

# **MEDICAL ARTICLES AND PROFESSIONAL WRITINGS**

Prof. Dr. Taher Abdel Rahim Shaheen

English Editorial Edition

A complete collection of 33 archived Arabic newspaper articles  
and medical features

Obstetrics · Gynaecology · Infertility · Assisted Reproduction

# About This English Edition

This publication presents the complete 33-item collection in its original sequence. The English text is an editorial translation prepared from archived Arabic newspaper scans. Typography, broken OCR, and damaged portions have been normalised for clarity; uncertain numerical details have not been reproduced as verified facts. A facsimile of the opening source page accompanies every item, and the original Arabic page range is stated throughout.

## Historical medical archive

These articles document medical knowledge, clinical language, and press reporting from their time of publication. They are preserved for professional and historical interest. They are not a substitute for current clinical guidelines, diagnosis, or personal medical advice. Experimental procedures and reported outcomes should be read in their historical context.

## Author

Prof. Dr. Taher Abdel Rahim Shaheen — Obstetrics, Gynaecology, Infertility and Assisted Reproduction.

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# 01 Fertilisation Methods and the Particular Effectiveness of ICSI

INFERTILITY AND ASSISTED REPRODUCTION

Arabic source pages 6-7



## English editorial translation

Conception depends on bringing a viable spermatozoon and a mature oocyte together under suitable conditions. Assisted reproduction offers several ways to achieve this. In conventional in-vitro fertilisation (IVF), prepared sperm and retrieved oocytes are placed together in the laboratory and fertilisation occurs without direct micromanipulation. Other approaches described in the article include transferring gametes or early embryos to the fallopian tube and combining more than one transfer route when clinically appropriate.

Intracytoplasmic sperm injection (ICSI) marked an important advance for severe male-factor infertility. A single selected sperm is introduced directly into the oocyte with a fine microneedle. The method can therefore provide an opportunity when sperm numbers, movement, or ability to penetrate the oocyte are markedly reduced. Treatment still requires ovarian stimulation, oocyte retrieval, laboratory culture, embryo transfer, and careful follow-up; it does not remove the need to assess both partners.

When sperm are absent from the ejaculate because of obstruction or very limited production, they may sometimes be recovered from the epididymis or testicular tissue. The

original article describes taking a very small testicular sample under local anaesthesia and examining it for usable sperm or germ cells. The appropriate technique must be chosen after complete evaluation, with realistic counselling about benefits, limitations, and the possibility that no usable cells will be found.

## 02 How Increasing Maternal Age Affects Fertility

FERTILITY AND DELAYED CHILDBEARING

Arabic source pages 8-10



Facsimile: opening page of the original Arabic article (Arabic source pages 8-10).

### English editorial translation

Postponing marriage and childbearing can influence the chance of conception. Female fertility is closely related to the number and quality of remaining oocytes, both of which decline with age. The article explains that advancing age may lengthen the time required to conceive and may also increase the likelihood of miscarriage and complications during pregnancy. Age is not the only factor, however: general health, ovarian reserve, tubal condition, uterine factors, and semen quality all contribute.

For couples who require IVF, treatment commonly begins with medication to stimulate several follicles. Ultrasound and hormone tests are used to follow follicular development, after which a trigger injection is timed and the oocytes are retrieved under ultrasound guidance. In conventional IVF, sperm and oocytes are incubated together. With ICSI, a single sperm is injected directly into each mature oocyte. Fertilised oocytes are then observed as they divide before selected embryos are transferred to the uterus.

The central message is that age-sensitive fertility decisions benefit from early assessment. No single treatment guarantees pregnancy, and an individual plan should take account of

the woman's age, the couple's diagnosis, previous treatment, and the quality of the available gametes and embryos.

## 03 The Surgical Treatment of Infertility

INFERTILITY SURGERY

Arabic source pages 11-15



Facsimile: opening page of the original Arabic article (Arabic source pages 11-15).

### English editorial translation

Infertility may arise from the male partner, the female partner, or factors affecting both. Evaluation should therefore involve the couple together. When medication alone cannot correct an anatomical problem, surgery may have a role. Modern gynaecological surgery aims, whenever possible, to preserve reproductive organs and restore function rather than simply remove diseased tissue.

The article reviews operations for intrauterine adhesions, ovarian disorders, pelvic adhesions, uterine abnormalities, and tubal blockage. Tubal surgery is particularly demanding because outcome depends on the site and severity of damage, the duration and cause of infertility, the woman's age and general health, the partner's semen findings, the surgeon's experience, and the facilities of the centre. Procedures may include adhesiolysis, opening a sealed fimbrial end, reconnecting divided segments, or reimplanting a tube into the uterus.

