have their own idea of salvation. They preach that peace and prosperity are promised to us by God and we must endeavor to get our share. They totally ignore the responsibilities of being a true disciple of Christ and the sacrifices that may be required.

Closer to home, we experience opposition from family and friends when we openly declare and demonstrate our faith. People may stare and snicker as we pray before a meal at restaurants. We are prohibited from public displays

of faith at school activities and public buildings. We are not allowed to study our bibles in the work place. Crosses have been replaced by plaques at national cemeteries so as not to offend anyone.

Sadly, there is another kind of opposition to discipleship that may be totally unexpected, and that is, opposition coming from our own hearts. Our own personal doubts and fears do more to stop us from following Christ than opposition from others. We are unsure of our own abilities to express our faith in words and deeds.

There is good news from all this. The good news is that despite isolation and persecution, Christian missionaries continue to bring the word of God into a hostile world. Despite the divisions among Christian denominations over beliefs and practices, there are those who are committed to continue to preach the gospel faithfully, teach the word of God truthfully and administer the sacraments rightly. I base this on my experience as a member of the Synod Candidacy Committee.

There is no higher calling in the world than to declare the name of Christ, no greater purpose for living than to live for Christ. Jesus says that he came to bring fire to the earth. He speaks of a purifying fire rather than the fire of damnation. He gives us dire warnings of opposition from those close to us so that we will know the price we may have to pay to be his true disciples. He wants us to put our trust in him and in him alone and not in deceptive practices promoted by those

who want nothing else but divert our attention from loving God and loving our neighbor as ourselves.

Message from the **BOARD CHAIRMAN**

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As involved members of our Alumni Foundation, we will strive to continue with the stated purpose of our organization as outlined in our by-laws which is to assist the medical school build, maintain, equip and operate a medical school and hospital.



**HERNANI
TANSUCHE MD**

During the board trustee and general membership meetings, Dr Tamesis explained the reorganization and set-up of the local administration. We look forward to the success of this new administration with guarded optimism.

The Alumni Foundation board trustees, including current and past leadership and most of the alumni members that attended our annual reunion look forward to continuing our relationship with FEU and supporting our alma mater as we have in the past.

It is disappointing that the last Philippines medical board examination results last August did not include our scholars in the top ten placers. On a brighter note, FEU had a passing average of 94% (six failures out of 100). We were listed in the top 5 medical schools. Three of the medical schools had a 100% passing rate.

I missed the grand ball night during our July reunion in Chicago because I flew to Texas to pay my respects to Dr Fe Martin and her family.

I missed the actual funeral but was able to attend the reception at a church hall and asked to give an impromptu eulogy for Sen.

There were a significant number of mourners from the Nederland/ Beaumont area, mostly physicians (Arcalas, Das Andres, Vic Singzon to name a few), some of Sen classmates (Class⁶⁷) like Nilo and Elenita Rubio, Ric Tarun and out-of-town mourners, like Ed and Marizon Relucio.

I was also able to meet some of the Alumni Foundation scholars who paid their last respects like Robert Arias and Marlon Garcia. Robert promised to help me and the Alumni Foundation in continuing the legacy of Sen as regards our scholarship program.

My apologies to those in attendance that I have missed mentioning by their names. That same evening we went to a local Chinese buffet restaurant with Fe and family and some of the mourners as well.

I would like formally to thank the officers and members of our local hosts FEUMAANI for a successful convention at the Intercontinental Hotel in Chicago.

Special thanks to the convention co-chairpersons, Drs Nida Blankas-Hernaez and Frank Montellano for all the hard work in ensuring the success of our last convention.

At the time of this writing we, which included myself and Myrna, Danny and Melinda Fabito and Rene Enriquez, are negotiating with the Wynn Las Vegas as possible venue for our 2014 reunion.

The resort personnel (all Filipinos) gave us good hotel rates for the four day stay. The hang up, however, is the menu pricing for Friday and Saturday which will be more than \$130/ per person. We will be looking at other hotel venues in Las Vegas to come up with reasonable pricing for room and menu selection.

