

## The Inauguration of the Nehme & Therese Tohme Center for Multiple Sclerosis at AUBMC

Under the patronage of Mr Wael Abu Faour, Minister of Public Health, the AUB Medical center and AUB renamed the first Multiple Sclerosis (MS) Center in the region as the “Nehme and Therese Tohme MS Center” on May 13th 2015. The ceremony was attended by the President of the American University of Beirut, Dr Peter Dorman, AUB’s Vice President and the Raja Khoury Dean of the Faculty of Medicine, Dr Mohamad Sayegh, former First Ladies Ms Mouna Hraoui and Mrs. Nayla Moawad, Mrs Randa Berri, former Minister Leila El Solh Hamadeh and a distinguished audience of Parliamentarians, Ministers, Physicians and community members. The ceremony took place at the AUBMC MS Center located on John Kennedy Street in the Aboukhater building of AUBMC.

Dr Samia Khoury, Director of the MS center considered the establishment of the center as “another milestone within AUB’s long history of achievement and leadership, both on the national and regional levels.” Khoury added that “the establishment of specialized centers falls within the main lines of AUBMC’s 2020 Vision in attempting to fulfill health needs within Lebanon and the wider Arab region.” This center “joins other specialized centers within AUBMC and is the start to a series of future projects.”

Dr Khoury (CV below) pointed to the fact that “this center will be the first center of its kind within the Arab region in both treatment and medical research.” She added that there was a strong need to complicated nature of the disease and its therapy.

AUBMC’s strategy over the years, aligned with its vision for the future, AUBMC 2020, is based on the provision of the highest standards of quality patient-centered care. Khoury assured that “the MS center will be providing comprehensive health care to all MS patients, regardless of their mobility and physical capabilities.” This is extremely important considering the debilitating effects the disease can have on patients.

Dr Khoury emphasized that the center will be a regional



Drs M. Sayegh and S. Khoury and H.E. Nehme Tohme

research hub that aims to minimize the current shortage in statistical data specific to the health care needs in the MENA area. Through clinical research, the center will aim at developing biomarkers, and discovering new treatments.” Khoury added, “The center will further train new generations of physicians and researchers, so they become leaders in this field; and will boost awareness on the MS disease amongst patients, their families, and the public.

AUB President Peter Dorman thanked Mr and Mrs Tohme for their generous contribution for this center and further recognized Mr Tohme’s earlier and continuous support to the University. He expressed his belief that the establishment of the center is “a clear example of the University’s commitment towards the Lebanese and Arab societies.” He added that “through the services it provides, the center will respond to the needs of MS patients within

Lebanon and the rest of the region.”

Dorman stressed that this new center “goes hand in hand with AUB and AUBMC’s visions, for it will combine health care provision with crucial roles in the fields of education and research.” And while it is highly probable that this center will help build partnerships, as the sole such center in the region, it “does currently have a team of professionals (physicians and researchers) who are conducting vital research on the causes and treatments of MS. The center will highly enhance such research.”

Box: Dr. Samia J. Khoury Bio (2014)

Dr. Khoury is currently the Associate Dean for Clinical and Translational Research at the American University of Beirut. Since October 2011, she has served as the Director of the Abu Haidar Neuroscience Institute, and the Director of the new AUBMC Multiple Sclerosis (MS) Center at AUBMC in Beirut, the first MS center in the region. She is a professor of neurology at the American University of Beirut. From 2009-2013, she was the Jack, Sadie, and David Breakstone professor of Neurology at Harvard Medical School and served as the co-Director of the Partners Multiple Sclerosis Center, Boston since 2001. In 2007, Dr. Khoury was awarded the prestigious Kuwait Prize for Sciences by the Kuwait Foundation for the Advancement of Sciences for her work in immunology.

Dr. Khoury received her Medical Degree from the American University of Beirut, Lebanon, in 1984 having been elected to the Alpha Omega Alpha Honor Medical Society in 1983. She completed her neurology residency at the Case Western Reserve University Hospitals in Cleveland, Ohio and her fellowship at the Brigham and Women’s Hospital Center for Neurologic Diseases.

Dr. Khoury is recognized as a world leader in MS, she has trained tens of investigators who are now active leaders in MS and Immunology research. She has published over 200 scholarly articles, reviews, and book chapters. Moreover, she is leading the first National Multiple Sclerosis Awareness Campaign in Lebanon in collaboration with the Ministry of Public Health.

### What is Multiple Sclerosis?

MS is a chronic disease that affects the central nervous system, which includes the brain and spinal chord. It is an autoimmune disease where the immune system reacts against components of the nervous system and the main target of this immune attack is the myelin covering the axons. The axons are part of a neuron (nerve cell) used to transmit and communicate information to other nerve cells that are covered by myelin which is analogous to rubber insulation over an electrical wire. Successful communication between nerve cells requires intact myelin. Typically neurological signs and symptoms occur where there has been myelin damage.

