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NEWS & VIEWS

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Prof. Muhammad Umar HI, SI

Interviewed by Prof. Aziz-ur-Rehman

Professor Dr Muhammad Umar, HI, SI, is a distinguished physician, hepatologist, medical educator, researcher, and healthcare leader with over four decades of professional experience. As the Founding Vice Chancellor of Rawalpindi Medical University (RMU), he has led major advances in medical education, residency training, research, clinical services, and institutional development. He has played a pioneering role in Pakistan's response to viral hepatitis, contributed to national treatment guidelines, and chaired the World Gastroenterology Organisation's Hepatitis C Treatment Guidelines Committee. An accomplished scholar, he has authored or edited 24 books and published approximately 200 scientific papers. His outstanding contributions to medicine, public health, and medical education have been recognised through numerous national and international honours, including the Sitara-i-Imtiaz and Hilal-i-Imtiaz.

Prof. Umar, welcome to PSIM News & Views. It is my privilege to interview you.

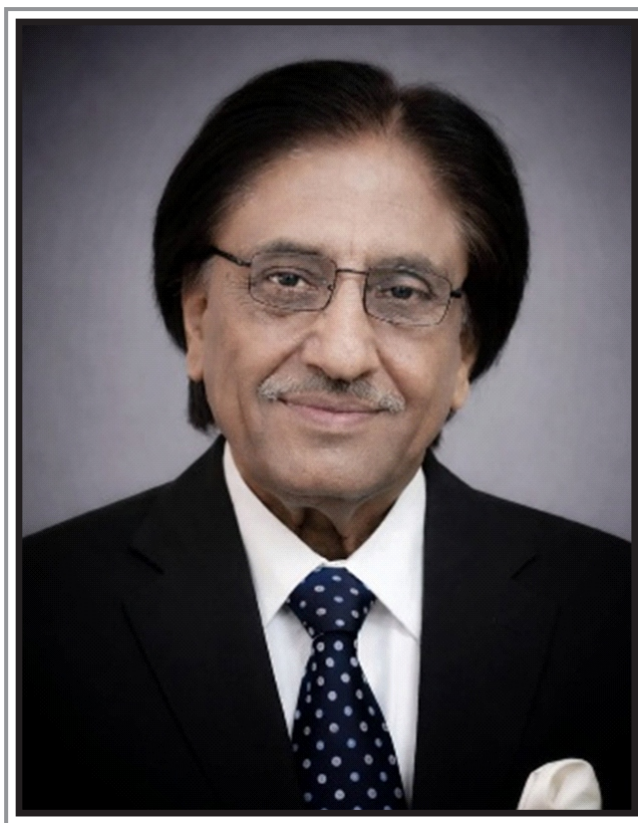
Thank you, Prof. Aziz, for providing me with this opportunity. It is indeed an honour for me.

Looking back over your four-decade career, which experiences most profoundly shaped you as a physician, teacher, and institutional leader?

My experiences in the USA and China played an important role in shaping me into a better physician and teacher.

You played a pioneering role in developing Pakistan's hepatitis B and C management guidelines. What were the major challenges at that time, and how did these guidelines influence clinical practice?

Over the past 25 years, my efforts, both individually and as President of the Pakistan Society of Gastroenterology and the Pakistan Society of Hepatology, have contributed significantly to raising awareness of viral hepatitis in Pakistan among both the public and healthcare professionals. As the first author of the WGO Guidelines for the Management of



Hepatitis C and the National Guidelines, I remained actively involved in developing and promoting evidence-based care. My sustained advocacy helped convince the Federal Government to launch the National Hepatitis Prevention, Control and Treatment Programme in 2003. Together with my team, these efforts helped transform the landscape of hepatitis B and C prevention and treatment in Pakistan.

Pakistan continues to carry one of the world's largest burdens of hepatitis C. What practical measures are essential if the country is to achieve hepatitis elimination?

We need a robust and sustainable National Hepatitis C Elimination Programme, aligned with WHO recommendations, if we are to achieve the goal of eliminating hepatitis C by 2030.

As the Founding Vice Chancellor of Rawalpindi Medical University, what reforms or accomplishments do you consider your most enduring legacy?

Our team developed a 15-year vision and strategic plan for RMU, providing a clear roadmap for its development. Within the first seven years, we achieved several major goals: building the physical infrastructure; developing a modular undergraduate curriculum; establishing an ACGME-based university residency programme; introducing a comprehensive faculty development programme; strengthening research and development; launching 10 RMU research journals, including an AI-focused journal; establishing a Disease Data Centre; and, most recently, developing a major Centre for Simulation, Innovation and Research, with a state-of-the-art complex representing an investment of PKR 2.2 billion.

You introduced several innovations in postgraduate education, including structured residency and clinical PhD programmes. How should medical training in Pakistan evolve to meet future healthcare needs?

We need to shift our focus from traditional examinations towards robust outcome-based medical education (OBME), workplace-based assessment

(WPBA), competency-based training, and entrustable professional activity (EPA)-based certification.

You have mentored generations of physicians and specialists. What qualities distinguish an excellent clinician, teacher, and mentor?

Integrity, competence, compassion, creativity, patient-centred care, and a commitment to developing and inspiring the next generation.

How do you envisage the role of disease registries, artificial intelligence, and locally generated research in shaping the future of healthcare in Pakistan?

Disease registries, artificial intelligence, and locally generated research are three essential pillars of academia that will help shape the future of healthcare, both nationally and globally.

Thank you very much, Prof. Muhammad Umar, for sparing your valuable time. It has indeed been a privilege and a great pleasure talking to you.

The Three Pillars Holding Up Pakistan's Healthcare — and the Missing Fourth

Prof. Aftab Mohsin President PSIM

Ask who keeps Pakistani medicine educated, informed and connected to the modern world, and the honest answer is uncomfortable: not the government, and not, for the most part, the universities. It is a partnership of professional medical societies and the pharmaceutical industry — two actors often caricatured as self-interested — with the patient standing, largely forgotten, at the centre of it all.

These are the three working pillars of healthcare delivery in Pakistan. The fourth pillar — a funded, functioning state — exists mostly on paper.

The societies: the profession's organised conscience

Medical societies occupy ground that, in most countries, belongs to government agencies and academic institutions. Where official policy documents speak of prevention, it is bodies such as the Pakistan Society of Internal Medicine, the Pakistan



Society of Cardiology, the Diabetes Association of Pakistan and the Pakistan Chest Society that actually run the awareness campaigns, health fairs and media drives — usually with minimal state support.

Their most consequential contribution, however, is continuing professional development. Pakistan's medical universities have never institutionalised robust Continuous Professional Development (CPD)

frameworks, so the societies stepped into the breach. What should be a supplementary role has become a foundational one: conferences, symposia and society-run journals are today the country's most credible engine of medical education and clinical research dissemination.

Industry: the misunderstood partner

The pharmaceutical and device industry is habitually viewed through a purely commercial lens, its interests presumed to be at odds with patients'. The reality is more complicated. Industry sponsorship — however imperfect its dynamics — underwrites the educational ecosystem the societies have built. Without it, much of Pakistan's medical education activity would simply collapse; no alternative funder exists.

Industry also co-funds the disease-awareness calendar the public actually sees — World Diabetes Day, World Heart Day, World Hepatitis Day — and remains, in Pakistan as globally, the largest funder of clinical research. Governments and health universities barely fund studies at all. Tensions in the society–industry relationship are real, but the answer is not severance; it is better governance by Drug Regulatory Authority of Pakistan (DRAP), Pakistan Medical and Dental Council (PMDC), the universities and the partners themselves.

The patient: the forgotten pillar

The third pillar is the one the whole edifice exists to serve — and the most neglected in policy discourse. Disease-specific advocacy groups for cancer, diabetes, thalassemia, rare diseases and mental health are beginning to emerge, but they operate in an almost entirely unsupported environment. Pakistan has invested next to nothing in building patient capacity, voice or literacy.

What the numbers say?

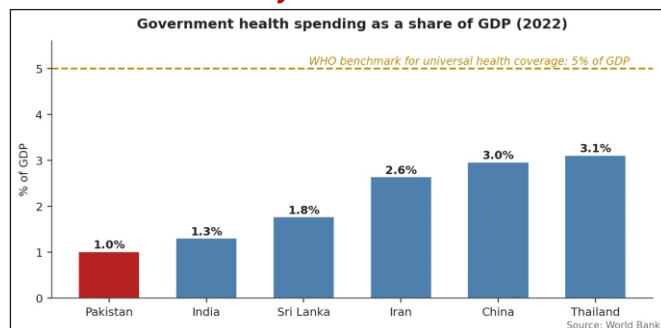


Figure 1: Pakistan spends a fraction of what regional peers commit to public health.