I will keep everybody posted and hopefully by the next issue announce a hotel venue for our 2014 reunion.

HERNANI TANSUCHE MD⁶⁸



**NOLI
GUINIGUNDO MD**

*Message from
the
**PRESID
ENT***

*continued from
page 1
end of*

September.

When things are definite then we will send information again to everybody, or to the **ECTOPIC MURMURS**.

Initial information have been published by Dr Cesar Reyes at the **PMAC News**.

Ding and I have made trips to New Orleans recently since we have not been back to the place since Katrina devastated the area. The place is about the same. The airport is Louis Armstrong International Airport. It is about 25 to 30-

minute ride by taxi to the Hilton Hotel. Taxi fare is about \$20 one way. Those who are driving will park their cars at the parking provided by the hotel. Avoid noon time or 5:00-pm arrival as these are the busiest time and traffic is quite heavy. Hotel rate is \$159 per night. Parking is \$35 per night self, or \$41 valet.

I will try to send you telephone number, cut-off date, reservation password, and hotel brochure when available.

I would like to add to this short message, something about the red mass.

The red mass dates back many years ago. It is a Catholic mass attended by justices, judges, lawyers, police officers, law enforcement officers, and different societies of the Catholic church.

Since we are with the Knights of Columbus, we always precede the entourage and the lead homilist is the bishop of our archdiocese.

It is so nice and exciting to watch the red vestment of the bishop, the priests and the entire clergy, including the deacons that normally helps the bishop prepare the altar.

I never want to miss this solemn occasion to honor our judges and law enforcement officers. Luckily, my sprained left foot was getting better, thanks a lot to liquid gel advil that seems to calm the inflammation and swelling. I made it to the red mass with Ding going ahead in church and the KC honor guard staying as always at the last pews.

God bless us all.

NOLI C GUINIGUNDO MD⁶²

FROM THE HOME FRONT

continued from page 1

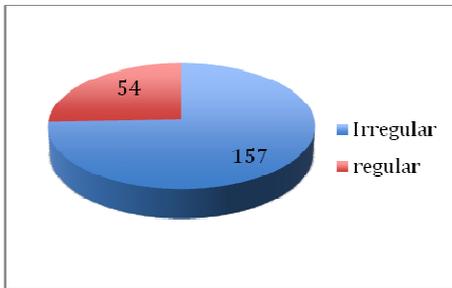
Four years later, in 2012, 88 students graduated. Of these 88, only 54 started in 2008, the others enrolled for the first time in 2007 and even 2006.

In other words, only 26 % of the enrollees in 2008 graduated in four years or survived as **regular** students, while 74% either became **irregular** or dropped out altogether!

All of the **regular** 2012 that took the August 2013 exam passed it.



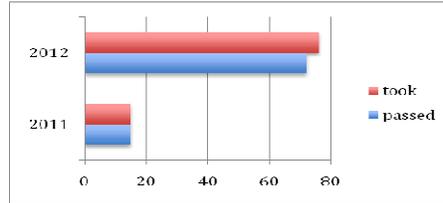
LINDA D TAMESIS MD



Of the 88 students who graduated in 2012, seven were honor students (1.0-1.75), 10 were above average (1.75-2.00), 61 were average (2.00-3.00) and 10 were below average (3.00 and higher). The 10 students in the below average category were irregular students. Three of the 10 students in the below average category failed the August 2013 exam.

Now let us look at some more statistics..... 1

00 FEU-NRMF students took the August 2013 exam. 90 of these were taking the exam for the first time. 75 (84%) of these graduated in April 2012 while 15 (16%) were graduates from October or April 2011.