Imaging and laparoscopy guide planning but cannot predict every finding or guarantee a pregnancy. Couples should receive an honest explanation of likely benefit and alternative options. IVF remains an important pathway when reconstruction is unlikely to work or when

pregnancy does not follow surgery.

## 04 Important Advice for Pregnant Women Performing Hajj

PREGNANCY AND GENERAL HEALTH

Arabic source page 16



Facsimile: opening page of the original Arabic article (Arabic source page 16).

### English editorial translation

A pregnant woman who intends to perform Hajj should discuss her health and stage of pregnancy with her doctor before travelling. During the pilgrimage she should minimise unnecessary physical strain, avoid prolonged walking in the hottest hours, seek shade, drink adequate fluids, replace salts when needed, and avoid dense crowds where falls or abdominal trauma may occur.

Women with hypertension should continue prescribed treatment, monitor blood pressure regularly, and obtain medical help for a sudden rise in pressure, protein in the urine, severe headache, visual symptoms, or swelling. Heat exhaustion must be prevented and treated promptly with cooling and fluids. Diabetes requires equally careful planning: meals, glucose checks, and medication must remain coordinated, and a rapid source of sugar should be carried in case of hypoglycaemia.

Religious travel should never delay urgent medical assessment. Bleeding, severe pain, reduced fetal movement, contractions, breathlessness, fainting, or persistent vomiting warrant immediate attention.

## 05 The Honour of the Profession Is the Physician's Guiding Principle

PROFESSIONAL PROFILE

Arabic source page 17



Facsimile: opening page of the original Arabic article (Arabic source page 17).

### English editorial translation

In this newspaper profile, Dr Taher Shaheen reflects on medicine while recovering in hospital and expresses gratitude for the messages and concern shown by patients. He describes the birth of a healthy child after prolonged infertility as a contribution not only to one family but also to society, and he acknowledges the support that enabled physicians in Saudi Arabia to develop specialist services.

The article's ethical theme is clear: medicine is a humanitarian calling, not a commercial transaction. Financial exploitation is incompatible with professional honour. In infertility care, reputation should rest on responsible practice and genuine patient outcomes, not on exaggerated advertising or unsupported promises. The meaningful result is a safely achieved pregnancy and birth after the couple has endured years of uncertainty, treatment, and expense.

Dr Shaheen also thanks the health authorities of the period for handling professional matters objectively and for maintaining confidence in physicians. The piece presents clinical competence, compassion, honesty, and public trust as inseparable parts of medical

practice.

## 06 Twins After Thirteen Years of Infertility

INFERTILITY SUCCESS STORY

Arabic source page 18



### English editorial translation

This brief press item records the joy of a couple who achieved a twin pregnancy after thirteen years of infertility. The original page is predominantly photographic, preserving the announcement as a human story rather than a technical case report.

Its significance lies in the long path behind the result: repeated disappointment, evaluation of both partners, selection of an appropriate fertility treatment, and continued follow-up. The report celebrates the family's outcome while conveying a recurring message in Dr Shaheen's work—that a difficult diagnosis should lead to careful investigation and realistic treatment planning rather than immediate despair.

As with every success story, one family's result cannot predict another couple's outcome. Fertility treatment must be individualised according to age, diagnosis, previous history, and the available medical and laboratory options.

## 07 Water Birth

PREGNANCY AND CHILDBIRTH

Arabic source page 19



### English editorial translation

The article responds to a reader asking about birth under water, a method that had attracted interest in parts of Europe and North America. Supporters described warm water as a gentle and comfortable environment. The more defensible benefit discussed is the use of warm-water immersion during the early stages of labour, when it may promote relaxation and help a woman cope with pain.

The author distinguishes labouring in water from actually delivering the baby under water. At the time of writing, he notes that evidence of benefit to mother or newborn was uncertain and raises concerns about delayed resuscitation, inadequate oxygenation, and aspiration of contaminated water. The article therefore urges caution and proper medical supervision rather than treating the method as inherently natural or risk-free.

Current decisions about water immersion or water birth should follow up-to-date local clinical guidance, strict eligibility criteria, infection-control standards, and the availability of staff able to recognise complications and move rapidly to conventional obstetric care.

## 08 The Benefits of Fresh Dates During Pregnancy

NUTRITION AND PREGNANCY

Arabic source page 20



### English editorial translation

Asked whether fresh dates can make labour easier, the article discusses their nutritional value, particularly in late pregnancy and during Ramadan. Dates provide readily absorbed natural sugars that can supply energy to working muscles. This is relevant during labour, when the uterine muscle performs sustained and demanding work.