The scale of state withdrawal is easiest to see in comparison. Pakistan's public health spending hovers around one per cent of GDP — among the lowest in the region and the world, and a fifth of what the WHO considers necessary for universal health coverage.

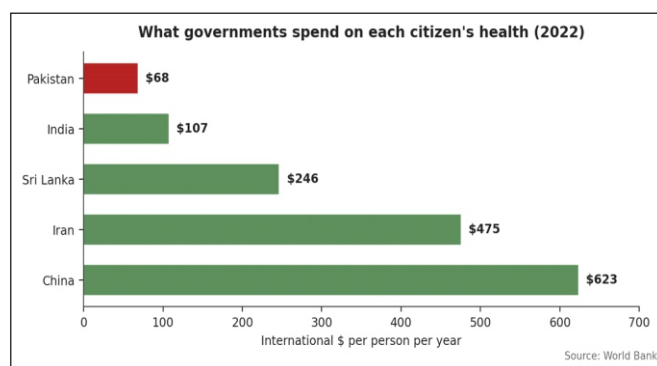


Figure 2: Per-capita government health spending, international dollars (World Bank, 2022).

Translated into what each citizen actually receives, the gap becomes starker. In 2022, Pakistan's government spent the equivalent of \$68 per person on health — against \$246 in Sri Lanka and \$623 in China.

The pattern of spending compounds the shortage of it. Budgets remain overwhelmingly tilted toward curative, hospital-based care, while primary care — the proven foundation of successful systems from Thailand to Turkey, Sri Lanka to Brazil — is simultaneously the system's most important and most neglected component. Societies and industry have tried to fill the gaps, but they cannot substitute for a functional, government-funded primary care network. Nor can they fix a regulatory environment — DRAP, PMDC, the nursing council, provincial health departments — widely seen as inefficient and compromised.

Universities: a dream deferred

The proliferation of medical universities over the past two decades arrived with great optimism. The promise remains largely unfulfilled: most function as degree-awarding, examination-conducting bodies. Research output per faculty member is among the lowest in the developing world, and while PMDC's promotion-linked publication requirements have raised the quantity of papers, quality has not followed. It is telling that society-run journals — not university presses — remain the most credible platforms for Pakistani clinical research.

A system at a crossroads

Who is carrying the load?

Function	Who is doing it today	Who should be doing it
Continuing medical education	Medical societies, funded largely by industry	Universities, CPSP, PMDC-regulated CPD system
Disease-awareness campaigns	Societies and industry (World Diabetes Day, World Heart Day)	Federal and provincial health departments
Clinical research funding	Society-run journals	Government, HEC and health universities
Credible research publication	Pharmaceutical industry, almost exclusively	University publication infrastructure
Patient advocacy and support	Nascent, unsupported volunteer groups	A funded, recognised patient-organisation sector

Pakistan's healthcare stands at a crossroads. Its three working pillars have shown remarkable resilience, building an educational, scientific and advocacy infrastructure that partially compensates for governmental neglect and academic inertia. But compensation is not a system. Until the state funds primary care, universities produce research worth reading, regulators regulate, and patients are given a genuine seat at the table, Pakistan's health will continue to rest on the goodwill of doctors and the sponsorship of the companies that sell them

medicines — a scaffolding admirable in its endurance, and alarming in its necessity.

Medical societies, the pharmaceutical industry and patients have quietly built the scaffolding of a health system. The state, meanwhile, has largely walked away.

Data: World Bank (2022); Pakistan Economic Survey 2024-25. The WHO benchmark for progress toward universal health coverage is government health spending of at least 5% of GDP.

Why Do People with Overweight Respond So Differently to Incretin-Based Therapy?

Prof. Aziz-ur-Rehman

Semaglutide and tirzepatide have transformed the management of type 2 diabetes and obesity. However, physicians who prescribe these medicines regularly soon notice an interesting phenomenon: patients can respond very differently to the same treatment. Some develop marked appetite suppression, substantial weight loss and troublesome nausea even at the lowest dose, while others tolerate the maximum recommended dose without significant side effects yet achieve relatively modest weight loss or improvement in diabetes. This striking variation raises an important question: why do different patients respond so differently?



Part of the explanation may lie in genetics. Semaglutide works mainly through the GLP-1

receptor, while tirzepatide acts through both GLP-1 and GIP receptors. These receptors are present in different parts of the body and play important roles in controlling appetite, food intake, insulin secretion and blood glucose. Like many other proteins in the human body, these receptors are not exactly identical in everyone. Small, naturally occurring genetic variations, known as polymorphisms, may influence how strongly an individual responds to stimulation of these receptors.

Research has identified several variations in the gene responsible for the GLP-1 receptor. Some have been associated with differences in blood glucose response, weight loss and gastrointestinal side effects during treatment with GLP-1 receptor agonists. More recent research has also identified genetic variations involving the GIP receptor that may influence the response to tirzepatide, particularly the tendency to develop nausea and vomiting.

This provides a possible biological explanation for what physicians commonly observe in clinical practice. One patient may experience dramatic

appetite suppression and nausea after the first few injections, while another may reach the highest recommended dose with hardly any noticeable effects. Their receptors, and the pathways through which these receptors produce their effects, may simply respond differently.

Genetics, however, is only part of the story. Many other factors influence response to semaglutide and tirzepatide. These include baseline body weight, duration of diabetes, the remaining insulin-producing capacity of the pancreas, degree of insulin resistance, eating habits, gastric emptying, other medications and adherence to treatment. The rate at which the dose is increased may also have a major influence on gastrointestinal tolerability.

An important practical point is that therapeutic response and side effects do not necessarily go together. Severe nausea does not automatically mean that a patient will achieve greater weight loss. Conversely, absence of nausea does not mean that the medicine is ineffective. Some patients tolerate these medicines remarkably well and still achieve excellent

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weight and glycaemic responses.

This variability has important implications for clinical practice. The aim should not necessarily be to take every patient to the maximum recommended dose. If a patient achieves satisfactory glucose control, meaningful weight loss and good appetite control at a lower dose, there may be little reason to increase it simply because a higher dose is available. Similarly, patients who develop troublesome adverse effects may benefit from slower dose escalation or remaining at a lower dose for longer.

In the future, genetic testing may help predict who will respond particularly well to semaglutide or tirzepatide and who is more likely to develop adverse effects. We are not there yet, and routine genetic testing is currently neither necessary nor recommended. For now, the important message for family physicians is simple: response to GLP-1-based therapy is highly individual. Treatment should therefore be personalised, with the dose guided by clinical response, tolerability and the needs of the individual patient rather than by a rigid desire to reach the maximum dose.

When Guidelines Collide: Who Wins; the Guideline or the Patient?

Prof. Asma Kazi

A 72-year-old man with diabetes, hypertension, chronic kidney disease, atrial fibrillation and heart failure comes to clinic with dizziness and recurrent falls. His medications include an anticoagulant, three antihypertensive agents, a diuretic, a glucose-lowering drug and several other preventive medications. His blood pressure is 105/65 mmHg, HbA1c is 6.4%, and renal function has deteriorated modestly.

Now comes the difficult part.

The hypertension guideline says one thing. The diabetes guideline recommends another target. The atrial fibrillation guideline strongly supports anticoagulation. The heart failure guideline recommends therapies that may lower blood pressure and renal function. The kidney guideline has its own priorities.

Which guideline should we follow?

The uncomfortable answer is: probably none of them in isolation.

Modern medicine has achieved something remarkable—the development of evidence-based guidelines that translate enormous amounts of research into practical recommendations. They have standardised care, reduced inappropriate variation

and undoubtedly improved outcomes. But most guidelines are designed around diseases, whereas our patients increasingly live with multiple diseases simultaneously.

This creates a paradox. The more guidelines a patient qualifies for, the greater the possibility that following each one perfectly may produce an imperfect overall treatment plan.

Guidelines may recommend intensive blood pressure control, tighter glycaemic targets, lipid lowering, anticoagulation and multiple cardioprotective medications. Individually, each recommendation may be evidence-based. Collectively, however, they can produce polypharmacy, drug interactions, hypotension, falls, hypoglycaemia, renal dysfunction



and a treatment burden that the clinical trial populations may never have experienced.

The problem is not that guidelines are wrong. The problem is that guidelines cannot fully account for the individual sitting in front of us.

Clinical trials usually ask, “Does intervention X improve outcome Y in patients with disease Z?” The internist has to ask a much more complicated question: “What combination of treatments will give this particular patient the greatest overall benefit, with the least harm, given his age, frailty, priorities, life expectancy and ability to adhere to treatment?”

This is where clinical judgement becomes indispensable.