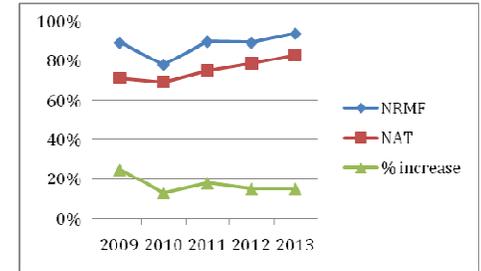
87 first time takers passed the board for a passing rate of 96.6%, while 8 of the 10 second takers (80%) passed.

If you compare the passing rate of FEU-NRMF and the rest of the nation, you will see that for the last five years we have been consistently higher than the national passing, ranging from 25% higher to 15%.

In August 2013, the national passing was 82.94 % while we got 94%.

But what about the other schools..... Four schools: UP Manila, Pamantasan ng Lungsod ng Maynila(PLM), Ateneo and Cebu Institute of Medicine(CIM), had 100% passing. Although we are

ranked 5th there are actually seven schools that performed better than us.



So now, after looking at the statistics, should we be content?

NO!

Should we strive harder?

YES!

But how?

Change the way we select students for admission? This year we admitted only students who scored higher than 40 on the NMAT. Some children of alumni were not admitted; some graduates of our schools of medical technology, nursing and physical therapy were turned away.

Evaluate the students better? Results of the first preliminary examination of the 1st year students revealed that 4 of 10 subjects had a passing rate of less than 50%. In 2nd year 10 of 16 subjects had a passing rate

RANK	SCHOOL	TOTAL NO. OF EXAM.	TOTAL NO. PASSED	PERCENTAGE PASSED
1	UNIVERSITY OF THE PHILIPPINES - MANILA	149	149	100.00 %
	PAMANTASAN NG LUNGSOD NG MAYNILA	97	97	100.00 %
	ATENEÓ DE MLA. UNIV. SCHOOL OF MED. & PUBLIC HEALTH-PASIG	84	84	100.00 %
	CEBU INSTITUTE OF MEDICINE	79	79	100.00 %
2	UNIVERSITY OF SANTO TOMAS	429	427	99.53 %
3	UNIVERSITY OF THE EAST RAMON MAGSAYSAY MEM. MEDICAL CTR.	172	169	98.26 %
4	WEST VISAYAS STATE UNIVERSITY-LA PAZ	70	68	97.14 %
5	FAR EASTERN UNIVERSITY-NICANOR REYES MEDICAL FOUNDATION	100	94	94.00 %
6	SAINT LOUIS UNIVERSITY	66	62	93.94 %
7	DAVAO MEDICAL SCHOOL FOUNDATION	62	56	90.32 %
8	DE LA SALLE UNIVERSITY-HEALTH SCIENCES INSTITUTE	86	77	89.53 %

The top eight performing schools in the August 2013 Physician Licensure Examination as per Commission Resolution No. 2010-547 series of 2010

less than 50%. 13 out of 16 subjects in 3rd year had a passing less than 50%.

Our *irregular* students greatly outnumber our *regular* students.

But do the students deserve to fail? Why have scholars dropped out? Why have scholars lost their scholarships? Change the curriculum? Our third year curriculum has 35 and 37 unit hours respectfully for the first and second semester. When a student is physically present in a classroom for 40 hours a week, when does he/ she get a chance to read or study.

We are the only medical school in Metro Manila that offers dermatology as a separate subject, not included in internal medicine. Yet we do not have a dermatology department or residency training. Dermatology is not even a board subject.

Change the way we teach, what we teach?

We do not integrate our topics by organ system, laterally through the departments. We have reporting in large groups, not small group discussions. Active student participation is not the norm.

It is quite apparent that we need to improve. We must strive for 100% passing! We must equip our student with the information they need to know and not overwhelm them with the nice to know. We must instill in our students a sense of loyalty, love and pride so that they will come back to their alma mater and help guide their successors.