The original article also describes observations that constituents of ripe dates may support uterine activity and may be associated with reduced bleeding after birth. It links the subject to the Qur'anic account of Mary being directed toward the palm tree during labour, presenting dates as both a culturally meaningful food and a useful source of nourishment.

The practical advice is moderation within a balanced diet. Women with diabetes or gestational diabetes need individual dietary guidance because dates contain concentrated carbohydrate. Food should complement—never replace—antenatal care, assessment of labour, and evidence-based treatment of bleeding or other complications.

# 09 IVF and Intracytoplasmic Sperm Injection

ASSISTED REPRODUCTION

Arabic source page 21



Facsimile: opening page of the original Arabic article (Arabic source page 21).

## English editorial translation

Patients frequently ask about the difference between a 'test-tube baby' procedure and ICSI. The treatment pathway is similar: medication regulates and stimulates the ovaries, follicular growth is followed with ultrasound and hormone tests, oocytes are retrieved, embryos are cultured, and selected embryos are transferred. The essential difference is the method of fertilisation.

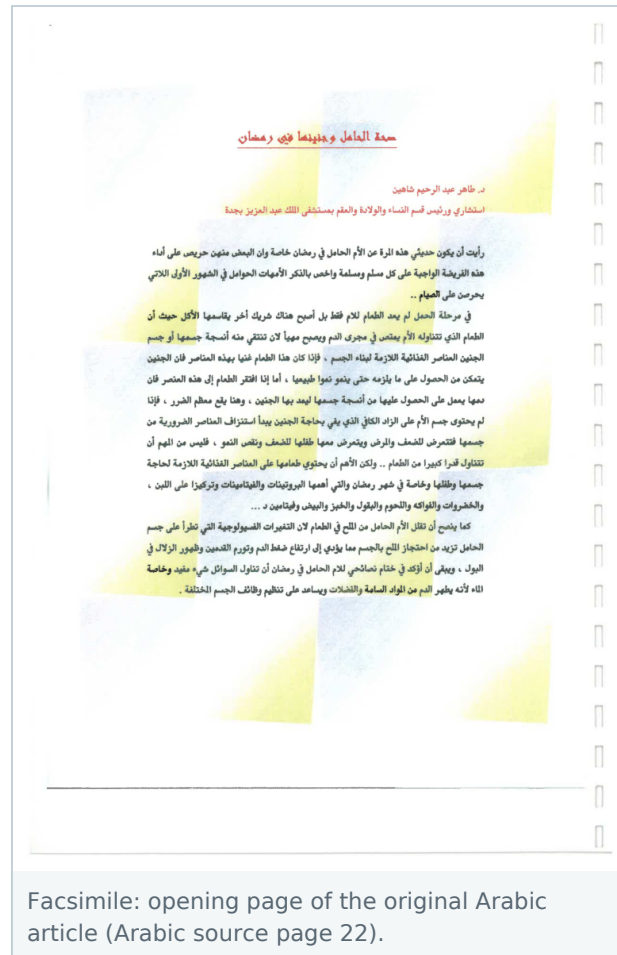
In conventional IVF, prepared sperm are placed with each oocyte and must penetrate it on their own. ICSI is intended especially for serious male-factor problems, including very low sperm numbers, poor movement, or impaired penetration. An embryologist selects a single sperm and injects it into the mature oocyte. This may make fertilisation possible even when only a very limited number of usable sperm are available.

Assisted reproduction may produce more than one embryo and can therefore increase the chance of multiple pregnancy, depending on how many embryos are transferred. The article also emphasises cooperation between the couple and the clinical team, adherence to treatment, and psychological comfort as important parts of the process.

# 10 The Health of Mother and Fetus During Ramadan

PREGNANCY AND FASTING

Arabic source page 22



Facsimile: opening page of the original Arabic article (Arabic source page 22).

## English editorial translation

Pregnancy creates a second nutritional demand: nutrients absorbed into the mother's bloodstream must support her own health and the growth of the fetus. If the diet is inadequate, the mother's stores may be drawn upon and both maternal wellbeing and fetal growth can suffer. Quality matters more than sheer quantity.

The article recommends a balanced intake of protein, vitamins, dairy foods, fruit, meat or other protein sources, legumes, bread, eggs, and vitamin D where appropriate. Adequate fluids between sunset and dawn are essential, and excessive salt should be avoided, especially when there is a tendency toward swelling or high blood pressure.