Evidence-based medicine was never intended to mean “guideline-based medicine.” Evidence must be integrated with clinical expertise and, importantly, patient preferences. Sometimes the most evidence-based decision may be to de-intensify treatment rather than add another medication.

Perhaps we need to move from a disease centred model to a patient centred model of evidence-based medicine. The goal should not be to achieve every guideline target simultaneously. It should be to determine which outcomes matter most to the patient and prioritise interventions accordingly.

For the elderly patient with recurrent falls, preventing a stroke remains important, but so does preventing another fall. For the patient with advanced illness, longevity may no longer be the only meaningful endpoint. For the patient taking ten medications, adding an eleventh may not represent therapeutic success.

The future of internal medicine may therefore require a new skill: the ability to reconcile competing guidelines rather than simply follow them.

Guidelines provide the map.

But the physician must still decide which road the patient should take.

The Case For A Doctor Who Sees the Whole Patient

Prof. Shabnam Naveed

A patient arrives with fever, breathlessness, diabetes, kidney dysfunction and an abnormal ECG. Which disease should be treated first? Which medicine should be stopped? Which specialist should be called? And, more importantly, who will put the whole picture together?

This is where the internist comes in. Yet, in Pakistan, we have somehow allowed the identity of the internist to become blurred. Despite years of rigorous postgraduate training, the internist is still too often described simply as a “general physician.” It is a label that fails to capture the complexity, responsibility and intellectual demands of Internal Medicine.

An internist is not a doctor who knows a little about everything. An internist is the physician who knows how everything fits together.

This distinction matters. Our patients are changing. Pakistan is facing a double burden of disease.



Infectious diseases remain a major challenge, while diabetes, hypertension, obesity, cardiovascular disease, chronic liver and kidney disease, and cancer are rising rapidly. Increasingly, patients do not arrive with one disease neatly labelled in a textbook. They arrive with three, four or five problems, each affecting the other. Managing such patients requires more than a prescription. It requires clinical reasoning,

prioritization, experience and judgment.

And yet, we must ask ourselves a difficult question: *Are we giving Internal Medicine the recognition it deserves?*

Internists carry enormous responsibility, particularly in our public-sector hospitals. They manage crowded wards, critically ill patients, diagnostic dilemmas and increasingly complex cases often with limited resources. The expectations are high, but remuneration, professional recognition and opportunities for advancement do not always match that responsibility. This cannot remain the norm. If we want talented young physicians to value Internal Medicine, we must show them that it is a specialty worth building a career in not merely a stepping stone towards sub-specialization.

Internal Medicine should be presented for what it truly is: *the intellectual core of adult medicine.*

It produces physicians who think broadly, recognize patterns, solve diagnostic puzzles and coordinate care. It develops teachers, researchers, academics and healthcare leaders. Few specialties offer such a wide clinical canvas. And then comes another challenge:

technology. Artificial intelligence will increasingly influence how we diagnose, investigate and treat disease. Digital health and telemedicine will change how we deliver care. But the internist of the future should not compete with technology; the internist should learn to use it wisely. Because medicine is not simply about identifying a disease. It is about understanding the person who has the disease. A computer may identify an abnormal result. The internist must decide what it means for this particular patient. The human judgment cannot be outsourced. The future of Internal Medicine in Pakistan therefore requires more than new technology or updated curricula. It requires a change in mindset. We need to reclaim the identity of the internist. We need to recognize Internal Medicine as specialist medicine. The internist of tomorrow must be a diagnostician, communicator, scientist, educator and leader. But above all, the internist must remain a physician who can look at a complicated patient and say: *“Let me put the pieces together.”* That is the essence of Internal Medicine. And perhaps, in an increasingly fragmented healthcare system, it is more important than ever.

The Amazing Science of Fingerprints: Why They Matter Beyond Identification

Dr. Rizwan Iqbal

Most people associate fingerprints with crime investigations and forensic science, but these remarkable patterns are much more than unique identifiers. Formed before birth and remaining largely unchanged throughout life, fingerprints represent an extraordinary example of human biology, genetics, and evolution. Fingerprints begin developing in the womb at around the 10th week of pregnancy and are fully formed by the 17th week. Scientists believe they arise because different layers of the developing skin grow at varying rates, creating the distinctive ridges found on our fingertips. Tiny genetic variations and environmental influences within the womb ensure that every individual develops a unique fingerprint pattern—even identical twins. Beyond personal identification, fingerprints serve important biological



functions. Microscopic ridges enhance our ability to grip objects by increasing friction and preventing slipping. Research published in the *Journal of Neuroscience* has also shown that these ridges improve tactile sensitivity by helping specialized

nerve endings detect fine textures and subtle surface variations, making the human sense of touch remarkably precise. Scientists classify fingerprint patterns into three main categories: loops, whorls, and arches. Although these basic patterns are common, the precise arrangement of ridges and their minute details make every person's fingerprint unique. The scientific term for fingerprint patterns is dermatoglyphics, derived from the Greek words *derma* (skin) and *glyphe* (carving).

An intriguing explanation for fingerprint formation comes from British mathematician Alan Turing, who proposed that interacting chemical signals during embryonic development create repeating biological patterns. Similar "Turing patterns" are also responsible for natural designs such as zebra stripes and leopard spots. Although fingerprints are nearly universal, a very rare inherited condition known as Adermatoglyphia results in individuals being born without fingerprint ridges. People with this condition have smooth fingertips but are otherwise healthy. Fingerprints are remarkably durable. They remain essentially unchanged throughout life and often persist even after death, making them invaluable for personal identification. However, prolonged manual labor, severe skin damage, or certain chemotherapy side effects, such as capecitabine, can temporarily or permanently wear away fingerprint ridges. Humans are not the only species with fingerprints. Monkeys and apes possess similar ridge patterns that aid

gripping, while the koala is the only distant mammalian relative known to have fingerprints strikingly like those of humans.

The uniqueness of fingerprints has been recognized for thousands of years. Ancient Babylonians reportedly used fingerprints to authenticate agreements. Modern forensic fingerprinting began replacing the Bertillon anthropometric system in the early twentieth century after its success in criminal investigations. One of the earliest documented convictions based on fingerprint evidence occurred in Argentina in 1892, marking the beginning of fingerprint science in law enforcement. During World War II, fingerprint records expanded dramatically, and by 1943 the FBI had collected over 70 million sets of fingerprints. Today, fingerprints remain one of the most reliable methods of human identification. Studies estimate an exceptionally low false-positive rate when analyzed by trained experts. Beyond forensic applications, fingerprint patterns can also provide valuable medical clues. Certain genetic conditions, including Down syndrome, are associated with characteristic dermatoglyphic patterns, highlighting how these tiny skin ridges can reveal important information about human development and health. Far more than simple marks on our fingertips, fingerprints are a remarkable blend of biology, genetics, evolution, and history—unique signatures that accompany us from before birth throughout our entire lives.

Common Courtesy is no Longer Common

Dr. Fibhaa Syed

It's 8:00 AM. A young girl in her twenties wearing a tattered green shalwar kameez and an expression of exhaustion and worry drudges down the long cold corridor pushing the stretcher, on which her frail mother lies in a semi-conscious state. Several men scuttle past her, including the security personnel. No one stops to look at her questioning gaze and silent call for help. I have often wondered whether this is simply a reflection of the times we live in. Somewhere along the way, in our rush to get where we are going, have we stopped noticing the people around us.



In a world where we live at a frenetic pace, consumed haplessly by technology, often not even knowing where we are headed, common courtesy seems to have departed.

The house officer I mistake for the attendant because, for lack of better words, he does not fulfil face validity; junior doctors who run past you, avoiding even eye contact, let alone a greeting; neighbours who cross you without an acknowledgement; people in a restaurant toiling with their smartphones while the fine food on their tables gets cold; a bump here and there without an apology; conveniently turning a conversation into a monologue—that is the sort of world we are now destined to live in. I'm sure if I continue in the same vein I would run out of space.