Ldtamesis@feu-nrmf.ph



The future FEU-NRMF Institute of Medicine and Medical Center

Sponsorship opportunities for the new edifice are available, as follows:

Leaf on donation tree	\$200
Star on <i>ad astra per aspera</i>	\$5,000
Classroom facilities	\$30,000

Inquire with
Linda DTamesis MD,
Dean, FEU-NRMF Institute of Medicine,
West Fairview, Quezon City, Philippines,
Ldtamesis@feu-nrmf.ph

FEUDNRSMAF **STUDENT ACHIEVEMENT** **AWARD**

Do you want to know a little bit more about the **SAA**?

The cost for each **SAA** is \$50. If you want your award in perpetuity, it is \$1050.

You can label your award in your name, or in the name of the person you wish to honor.

This is a challenge for you to channel the extra dollars of your donation/ charity budget to recognize an honor-roll needy student or two at the FEU-NRMF medical school.

Your donation(s) are tax-deductible.

Please make your check payable to

FEUDNRSM Alumni Foundation.

Your donation this year will be awarded during the Student Recognition of the 2014 *Balik-FEU* in mid-January at the FEU-NRMF in West Fairview, Quezon City.

If you wish --- you can also distribute your award(s) in person during the Student Recognition ceremonies at FEU-NRMF!

If interested to set up a **SAA** or two, please contact:
CESAR V REYES MD
6530 Dunham Road,
Downers Grove, IL 60516
Phone 815-942-2932 x7565
or acvrear@aol.com

In addition, if you are interested to establish a **Professorial Chair Fund** in your name or of someone you wish to honor, please inquire with the above contact person.



Wynn Las Vegas



Wynn Buffet Restaurant

FEUDNRSM Alumni Foundation **35th annual reunion & scientific convention** **Wednesday, July 9 – Sunday, July 13, 2014**

Wynn Las Vegas

SAVE the dates!

Reserve for airline tickets (s) now while the rate is lowest.

Hotel venue and accommodation rates are yet to be finalized.

In-charge are Drs Melinda Fabito, Daniel Fabito, and Rene Enriquez

of the Las Vegas NV Chapter.

See you in Las Vegas!

MARINDUQUE MISSION Itinerary

The Philippine Medical Association in Chicago and Marinduque International medical surgical ophthalmological optic and dental mission from January 31 to February 2, 2014, at the Boac Provincial Hospital will be, as follows:

January 30, 2014, 6:00 am - meeting place breakfast at Dr and Mrs Virgilio Jonson Residence, 72 Scout Alcaraz, Sta Mesa Heights, Quezon City; then Row Row travel to Marinduque

January 30, 6:00 pm - welcome reception at Boac;

January 31 – medical clinic at Gasan and Buenavista;

February 1 - medical clinic at Torijas and Sta. Cruz;

February 2 - medical clinic at Mogpog and Boac;

February 2, 6:00 pm - appreciation reception at Boac Provincial Hospital;

February 3 – probable Bella Roca tour;

February 3, afternoon – return trip to Manila via Row-Row

February 4 – 10 AM- probable courtesy call with President Noynoy Aquina at the Malacanang Palace

February 5 - 12, 2014- for those interested, probable Vietnam/ Cambodia tour

The surgical team is composed of the following to day: Eugene Salazar MD (**leader**), Reynaldo Sarmiento MD, Richard Zhu MD, Edmundo Relucio MD, Cesar Cumba MD, Luis Mangubat MD, Meneleo Avila MD, Efren Leonida MD, Abraham Fontanilla MD, Fred Nang MD, and Mario Salazar (**surgeons**);

Arturo Basa MD and Julian Mendoza MD (**urologist**);

Jesse Corres MD (**plastic surgeon**);

Teresita Varona MD, Ligaya

Marasigan-Labao MD, Ramon Lopez MD, Susan Tan MD, Patrick Tan MD, Mario Reyes MD, Manuel Escalona MD, and Hermes Ayuste MD

(**obstetricians gynecologists**)

Emma Salazar MD, Alberto Clar MD, Roberta Yap MD, Yolanda dela Cruz MD, Manuei Sanchez MD, and Lito Fajardo MD (**anesthesiologists**).