### Facts about Multiple Sclerosis

- About twice as many women as men get MS, usually in their 20s to 30s, though it can happen at any age; the peak is in the 30s.
- About 30 per cent of MS risk is attributable to genetics, multiple genes increase the risk; those linked to MS are immune related genes which reinforces the idea of it being an immune mediated disease.
- Seventy per cent of MS risk comes from the environment - the environment being possible exposure to different viruses at different times in life - the immune system responds and shapes itself in different ways, so different exposures at different stages may shape the immune system in such a way that it may predispose the individual to react to self antigens.
- There are no specific viruses that cause MS however one virus, EBV (Epstein-Barr Virus) has been linked to MS – the same virus that leads to mononucleosis and depending when you get the infection, in childhood or adolescence, it can impact on the risk for MS. So while EBV itself is not a cause of MS it is something that can contribute to the risk.
- Another environmental factor that scientists think can contribute to MS is low Vitamin D levels. There is a lot of information in animal models where low Vitamin D is deleterious and high Vitamin D can cure induced disease in mice. In MS there is a linkage between areas of high incidence and the lack of sunlight. So the northern hemisphere especially Northern Europe is an area of high risk while closer to the equator, the risk is lower. However there may also be a link to viruses, and to the genes of the Northern European people.

- First signs differ, any neurological symptom can indicate onset of MS. Most common are blurry vision in one eye, numbness, weakness and instability.
- MS patients have multiple lesions in different areas of the brain and spinal cord; hence depending where the lesions hit the symptoms are different for different people.
- The disease never goes away - so treatment is long term. A small percentage of patients have benign disease, which means that they do not accumulate disability over time. The problem is that patients with benign disease cannot be identified ahead of time, it is only after they have had the disease for 10-20 years that we can identify them.
- There is no standard rate of progression for MS but in 80 percent of patients the disease starts with the relapsing remitting form which means that they have attacks or episodes of neurologic symptoms that recover – some have total recovery in the beginning but as the disease progresses they don't recover quite as well. Within 20 years, the disease becomes progressive, meaning that the

patients slowly accumulate neurologic deficits without having attacks anymore so they just get worse.

- 15-20 percent of MS patients have a primary progressive form of MS so they don't have attacks, they just progress from the beginning. Those with primary progressive disease tend to have disease of the spinal cord, they have weakness in one leg that gets worse and then it involves the other leg in a slow progression
- About 50 percent of patients suffer from depression, the way disease affects the neuro-transmitters makes depression worse, and some of the medications like Interferon can worsen or induce depression.
- In general MS does not shorten lifespan – there is a seven year difference in lifespan compared to controls - but those patients with very advanced disease may die as the result of infections.

*(Interview Undertaken by Dr. Nabil Kronfol)*

Infos

Comment l'Alimentation Perturbe l'Equilibre Acido-basique?

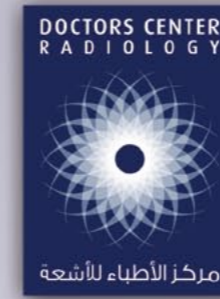
L'équilibre acido-basique consiste à maintenir un équilibre entre l'acidité et l'alcalinité du corps. Le sang par exemple est légèrement alcalin, avec un pH de 7,4. Après digestion, absorption et métabolisation des aliments que nous ingérons, la majorité d'entre eux libère soit des acides, soit des bases dans la circulation sanguine. Ce ne sont donc pas les aliments en soi qui influencent notre équilibre acido-basique, mais leur métabolisation, qui peut varier d'un individu à l'autre.

Au cours de la métabolisation, certains aliments génèrent des substances soit acidifiantes, soit alcalifiantes. Par exemple, les aliments générant des acides forts comme l'acide chlorhydrique, l'acide sulfurique, l'acide phosphorique ou encore l'acide urique ont tendance à acidifier l'organisme. C'est notamment le cas des aliments d'origine animale comme la viande, le poisson ou le fromage, mais aussi des céréales (surtout raffinées), des sucreries, des boissons industrielles et des plats préparés. En revanche, la richesse en minéraux (potassium et magnésium) des fruits et légumes en font des aliments alcalifiants pour la grande majorité d'entre eux.

Un aliment peut avoir un pH acide ou basique sans nécessairement acidifier ou basifier l'organisme. Un exemple parlant est celui du citron: son goût est très acide et son pH est égal à 2,5, mais il est alcalifiant pour l'organisme. A l'inverse, la viande qui a un pH de 7,1, soit très légèrement basique, est acidifiante.

Notre alimentation moderne, et notamment l'alimentation occidentale, plus riche en produits animaux, en céréales raffinées, en plats industriels, sucreries, au détriment des fruits et légumes, semble donc effectivement trop acide pour notre organisme.

A défaut d'être la mesure la plus précise, la mesure du pH urinaire est une façon simple de déterminer si les habitudes alimentaires d'une personne tendent ou non à acidifier son organisme.



# Doctors' Center

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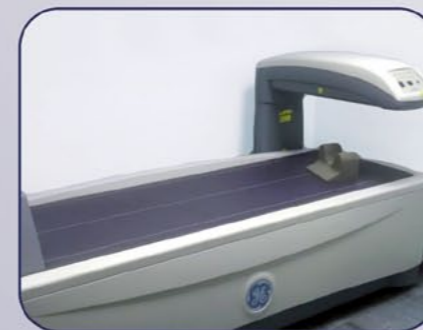
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