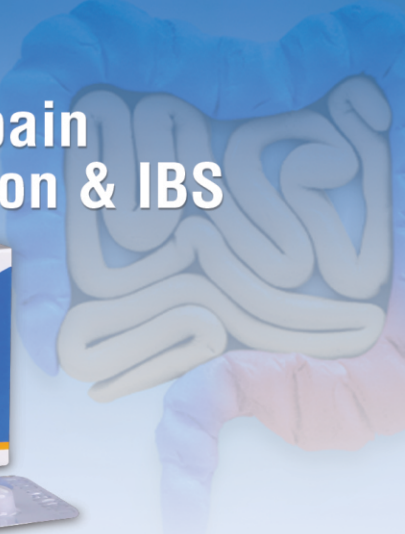
I remember as a young child when we went to our grandparents' house in Abbottabad, it was unimaginable not to stand when an elder entered the room. We would take our seats only after the elder had taken his. In the presence of elders, we were always on our best behaviour, watching what we said and how we said it. Food would be served on a 'dastarkhwan' with everyone sitting around it on the ground, and my

grandmother would dish out the food for everybody, starting with the head of the family. I remember being told off numerous times for letting the door slam behind me; I can still actually hear someone scolding me whenever I exit the room when I am not watchful of the door. I remember the many times I was told to talk softly (which I find exceedingly difficult to this date, thanks to the high amplitude of voice which I have been blessed with). I remember being taken to five-star restaurants regularly so that we would learn how to dine properly (even the best restaurants nowadays will give you tissue paper instead of the napkin and just the basic cutlery arranged haphazardly on the table). I can recall my teacher advising us how to carry ourselves in public, and my mother's instructions as she made us walk with books on our heads so that we would have a graceful gait. Looking back, I realise just how many little lessons in courtesy were woven into our everyday lives.

Manners are about respect. They are about treating those around you well. When incorporated into everyday life, they make society more humane and the people around us feel valued and respected. Etiquette evolves with time and culture. It's never passé; it's

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I don't know where along the last few decades we slipped and lost the simple instinct to rise when someone entered the room. What exactly made us who we are today? Is it social media, where we feel that because we are invisible, we have the right to abuse everyone and anyone who crosses our path? Or is it simply that we have become so driven by grades,

academics and accomplishments that we give no value to civilities? Or is it technology—or perhaps our own absorption in it—that has made us so oblivious to the person sitting right beside us?

Perhaps these are questions worth some honest soul-searching by each of us. In the meantime, I, for one, will start to be more mindful of my manners.

Thank you very much for reading!

Flag Hoisting Ceremony by Pakistan Society of Internal Medicine (PSIM) at Aap Ka Clinic

Prof. Aziz-ur-Rehman

The Pakistan Society of Internal Medicine celebrated Pakistan's Independence Day on 14th August at Aap Ka Clinic. The ceremony began with the recitation of the Holy Quran, followed by Dua Khani for the departed parents and loved ones of PSIM members. The dua was led by Dr. Noman Butt. This was followed by a cake-

cutting ceremony and the hoisting of the national flag. Senior members of the Pakistan Society of Internal Medicine participated enthusiastically in the celebrations, along with prominent family physicians from Lahore. During the flag hoisting participants sang Pakistani National Anthem. That was followed by dua



for Pakistan prosperity and safety.

Prof. Javed Akram addressed the gathering and said: On our 79th Independence Day, we celebrate not just

freedom, but the responsibility that comes with it — to serve our people. At Aap Ka Clinic, we pledge to build a healthier Pakistan through quality care and education.



Obesity 360: The Great Multidisciplinary Debate

Prof. Aziz-ur-Rehman

Today, 25th August 2026, the Pakistan Society of Internal Medicine (PSIM), in collaboration with Mactor International Limited and the Pakistan Academy of Family Physicians (PAFP), held a highly appreciated academic activity titled “Obesity 360: The Great Multidisciplinary Debate.”

The objective of the programme was to bring together specialists from multiple disciplines that are directly or indirectly affected by obesity. Ten panelists representing specialties including internal medicine, endocrinology, diabetology, bariatric surgery, pulmonology, family medicine, rheumatology, and hepatology participated in the discussion. Each panelist was allocated three minutes to present their specialty-specific perspective. The statements were concise and impactful, highlighting the wide-ranging consequences of obesity and reinforcing the fact that its management requires a multidisciplinary approach.

Following the panel discussion, Prof. Aziz-ur-Rehman delivered a 20-minute presentation on the practical management of obesity. He outlined a simple, stepwise approach beginning with lifestyle modification and progressing to pharmacological therapy when required. He compared semaglutide 2.4

mg with tirzepatide 15 mg, highlighting evidence showing greater weight loss and glycaemic improvement with tirzepatide. This enhanced efficacy is attributed to its dual action on both GIP and GLP-1 receptors. Clinical trials have demonstrated average weight loss approaching 20% with therapeutic doses of tirzepatide, along with reductions in HbA1c exceeding 2% in people with type 2 diabetes.

Prof. Aziz-ur-Rehman also highlighted the broader benefits of these therapies. Tirzepatide, owing to its substantial effect on weight reduction, is FDA-approved for the treatment of moderate-to-severe obstructive sleep apnoea in adults with obesity. Semaglutide, on the other hand, has well-established cardiovascular benefits. Overall, however, current comparative evidence demonstrates greater efficacy of tirzepatide for both weight reduction and glycaemic control.

The presentation also emphasized that obesity is a chronic disease requiring long-term management. Many patients may require continued pharmacological therapy to maintain weight loss, while selected individuals may benefit from bariatric surgery. Even after bariatric surgery, some patients may require anti-obesity medication to achieve or

maintain their treatment goals. The availability of highly effective incretin-based therapies, particularly tirzepatide, has therefore significantly expanded the therapeutic options for a condition that has traditionally been very difficult to manage.

Pre- and post-session polls were conducted to assess the educational impact of the programme. The post-poll demonstrated a clear improvement in participants' understanding of the subject, reflecting the educational value of the activity.

Dr. Somia Iqtadar elegantly moderated the session

and concluded the programme by acknowledging the contribution of Mactor International Limited.

President PSIM Prof. Aftab Mohsin and Founder President PSIM, Prof. Javed Akram, the Chairs of the session concluded the activity. Mr. Jummun Khan, representing Mactor, also thanked the participants and faculty.

The programme was attended by a full house and proved to be a highly engaging, informative, and productive academic activity.





A joint Symposium by PSIM & Getz Pharma on Erectile Dysfunction & The Role of Avanafil

Prof. Aziz-ur-Rehman

Lahore, 16th June, PC Hotel, The Pakistan Society of Internal Medicine (PSIM), in collaboration with Getz Pharma, organized an academic seminar focusing on avanafil and the management of erectile dysfunction (ED).

Erectile dysfunction is a common yet frequently under-recognized condition, particularly among aging men. Social stigma, embarrassment, and reluctance to discuss sexual health often prevent patients from seeking medical advice, while physicians may also hesitate to initiate the conversation. With effective treatment options now readily available, greater awareness, early recognition, and open discussion of ED have become increasingly important.

Prof. Aziz-ur-Rehman delivered the keynote presentation, emphasizing the importance of

recognizing and appropriately managing erectile dysfunction to improve men's sexual health, overall well-being, and quality of life. He reviewed the clinical profile of avanafil, a newer phosphodiesterase-5 (PDE5) inhibitor, highlighting its rapid onset of action and suitability for on-demand use. Avanafil may begin to act within approximately 15 minutes, allowing greater spontaneity and offering a convenient therapeutic option for appropriately selected patients.

The seminar was attended by several senior members of PSIM as panel of Experts including Prof. Tariq Waseem, Prof. Aizaz Mand Ahmad, Prof. Muftaba Hassan Siddiqui, Prof. Zaheer Akhter and Prof. Muhammad Nazir. Prof. Taj Jamshaid, Prof. Zaheer Akhter, and other Internal Medicine Specialists also joined. Dr. Mian Tariq, President of the Pakistan

Academy of Family Physicians, Dr. Idrees Bhatti, and a number of leading family physicians from Lahore also participated.

Prof. Javed Akram chaired the session, while Prof. Aftab Mohsin served as co-chair. The presentations

generated lively academic discussion, with active participation from senior members and family physicians, making the seminar an engaging and informative academic activity. At the conclusion of the session, Mr. Irfan Bhatti thanked the speakers, guests, and audience for their participation.



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Stepping Up for a Hepatitis Free Pakiatan: Ferozsons Laboratories and PSIM Host Free Screening Camp in Lahore

Prof. Aziz-ur-Rehman

LAHORE In a major step toward a hepatitis-free Pakistan, Ferozsons Laboratories partnered with the Pakistan Society of Internal Medicine (PSIM) to host a targeted three-day screening and awareness drive at APKA Clinic on World Hepatitis Day. Over 60 patients received complimentary diagnostic testing and vital

preventive guidance. The initiative identified two positive cases, immediately connecting them with specialists for early intervention and care. Moving forward, both organizations pledged to replicate these community-focused screening camps across the country to battle the silent epidemic.