The medical team members are: Natividad Bernardino MD (**leader**);

Ruth Moore MD, Laarni Moreno MD, Angelito Fernandez MD, Richard Mon MD, Leilani Mon MD, Virgilio Magsino, Celso del Mundo MD, Rodolfo Jao MD, Dorothy Dalena MD, Cornelio Casaclang MD, Rogelio Liboon MD, Onie Yorro MD, and Rogelio Cave MD (**internists**);

Chester dela Cruz MD (**neurologist**);

Israel Labao MD, Virgilio Jonson MD, Simeon Sevandal MD, Aurora Atienza MD, Zita Yoro MD, Godofredo Ng and Edward Hernaez MD (**family medicine practitioners**);

Anita Avila MD, Ofelia Ayuste MD, Nida Blankas-Hernaez MD and Angelita Fontanilla MD (**pediatricians**);

Frank Montellano MD (**pathologist**);

Faye Mendiola RN, Pauline Abadilla RN, Clarita Distor RN, Violeta Magsino RN, Clarita del Mundo RN, Estela Cave RN, Lina Jonson RN, Cora Guzon RN, Rose Clar RN, Marilyn Lopez RN, Nora Tsai RN, Elena Liboon RN, Arlene Dalisan RN, Adelaida Behar

RN, Aurora Gagni RN and Nora Corres RN (**nursing team**);

Dr Lourdes Sevandal (**dentist**);

Dr Leticia Tuazon (**optometrist**);

Leo Cruz, Fred Tsai, Caloy Cruz, and Narcisa Cruz (**optical services**);

Espie Vasallo (**dietician/nutritionist**);

Evelyn Fajardo and Nanette Montellano (**medical technologists**); and Tito Gagni, Precy Cruz, Medardo Abadilla, Gaspar Camello, Carlos Cruz, Priscilla Cruz, Lilia Cumba, Tito Gagni, Cora Moreno, and Anita Ng (**volunteers**).

Philippine medical surgical mission requirements are, as follows: Physicians with valid license - Philippine medical practice license and curriculum vitae; passport-size pictures for special permit application, and \$25 application fee; and Physicians without valid medical practice license – curriculum vitae, medical practice license (United States and Philippines, or United States only), two appropriate advises how to take and store the medications at home. Physicians with expired Philippine medical practice license who may want to apply for permanent Philippine medical practice license - apply in person at the Professional Regulatory Commission in Manila.

Please submit above-mentioned requirements as soon as possible.

Postally mail these documents to: Nida Blankas-Hernaez MD, 28951 Forest Lake Lane, Green Oaks, IL 60048. For additional information, kindly contact Dr Blankas-Hernaez at ednida888@gmail.com, or 847-668-7385 926 (fax).for a special temporary permit.

PMAC Saturday, September 28th SCIENTIFIC SEMINAR

Gastroenterology for General Practitioners

Saturday, September 28, 2013

7:50 am Opening Remarks

Nida Blankas Hernaez MD,

President

Celso Del Mundo MD,

CME Chairman

8:00 - 9:00 am

ClinicoPathologic Conferences:

Jaundice

Richard Mon MD – Internist

Jun Baladad MD - Radiologist

Cesar V Reyes MD -

Pathologist

To be introduced by

Celso Del Mundo MD

9:00 – 9:30 am Coffee Break,

exhibits

9:30 - 10:00 am ***Esophagitis***

Rebecca Tsang MD

Fellow in Gastroenterology

Loyola University/

Hines VA Hospital

To be introduced by

Anita Avila MD

10:00 – 10:30 am ***Chronic***

Inflammatory Bowel Diseases

Christopher Moore MD

Gastroenterologist/

Fellow in Liver Transplantation

Northwestern University

Hospital

To be introduced by

Ruth Moore MD

10:30 – 11:00 am Coffee Break,

exhibits

11:00 - 12:00 noon **Fourth**

PMAC Professorial Lecture

Hepatocellular Carcinoma

Grace Guzman MD

Associate Professor of Pathology

University of Illinois College of

Medicine To be introduced by

Jose Manaligod MD

12:00 – 3:00 pm Coffee Break,

visit exhibits and displays

**Registration is
free but required.**

Mail or email to:

CELSO DEL MUNDO,

MD12148 Wildflower Lane

Huntley, IL 60142

celso.del@gmail.com

ACCOMMODATION

Hyatt Regency Hotel O'Hare

9300 West Bryn Mawr Road,

Rosemont, IL 60018

Telephone **[1 800 233 1234](tel:18002331234)** or

[847] 696-1234

Single or double room rate \$109

Code **PMAC**

Cut off date is

September 20, 2012

To attend the dinner dance

Please contact

Nida Blankas Hernaez MD

[847] 668-7385, or

[847] 983-4195

ednida888@gmail.com

or **Zita Yorro MD**

[815] 477-3266

zitayorro@yahoo.com

for reservation.

ACCREDITATION

The Philippine Medical

Association in Chicago is

accredited by the

Accreditation Council for

Continuing Medical

Education to provide

continuing medical education

for physicians. This course

meets the criteria for 3.0 credit

hours in Category I of

AMA PRA.

COMMENTS

Editorials, news releases, letters
to the editor, column proposal
and manuscripts are invited.

Email submission, including
figures or pictures, is preferred.

**ECTOPIC
MURMURS**

Deadline for October issue

October 16, 2013

Please address submissions to

acvrear@sbcglobal.net

COMMENTS

Editorials, news releases, letters
to the editor, column proposal
and manuscripts are invited.

Email submission, including
figures or pictures, is preferred.

PMAC News

Deadline for the October 2013 issue

October 2 2013

Please address submissions to

acvrear@sbcglobal.net

PMAC FEUMAANI

Macchu Picchu Galapagos Tour
October 4 – 11, 2013 **SCIENTIFIC SEMINAR**

Interesting Clinical Topics

October 5, 2013 7:00 am

Remarks

Nida Blankas Hernaez MD

President

Celso Del Mundo MD

CME Chairman

Gerardo Guzman MD ABFP

Medical Director, Dupage County

Jail IL

Management of Alcoholism

Withdrawal

Heroin/ Narcotic Withdrawal

Management

October 6, 2013 7:00 am

Nida Blankas Hernaez MD

Adolescent and Pediatric Medicine

Lutheran General Hospital, Lurie

Children Hospital,

Golf Mill Medical Center IL

Common Pharyngeal Infections

in Children

Adult and Pediatric

Immunization 2013

October 8, 2013 7:00 am

Celso del Mundo MD ABFP

Medical Director, Peterson Urgent

Care Center and Center for Travel

Tourism

Travel Tourism and Related

Illnesses

New and Old Travel

Immunization. A Review

October 9, 2013 7:00 am

Frank Montellano MD

Medical Director of Hematology

Cadence Health Delnor Hospital

Tumor Biomarker Update

Targeted Treatment for Cancer

October 10, 2013 7:00 am

Questions-and-Answers, Post

Evaluation Review

Drs G Guzman,

N Blankas Hernaez,

C Del Mundo, and

F Montellano



GERRY



NIDA



CELSO



FRANK



The national and most popular Peruvian drink is Pisco sour, a delicious cocktail of Pisco brandy, lime juice, egg white and syrup.

An absolute must for every Peru visitor!



Another must drink at the Cusco and Sacred Valley in October is maize *chicha* with strawberry.



Or a non-alcoholic *chicha morada*!



PMAC

Join us as we honor and install



Nida Blankas Hernaez MD



Zita Balbin Yorro MD

as the 53rd president of the **Philippine Medical Association in Chicago**
and 47th president of the **PMAC Auxiliary**, respectively
on **Saturday, September 28th, at 6:00 pm**

Filipiniana attire preferred

To purchase seat at \$80, please contact

(847) 668-7385

(847) 477-3266

ROGELIO CAVE MD PMAC Foundation Chairman (708) 422-3716