Whether a pregnant woman can fast safely depends on her stage of pregnancy, symptoms, medical history, and any condition such as diabetes, hypertension, anaemia, dehydration, or poor fetal growth. She should seek individual medical and religious advice and should stop fasting and obtain care if warning symptoms develop.

# 11 Overcoming Severe Male Infertility with Germ Cells

MALE INFERTILITY AND EMERGING TECHNIQUES

Arabic source page 23



Facsimile: opening page of the original Arabic article (Arabic source page 23).

## English editorial translation

This historical report describes attempts to treat very severe male infertility by stimulating testicular function with hormonal therapy and other methods, retrieving sperm directly from the testis, and using micromanipulation to introduce selected cells into an oocyte. It focuses on men whose testicular development appeared to stop before mature sperm were present in the ejaculate.

The clinical idea was to identify whether sperm or developing germ cells could be recovered from a small tissue sample and, where technically possible, use them with ICSI. The article presents this work as a source of hope for cases then regarded as untreatable and refers to international experimental approaches of that period.

Because reproductive science has changed substantially, historical experimental claims in the source should not be read as current standard practice. Modern care requires genetic and hormonal evaluation, specialist andrology, validated laboratory methods, ethical approval where relevant, and clear counselling about evidence and risk.

# 12 A Saudi Physician Reports Treatment of Thirty-Five Previously Desperate Infertility Cases

CLINICAL NEWS AND SUCCESS STORIES

Arabic source page 24



## English editorial translation

This concise news report presents a series of severe infertility cases treated by Dr Taher Shaheen and highlights multiple pregnancies achieved after laboratory-assisted fertilisation. It describes taking reproductive tissue from the husband, combining selected cellular material with oocytes obtained from the wife, and returning developing embryos to the uterus.

The item reflects the excitement surrounding early micromanipulation techniques and their potential for couples who had already been told that treatment was unlikely to succeed. It also illustrates the newspaper style of the period, in which striking case numbers and outcomes were used to communicate medical progress to a general audience.

For publication today, these statements should be understood as an archival account, not as a contemporary estimate of effectiveness. Modern reporting would specify the exact procedure, diagnostic criteria, number of treatment cycles, pregnancy and live-birth rates,

multiple-pregnancy outcomes, and independent clinical review.

# 13 A Canadian Medical Award for Advances in ICSI: Infertility as a Receding Story

PROFESSIONAL ACHIEVEMENT AND FERTILITY TECHNOLOGY

Arabic source pages 25–26



## English editorial translation

This feature profiles Dr Taher Shaheen's professional recognition for work in infertility treatment and microscopic fertilisation. It places ICSI within the rapid expansion of assisted reproduction and explains why the technique transformed care for severe male-factor infertility: fertilisation could be attempted with a single viable sperm rather than relying on large numbers to penetrate an oocyte unaided.

The report follows the main stages of treatment—evaluation of the couple, ovarian stimulation and monitoring, oocyte retrieval, laboratory injection, embryo culture, transfer, and subsequent pregnancy follow-up. It also discusses obtaining sperm from the epididymis or testis when none are found in the ejaculate, thereby extending treatment to some obstructive and non-obstructive cases.

The optimistic headline reflects its era. The article nevertheless supports a balanced conclusion: infertility is not one disease, and no technique eliminates every cause.

Treatment depends on diagnosis, age, ovarian reserve, genetic considerations, laboratory quality, and the couple's informed choices.



The article's broader message is preventive: addressing risk before pregnancy is often safer and more effective than waiting for complications. Screening cannot guarantee a healthy marriage or child, but it can give couples clearer information and time to consider medical options.

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| INFERTILITY SUCCESS STORY | Arabic source page 28 |
|---------------------------|-----------------------|

Facsimile: opening page of the original Arabic article (Arabic source page 28).

This press story records the birth of a couple's first child after twenty-one years of infertility. Its focus is the emotional contrast between years of waiting and the arrival of a long-hoped-for baby, and it recognises the contribution of specialist fertility assessment and assisted reproduction.

The story offers hope while reminding readers that treatment outcomes vary. Compassionate counselling, a clear diagnosis, transparent discussion of probability and cost, and psychological support are essential—whether treatment leads to pregnancy or the couple ultimately chooses another path.

# 16 Removing Eighteen Tumours and Reconstructing the Uterus

FERTILITY-PRESERVING GYNAECOLOGIC SURGERY

Arabic source pages 29–30



Facsimile: opening page of the original Arabic article (Arabic source pages 29–30).