Symposium on Obesity by PSIM in Collaboration with Getz Pharma

Prof. Aziz-ur-Rehman

Pakistan Society of Internal Medicine, in collaboration with Getz Pharma, held an academic activity at Faletti's Hotel, Lahore, today, 24th August 2026. The session focused on obesity, its multidimensional impact, and the challenges involved in its effective management. Professor Javed Akram, in his talk, highlighted the growing burden of obesity in Pakistan and its association with numerous health problems, including diabetes, hypertension, heart attacks, stroke, osteoarthritis, gout, infertility, sleep apnoea,

and many others. He emphasized that obesity is not merely a cosmetic concern but a complex disease with far-reaching consequences for health. Although excessive caloric intake and inadequate physical activity are major contributors to obesity, genetic and other biological factors also play an important role. Professor Javed Akram stressed that lifestyle modification remains the cornerstone of obesity management. However, adopting and, more importantly, sustaining meaningful lifestyle changes

is often difficult, and lifestyle measures alone may not result in adequate or sustained weight loss.

He therefore highlighted the important role of pharmacological treatment in appropriate patients. He discussed the newer incretin-based therapies and noted that tirzepatide has demonstrated greater weight-loss efficacy than semaglutide. He also pointed out that the availability of more affordable generic options in Pakistan has considerably improved access to these treatments. In conclusion,

he emphasized the need for a multidisciplinary and comprehensive approach to obesity. The first step is to recognize and accept obesity as a disease, followed by meaningful lifestyle changes and, where appropriate, the addition of effective pharmacological therapy. Prof. Aftab Mohsin, Prof. Aziz-ur-Rehman, Dr. Imtiaz Hassan and Prof. Khurshid A. Khan further added their views to highlight the importance of this growing menace and stressed upon its effective treatment. Dr. Warda moderated the activity.



Celebrating International Literary Excellence Awards 2026

Dr. Hammad Ahmed Bhatti

The International Author Excellence Awards (IAEA) 2026, held on 20 June 2026 at Crowne Plaza Dubai Marina, UAE, brought together distinguished authors, poets, publishers, and literary enthusiasts from around the world to celebrate excellence in literature. Organized by the International Authors Association, the prestigious event recognized writers whose work demonstrate creativity, originality, and intellectual impact. Among the distinguished recipients was Dr. Hammad Ahmed Bhatti, a practicing physician, passionate writer, multilingual poet, and Focal Media Person of the Pakistan Society of Internal Medicine (PSIM) UAE Chapter. He received the International Author Excellence Award 2026 for his acclaimed book, *Potpourri: Petals of the Past*, recognizing his meaningful contribution to literature through thoughtful reflections, poetry, and storytelling.

Dr. Bhatti represents a distinctive blend of medicine and literature. Alongside his medical profession, he has cultivated a lifelong passion for writing, with publications in Urdu, Punjabi, and English. *Potpourri: Petals of the Past*, his first English poetry anthology and sixth published book, explores nature, nostalgia, spirituality, love, human emotions, and the passage of time. His writing reflects a harmonious combination of intellect, compassion, and artistic expression. During the ceremony, Dr. Bhatti received the Author Achievement Citation, honoring his dedication to writing, contribution to knowledge and ideas, and influence within the literary community. The citation acknowledged his ability to touch lives through the written word and his continued commitment to literature and thought leadership. The award presentation was graced by distinguished literary



personalities, including Ms. Manika Singh and Dr. Kailash Pinjani, who presented the citation and congratulated the awardees. For the PSIM UAE Chapter and Pakistan Association Dubai (PAD), Dr. Bhatti's achievement is a matter of immense pride. His recognition demonstrates that excellence in medicine can coexist with excellence in the arts, inspiring healthcare professionals and aspiring writers alike.

The PSIM UAE Chapter and PAD extend their heartfelt felicitations to Dr. Hammad Ahmed Bhatti on this well-deserved international honor and wish him continued success in his medical career and inspiring literary journey. His achievement reaffirms that compassion expressed through both healing and writing can leave a lasting impact on humanity.

PSIM UAE Chapter Representation at the RCP Virtual Summit 2026

Dr. Hammad Ahmed Bhatti

The Royal College of Physicians (RCP) successfully hosted its prestigious Virtual Summit from 12–14 June 2026, bringing together an international faculty of distinguished physicians, specialists, researchers, and healthcare leaders. The three-day scientific meeting provided a valuable platform for sharing evidence-based practices, innovative research, and practical approaches to improving patient care across multiple medical specialties.

The Pakistan Society of Internal Medicine (PSIM) UAE Chapter was proudly represented by two, distinguished faculty members, Dr. Rahila Bhatti,

Consultant in General Internal Medicine, Diabetes & Endocrinology, and Dr. Yasir Parviz, Consultant Interventional Cardiologist and Head of Cardiology at Emirates Hospital, Dubai. Dr. Rahila Bhatti served as Moderator for the Obesity Session and delivered an insightful lecture titled *“Primary Care at the Centre: From Root Cause to Real Outcomes in Cardiometabolic Health.”* She emphasized the central role of primary care in identifying and addressing the underlying drivers of cardiometabolic disease. Her presentation highlighted obesity as a chronic, progressive, recurrent, and relapsing disease requiring



comprehensive, individualized, and long-term management. Dr. Yasir Parviz contributed his extensive expertise in interventional cardiology, sharing evidence-based clinical practices and insights from more than two decades of international experience. His contribution enriched discussions on contemporary cardiovascular care, complex coronary interventions, and the integration of advanced

technologies into clinical practice. The participation of both physicians highlighted PSIM UAE Chapter's commitment to academic excellence, lifelong learning, and international collaboration. Their outstanding contributions strengthened the chapter's presence on the global medical stage and showcased the expertise of its distinguished members.

Peshawar Chapter Activities

Prof. Salma Zeb

The Pakistan Society of Internal Medicine (PSIM), Khyber Pakhtunkhwa Chapter, continued its commitment to medical education, disease prevention, and evidence-based patient care through a series of important academic activities in 2026.

On 20 August 2026, PSIM KPK Chapter organized a scientific symposium titled "Prediabetes: The Window of Opportunity" at Serena Hotel, Peshawar. The

symposium brought together physicians and healthcare professionals to emphasize the importance of early identification and management of prediabetes to prevent progression to diabetes and its complications.

On 16 July 2026, the Department of Medicine, MTI Lady Reading Hospital (LRH), in collaboration with PSIM KPK Chapter, conducted a Dengue Master Training

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Workshop at the LRH Auditorium. The workshop focused on strengthening preparedness for the dengue season through evidence-based clinical practice. Sessions addressed clinical management, Dengue Shock Syndrome, fluid management, triage, monitoring, warning signs, laboratory biosafety, infection prevention, and multidisciplinary care. Faculty, postgraduate trainees, house officers, nursing staff, and healthcare workers participated actively in case-based discussions and interactive sessions.

To mark World Hepatitis Day on 28 July, PSIM, in collaboration with the Department of Gastroenterology, LRH-MTI Peshawar, organized an academic awareness session. The program highlighted Pakistan's viral hepatitis burden and stressed prevention through hepatitis B vaccination, safe injections and blood transfusion practices, infection control, early screening, timely treatment, and occupational safety. Speakers also emphasized

the role of healthcare professionals in community education and national hepatitis elimination efforts.

Earlier, on 14 May 2026, the Department of Internal Medicine, LRH-MTI, in collaboration with the Pharmacy & Therapeutic Committee and PSIM KP Chapter, organized a CCHF Awareness Symposium. The multidisciplinary event focused on updated clinical guidelines, early detection, triage, case management, infection prevention, safe sample handling, laboratory biosafety, PPE use, and escalation of critical cases. Interactive discussions reinforced coordinated hospital response and staff safety.

Collectively, these initiatives demonstrate PSIM KPK Chapter's ongoing dedication to continuing medical education, disease prevention, multidisciplinary collaboration, healthcare worker safety, and improved evidence-based patient care across the region.



Building Capacity in Rehabilitation Medicine: PSIM, Prime Physio UK Hands on Workshop, Bahawalpur

Prof. Munir Azhar

Modern survivorship from stroke, trauma, spinal cord injury, and chronic disease leaves patients with complex functional deficits that no single specialty like medicine, physiotherapy, or occupational therapy

alone. Aligning these under discipline, Rehabilitation Medicine produces physicians trained to coordinate the entire recovery pathway rather than fragments of it. Keeping in view for capacity building of regional

professionals, one day hands on workshop was arranged in Bahawalpur by PSIM and "Prim physio" UK it was facilitated both by Dr. Mohamed Aldoliefy, Dr.

Rafia Malik and Prof. Dr. Munir Azhar in Hotel one Bahawalpur. More than 50 participants got trained with the awards of three credit hours and certificates.



Multan Chapter Activities

Prof. Zahra Nazish

During July 2026, the PSIM Multan Chapter organised four important academic and public health activities. On 7 July, Prof. Dr. Zahra Nazish, Chairperson, Department of Medicine, delivered an evidence-based lecture on the management of Gastroesophageal reflux disease, followed by an interactive discussion with postgraduate trainees. On 11 July, Dr. Nida Saleem, a Nishtar alumna and Assistant Professor of pathology practicing in Loyola University Medical Centre, delivered an online lecture on stem cell

transplantation, highlighting recent advances and clinical applications. On 26 July, Prof. Dr. Javed Akram, Chairman, Board of Governors, PSIM, delivered the keynote lecture at a scientific symposium on "Breakthrough in Minimizing Risk through dual blockade". The session was hosted by Prof. Dr. Munir Azhar and concluded with a panel discussion featuring Prof. Dr. Kashif Ali Hashmi, Dr. Qazi Masroor, and Dr. Maliha Jauher. On 28 July, World Hepatitis Day was observed through an awareness walk organised by

Nishtar Medical University in collaboration with the Pakistan Society of Internal Medicine and the Society of Gastroenterology & Hepatology, Multan Chapter, with participation of university leadership including

Vice Chancellor, Heads of Departments of Medicine and Gastroenterology, Medical Superintendent, Nursing Superintendent faculty, trainees, and nursing staff.



Hyderabad Chapter Activities

Prof. Imran Ali Sheikh

Under the inspiring leadership and guidance of worthy Chapter Head Prof. Dr. Imran Ali Shaikh, the Pakistan Society of Internal Medicine (PSIM) successfully conducted a joint celebration of World Hepatitis Day 2026 alongside a PSIM Lifetime Achievement Honoring

Ceremony at PMA House, Umerkot. It was Coordinated by Dr. Ghulam Rasool RahiMoon (Consultant Physician & PSIM Institutional Co-Ordinator). The event highlighted PSIM's steadfast dedication to public health advocacy, viral hepatitis prevention, and

community education. The ceremony paid tribute to distinguished medical leaders whose lifelong dedication has elevated healthcare standards in the region. The proceedings concluded with resounding

success, reinforcing PSIM's mission to drive academic growth, community service, and professional excellence across the province.



Real Insight of Continuous Glucose Monitoring

Dr. Sufia Majeed

A scientific session titled “Real Insight of Continuous Glucose Monitoring” was held on 9 June 2026 at Faletti's Hotel, Lahore, under the auspices of the Pakistan Society of Internal Medicine (PSIM), with support from PharmEvo and Evocheck Premium LinxCGM. The session brought together leading experts in internal medicine, endocrinology, diabetology, gastroenterology, and lifestyle medicine to discuss the evolving role of continuous glucose monitoring (CGM) in contemporary diabetes care. The session featured Dr. Aisha Khan, an Internal Medicine, Obesity and Lifestyle Medicine Physician from Griffin Faculty Physicians/Griffin Hospital, Southford, CT, and Dr. Somia Iqtadar, MBBS, FCPS, MRCP (London), FRCPE

(Edin), PSIM, and Senior Vice President, PSIM, as speakers. Prof. Dr. Aftab Mohsin, President of PSIM, chaired the session, while Dr. Javed Akram, Chairman Board of Directors, PSIM, graced the event as Chief Guest. The expert panel included Prof. Aziz-ur-Rehman, Prof. Muhammad Imran, and Dr. Imtiaz Hassan, with Dr. Sufia Majeed, Senior Registrar Medicine, Mayo Hospital, Lahore, serving as moderator.

The session highlighted the evolving importance of CGM as a tool for obtaining real-time and dynamic insights into glucose patterns beyond conventional point-of-care measurements. Discussions

emphasized the potential of CGM to support more informed clinical decision-making, facilitate individualized diabetes management, and provide patients and physicians with a clearer understanding of glucose variability and daily glycemic trends. The

interactive expert discussion highlighted the importance of integrating emerging glucose-monitoring technologies into routine clinical practice to improve the quality, precision, and personalization of diabetes care.



“Try the Tri” Diabetes Summit Organized by PSIM and Hilton Pharma

Dr. Hina Latif

The "Try the Tri..." Diabetes Summit, organized by the Pakistan Society of Internal Medicine (PSIM) and sponsored by Hilton Pharma, was held on August 8, 2026, at Faletti's Hotel, Lahore. Moderated by Dr. Hina Latif, Secretary Information PSIM, the event brought together medical experts to discuss advanced, holistic, and evidence-based approaches to complex metabolic care and diabetes management.

The summit opened with introductory remarks emphasizing a patient-centered approach to disease management, framing diabetes care as an ongoing journey. Prof. Javed Akram, Chairman of the Board of Directors of PSIM and former Provincial Minister, served as the keynote speaker, sharing insights on emerging scientific evidence and modern clinical practices.

Following the keynote address, an interactive panel discussion and Q&A session took place. The distinguished expert panel featured prominent leaders from PSIM:

- **Prof. Aftab Mohsin** (President, PSIM)
- **Prof. Aziz-ur-Rehman** (President-Elect, PSIM)
- **Prof. Tariq Waseem** (Senior Vice President, PSIM)
- **Prof. Sajid Abaidullah** (Treasurer, PSIM)
- **Dr. Somia Iqtadar** (Senior Vice President, PSIM)

The panelists provided clinical expertise, practical management insights, and answered queries to help

align daily medical practices with modern research.

The event concluded with closing remarks expressing gratitude to the organizers, sponsors, keynote

speaker, panelists, and attending delegates for their commitment to elevating patient care, followed by a high tea and networking session.



Experts Discuss Comprehensive Approaches to Ulcer Healing at PSIM Academic Session

Dr. Wafa Qaisar

The Pakistan Society of Internal Medicine (PSIM) organized an academic session titled “Is Only Acid Suppression Enough to Heal Ulcer?” at the Avari Hotel, Lahore, bringing together leading experts to discuss contemporary approaches to peptic ulcer disease and the evolving role of therapies beyond conventional acid suppression. The session featured Prof. Javed Akram as Chief Guest and Prof. Aftab Mohsin as the keynote speaker. Prof. Aftab Mohsin, a consultant gastroenterologist and President of PSIM, addressed the central theme of the session, focusing on the management of peptic ulcers and the need to consider factors beyond acid suppression in achieving effective healing and preventing recurrence.

A panel of experts, comprising Dr. Imran Hassan Khan and Dr. Somia Iqtdar, participated in the discussion, providing clinical perspectives on the challenges

encountered in ulcer management. The interactive format encouraged an exchange of views on evidence-based treatment strategies and the importance of individualized patient care. The session highlighted the multifactorial nature of peptic ulcer disease, emphasizing that successful management may require addressing underlying causes and risk factors alongside acid suppression therapy. The academic gathering provided an important platform for physicians to review current concepts in gastrointestinal disease and discuss practical approaches to improving patient outcomes. Such professional forums remain an integral part of PSIM's efforts to promote continuing medical education, facilitate expert dialogue and strengthen evidence-based clinical practice among healthcare professionals.

Inauguration of Simulation Lab at Aap Ka Clinic

Dr. Hina Latif

The Pakistan Society of Internal Medicine, in collaboration with Al'Rafay foundation, has established a state-of-the-art simulation laboratory for GI endoscopy, ERCP, and EUS. The inaugural meeting was held at the AAPKA Clinic attended by leadership of PSIM, eminent physicians and renowned gastroenterologists. The framework for the regulatory pathway and accreditation of certified endoscopy

courses through UHS ,PMDC and HEC for young physicians was discussed, Supported by generous contribution of HiQ Pharmaceutical, this initiative aligns with PSIM's manifesto of Mentoring young physicians, Advancing healthcare. This initiative will lead to better training of physicians and patient safety both critical for improving healthcare standards in Pakistan.







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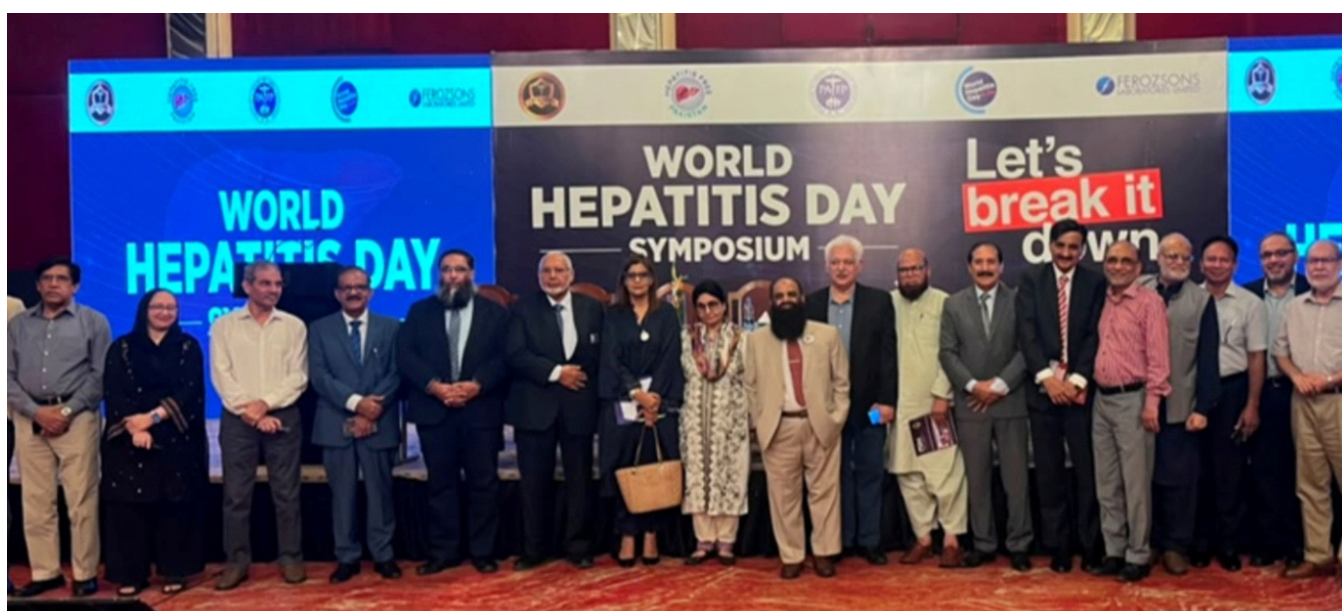
World Hepatitis Day Observed at PC Lahore

Prof. Mehrin Farooq

Organized by PSIM, Ferozsons Laboratories, Hepatitis Free Pakistan, and PAAFP, the event featured the theme “Hepatitis: Let's Break It Down.” This scientific gathering united healthcare leaders to advance medical knowledge, strengthen partnerships, and accelerate progress toward a Hepatitis-Free Pakistan. The event was moderated by Prof. Mehrin Farooq, who set the tone with a warm welcome, and an introduction highlighting the national burden of viral hepatitis and the urgent need for awareness, early diagnosis, and treatment. The scientific session was chaired by Prof. Nusratullah Chaudhry with Prof.

Javed Akram and other distinguished co-chairs including Prof. Akbar Choudhry, Prof. Ghias un-Nabi Tayyab, Prof. Sabeen Farhan, and Dr. Mian Tariq.

The program featured high-impact presentations from leading Physicians & hepatologists. Prof. Aziz-ur-Rehman spoke on “A Success Story: From Discovery to the Elimination of Chronic Hepatitis C,” showcasing Pakistan's progress in treatment access. Prof. Aftab Mohsin addressed a critical clinical dilemma in “Chronic Hepatitis B: Whom to Treat and Whom to Observe?”, providing evidence-based guidance for daily practice. Dr. Asad Ali Chaudhry then deliberated



on “Is the Eradication of Chronic Hepatitis C a Realistic Goal?”, discussing screening, treatment strategies, and public health challenges. The session concluded with an Expert Panel Discussion led by the Chair and Co-Chairs, where questions, viewpoints, and practical challenges were addressed interactively with the audience.

The event concluded with chairs highlighting key gaps

and actionable solutions for hepatitis elimination in Pakistan. Marking a landmark milestone, the symposium established a National Task Force for Hepatitis Elimination under senior faculty patronage to drive national policy, advocacy, and clinical action. The event reinforced that overcoming stigma, breaking down barriers, and eliminating the disease requires the united effort of clinicians, policymakers, and communities

Faisalabad Chapter Activities

Dr. Muhammad Irfan

The Pakistan Society of Internal Medicine, Faisalabad Chapter remained actively engaged in continuing medical education, professional development, antimicrobial stewardship, diabetes care, and public health awareness through a series of academic activities from May to July 2026. On May 24, 2026, an

academic session was organized on the Role of Insulin in the Current Era of GLP-1 Receptor Agonists and SGLT2 Inhibitors, highlighting the continuing importance of insulin in selected patients with diabetes and its complementary role alongside newer glucose-lowering therapies. On World Hypertension



Day, PSIM Faisalabad organized a Hypertension Awareness Walk, led by Prof. Dr. Aamir Shoukat and Dr. Muhammad Irfan, focusing on awareness regarding blood pressure monitoring, lifestyle modification, treatment adherence, and prevention of cardiovascular complications.

On June 11, 2026, a CME was conducted on the Management of Typhoid Fever, particularly in the Pakistani scenario, addressing diagnosis, rational antibiotic selection, antimicrobial resistance, and prevention of inappropriate antibiotic use. On June 16, 2026, PSIM Faisalabad organized an Antimicrobial Resistance (AMR) Seminar, with a presentation by Dr. Muhammad Irfan. The seminar highlighted the growing threat of antimicrobial resistance and emphasized antimicrobial stewardship, rational antibiotic prescribing, appropriate selection and duration of therapy, and coordinated efforts to

preserve the effectiveness of available antibiotics. During July 2026, the chapter continued its academic program with a Round Table Discussion on Tirzepatide on July 8 under the chairmanship of Prof. Dr. Aamir Shoukat at Serena Hotel Faisalabad. On July 20, a CME on Diabetic Neuropathy was held in Jhang for consultants and family physicians, presented by Dr. Muhammad Irfan. On July 29, a workshop on the Gut-Brain Axis was conducted at Serena Hotel Faisalabad for family physicians by Dr. Muhammad Irfan and Prof. Mugheez Ather. A further CME on diabetic neuropathy was also conducted at Serena Hotel Faisalabad. Overall, these activities reflect PSIM Faisalabad Chapter's commitment to evidence-based medicine, continuous professional development, antimicrobial stewardship, modern diabetes management, and community health awareness.

Diabetes & Obesity Centre Inaugurated to Strengthen Comprehensive Metabolic Care at Aap Ka Clinic

Dr. Wafa Qaisar

A new Diabetes & Obesity Centre was inaugurated in Lahore in a collaborative initiative of the Al-Rafay Foundation, Aap Ka Clinic, Pakistan Society of Internal Medicine (PSIM), and Getz Pharma, aimed at strengthening comprehensive, compassionate, and evidence-based care for patients living with diabetes, obesity, and metabolic diseases. The inauguration ceremony was attended by senior physicians, healthcare professionals, academics, and distinguished members of PSIM. The event was moderated by Dr. Wafa Qaisar, Joint Secretary, Pakistan Society of Internal Medicine (PSIM). The Chief Guest, Mr. Khalid Mahmood, Executive Chairman of Getz Pharma, was joined by Professor Javed Akram, Chairman, Board of Directors, PSIM, President, PSIM Professor Aftab Mohsin, President-Elect Professor Aziz-ur-Rehman, and other prominent medical experts.

The ceremony began with the recitation of the Holy Qur'an, followed by welcome addresses highlighting the growing burden of diabetes and obesity and the need for integrated, multidisciplinary care. Speakers

emphasized the importance of prevention, early diagnosis, patient education, and evidence-based management of metabolic disorders. A presentation on LISA FibroScan highlighted the role of advanced technology in the early assessment of liver health, particularly in patients with diabetes and obesity. Leading endocrinologist Dr. Syed Abbas Raza and Dr. Imtiaz Hassan, Director of the Diabetic Institute of Pakistan, also addressed the gathering and shared their perspectives on improving metabolic healthcare. Mr. Khalid Mahmood reaffirmed Getz Pharma's commitment to supporting medical education, research, and healthcare initiatives across Pakistan. The ceremony concluded with a vote of thanks by Dr. Shahla Akram, followed by the formal ribbon-cutting ceremony.

Stroke Awareness Session Held at Indus Medical College

Prof. Ghulam Hussain Baloch

The Stroke Awareness Session, organized by the Pakistan Stroke Society in collaboration with PSIM – Chapter Tando Muhammad Khan, was successfully held on 18 August 2026 at the Qazi Mazhar Hussain Auditorium, Indus Medical College / TUMS. The session was attended by distinguished neurologists, physicians, faculty members, healthcare professionals, and medical students. Dr. Muhammad Iqbal Memon, Chancellor TUMS, graced the event as Chief Guest, while Prof. Dr. Feroz Memon, Vice Chancellor TUMS, attended as Guest of Honor. Dr. Jai Singh Rana, Vice President, Pakistan Stroke Society, served as Program Director. Experts discussed stroke awareness, early recognition, stroke mimics, advanced imaging, AI, thrombolysis, and neuro-critical care. The session emphasized prevention, timely diagnosis, and rapid management to reduce disability and save lives. The event concluded with a vote of thanks, shield distribution, lunch, and group photograph. The program was supported by

Pharmevo. Together, We Can Prevent Stroke & Save Lives.

Prof. Ghulam Hussain Bloch, Chapter Head of PSIM Tando Muhammad Khan, delivered an insightful lecture on understanding lipids, their types, functions, and clinical importance during the World Lipid Day 2026 celebration held at Indus Medical College/The University of Modern Sciences (TUMS), Tando Muhammad Khan.

He highlighted the vital role of lipid awareness in preventing dyslipidemia and cardiovascular diseases, emphasizing the importance of early diagnosis, healthy lifestyle modifications, and preventive healthcare practices for a healthier community. His informative session was highly appreciated by faculty members, healthcare professionals, and students for spreading awareness regarding cardiovascular health and lipid management.



Nawabshah Chapter Activities

Prof. Bashir Ahmad Khuhro

The Pakistan Society of Internal Medicine (PSIM), Nawabshah Chapter, in collaboration with the Department of Medicine, Medical Unit-IV/Medical ICU and Peoples Institute of Diabetes & Endocrinology (PIDE), PUMHSW Nawabshah, continued a series of academic and professional-development activities during July and August 2026, with a strong focus on postgraduate education, clinical training and responsible use of emerging technologies in medicine. A major activity was the interactive workshop “Artificial Intelligence for FCPS & MD Medicine Residents: How to Prepare for Postgraduate Examinations Using AI Tools,” held on 15 July 2026 at LRS, Medical Unit-IV. The workshop introduced residents to practical applications of ChatGPT, NotebookLM, Gemini, Perplexity and Elicit for examination preparation, literature review, generation of MCQs and OSCE stations, clinical reasoning, presentations and effective study planning. PSIM Nawabshah Chapter also continued its scientific educational sessions in diabetes and

internal medicine, bringing clinicians together to discuss evidence-based therapeutic strategies and their application to everyday clinical practice. These sessions promoted interactive discussion, continuing medical education and translation of current evidence into patient care.

Another important initiative was the completion of the Three-Month House Officers Learning Program at Medical Unit-IV. The structured program incorporated academic teaching, weekly case presentations, bedside clinical training, case-based discussions and end-of-training assessment. Successful participants were recognized during a certificate distribution ceremony, reflecting the department's commitment to structured mentorship of young doctors. These initiatives, led by Prof. Bashir Ahmed Khuhro, President PSIM Nawabshah Chapter, demonstrate PSIM Nawabshah's continuing commitment to clinical excellence, postgraduate education, digital innovation and capacity building among young physicians.



The Baqai Institute held Diabetes Foot care conference in Movenpick Karachi

Prof. Tariq Waseem

The Baqai Institute of Diabetes and Endorsement (BIDE) held its annual Diabetes Foot care conference in Mövenpick hotel Karachi. It was participated by world authorities on diabetic foot and wound care from across the globe. The Pakistan Society of Internal Medicine (PSIM) being a collaborating partner made a strong presence at this conference. Professor Javed

Akram chairman Board of Director PSIM was the chief guest at the inaugural session. Professor Tariq Waseem Senior Vice President PSIM delivered a talk on importance of Continuous glucose monitoring (CGM) and maintaining the Metrics like Time in Range (TIR), Time Above Range (TAR), Time Below Range (TBR), Coefficient of Variance (CV) for better and rapid wound



healing. Dr. Somia Iqtadar Senior Vice President PSIM presented the efficacy and safety of dual SGLT inhibitor Sotagliflozin in Diabetes management. Prof. Bikharam Daverjani Senior Vice President PSIM, Prof. Hakim Ali Abro, Prof. Bashir Ahmed Khoro, Prof. Qazi Masroor and Professor Ghulam Hussain Baloch also

chaired different sessions of this conference. A Memorandum of understanding was signed between PSIM, Pakistan Society of Neurology, BIDE and GETZ pharma to conduct a certificate course on assessment and management of neuropathies in diabetic foot patients.

Royal College of Physicians London Hosts Landmark Collaborative Meeting on Artificial Intelligence, Digital Health, and the Future of Internal Medicine

Prof. Munir Azhar

On 22 June 2026, the Royal College of Physicians (RCP), London, in collaboration with the UK Digital Health Collaboration (UKDHC) and the Pakistan Society of Internal Medicine (PSIM), convened a

landmark scientific meeting on the transformative role of Artificial Intelligence (AI), Digital Health, Telemedicine, and Innovation in Internal Medicine. The meeting was chaired by Professor Dr Suhail





Chughtai and co-chaired by Dr Somia Iqtadar, with Professor Dr Mumtaz Patel, President of the RCP, London, delivering the keynote address.

Conceived and coordinated by Professor Dr Suhail Chughtai, the meeting brought together an eminent international faculty of physicians, academics, healthcare strategists, digital health innovators, and technology leaders. The diverse programme explored the rapidly evolving digital healthcare landscape, including AI-enabled medical education, clinical decision support, diagnostics, virtual hospitals, telemedicine, digital innovation, governance, ethics, patient safety, medico-legal responsibility, and the future of internal medicine.

A central message throughout the meeting was that AI is revolutionizing healthcare but should augment, rather than replace, physicians. Responsible human-AI collaboration, supported by ethical governance, transparency, evidence-based practice, and clinical accountability, will be essential. The faculty emphasized that future physicians must

combine technological competence with scientific excellence, professionalism, compassion, and sound clinical judgement.

The meeting concluded that digital transformation is no longer a distant possibility but an inevitable reality. Its success, however, will depend on maintaining the central role of physicians, ensuring patient safety and ethical oversight, and promoting continuous professional development.

A significant highlight was the inauguration of *Stay Left, Shift Left*, a book on NHS reforms authored by Professor Martin Curley, Professor of Innovation from Ireland. The book was formally inaugurated by Professor Dr Mumtaz Patel, adding an important dimension to the meeting's focus on healthcare innovation and systemic transformation.

The collaborative initiative marked a significant milestone in international academic partnership and reaffirmed a shared commitment to a smarter, safer, more equitable, and patient-centred future of healthcare.

Project 'Mehfooz Qadam': Transforming Diabetic Peripheral Neuropathy Care across Pakistan

Dr. Hina Latif

Diabetic Peripheral Neuropathy (DPN) remains one of the most underdiagnosed and debilitating complications of diabetes in Pakistan, frequently leading to irreversible nerve damage, severe chronic pain, and preventable lower-limb amputations. Recognizing the urgent need for a unified healthcare response, the Pakistan Society of Internal Medicine (PSIM) has established a landmark multi-institutional alliance to redefine neuropatient management

nationwide

Project Mehfooz Qadam marks a transformative milestone in the management of Diabetic Peripheral Neuropathy (DPN) across Pakistan, establishing a unified, multi-specialty alliance to address one of the country's most underdiagnosed and debilitating diabetes complications. DPN requires a synchronized clinical response that goes far beyond traditional primary care. To bridge these existing gaps, the

Pakistan Society of Internal Medicine (PSIM) has signed a landmark Memorandum of Understanding (MoU) with the Pakistan Society of Neurology (PSN), the Baqai Institute of Diabetology & Endocrinology (BIDE), and Getz Pharma. By combining the vast primary care reach of PSIM, the specialized neurological insight of PSN, the world-class endocrine and foot-care expertise of BIDE, and the operational and educational support of Getz Pharma, this collaborative effort integrates multidisciplinary clinical pathways, standardized diagnostic guidelines,

and extensive capacity-building programs for general practitioners. Beyond improving physician training and driving nationwide public awareness around early screening and diabetic foot hygiene, Project Mehfooz Qadam sets a broader, sustainable blueprint for managing complex metabolic disorders in Pakistan—ensuring that through early intervention and holistic care, every patient can take a safer, healthier step toward a future free from preventable disability.



PSIM Strengthens Global Academic Partnership with RCPE

Dr. Hina Latif

The Pakistan Society of Internal Medicine is proud to announce that Dr. Somia Iqtadar, Senior Vice President of PSIM, has been appointed as the inaugural international member of the RCPE Royal College of Physicians Edinburgh Symposium Committee in May 2026. This historic appointment marks the first time RCPE has invited an international physician to serve on its Symposium Committee. RCPE has been a valued collaborating partner with PSIM. At

our 7th Annual International Conference, RCPE President Professor Andrew Elder and Dr. Kerrie Baker, Dean of Education and Training, delivered plenary lectures. Building on this partnership, RCPE will once again collaborate with PSIM for our 8th Annual International Conference, 19th–21st March 2027 in Islamabad. As a Fellow of RCPE, Dr. Somia Iqtadar has previously represented Pakistan at RCPE's Obesity Course and International Women's Day Webinar. Her

new role on the Symposium Committee will further strengthen PSIM-RCPE ties through joint webinars, expanded educational access for PSIM members, and

greater representation of Pakistani physicians internationally.



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