## English editorial translation

This report describes a rare and complex operation performed on a young woman whose abdomen and pelvis were filled with numerous uterine tumours. Previous opinions had favoured hysterectomy, but the patient and her family wished to preserve the possibility of pregnancy. The surgical objective was therefore to remove the tumours while retaining and rebuilding the uterus.

Eighteen fibroid tumours in different locations were excised. The uterine layers were then carefully reconstructed, the uterine cavity and outer wall restored, and tubal patency assessed. The report describes a very large total tumour burden and presents the successful preservation of the uterus as the distinguishing achievement of the operation.

Fertility-preserving myomectomy of this extent requires detailed imaging, blood-loss planning, experienced surgeons, and careful postoperative follow-up. The ability to retain a uterus does not itself guarantee pregnancy; future conception and delivery depend on healing, residual anatomy, age, ovarian function, and obstetric assessment.

# 17 Special Problems in Twin Pregnancy

MULTIPLE PREGNANCY

Arabic source pages 31-32



## English editorial translation

Twin pregnancy places greater demands on the mother and requires closer antenatal surveillance. Complications may include anaemia, high blood pressure, gestational diabetes, preterm labour, restricted growth, differences in fetal size, abnormal presentation, and a higher likelihood of operative delivery. The article stresses early recognition of whether the twins share a placenta or amniotic sac because this strongly affects risk.

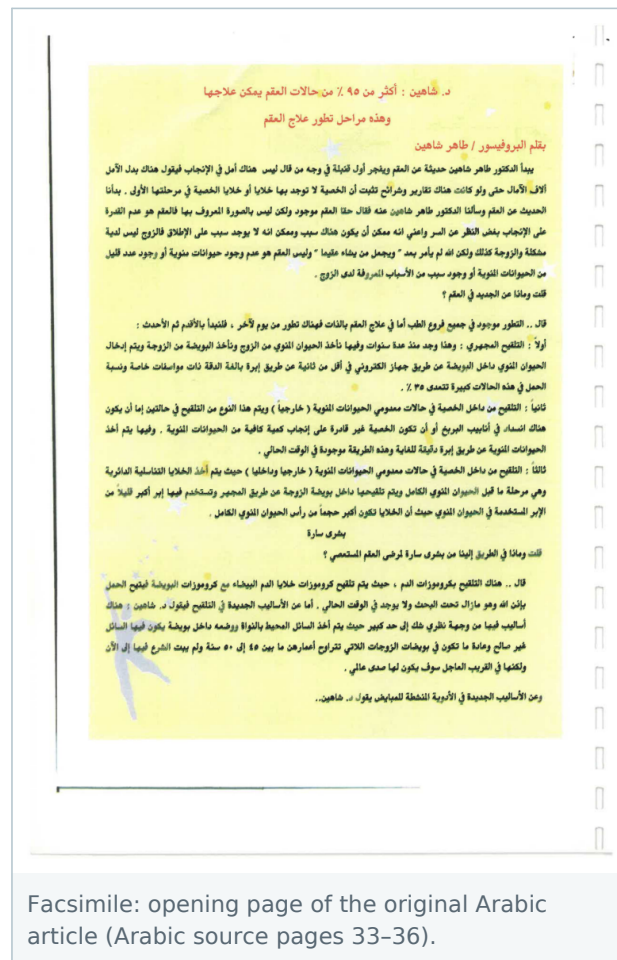
Identical twins usually arise when one fertilised oocyte divides; they are generally of the same sex and closely resemble one another, although even identical twins have distinct fingerprints. Fraternal twins arise when two separate oocytes are fertilised and may be the same or different sexes. Rarely, incomplete division can lead to conjoined twins, whose anatomy depends on the site of attachment.

When twins share placental circulation, unequal blood flow can cause one fetus to become volume-depleted while the other receives an excessive load. Modern ultrasound surveillance is central to recognising growth discordance and twin-to-twin transfusion, planning referral, and choosing the safest timing and mode of birth.

# 18 More Than 95 Percent of Infertility Cases Can Be Treated: The Evolution of Care

HISTORY OF INFERTILITY TREATMENT

Arabic source pages 33-36



Facsimile: opening page of the original Arabic article (Arabic source pages 33-36).

## English editorial translation

This wide-ranging interview traces the development of infertility treatment and challenges the idea that an adverse early report must always end hope. It defines infertility as failure to conceive rather than as one particular semen or ovarian finding and emphasises that some couples have identifiable causes while others remain unexplained after routine testing.

The article moves from conventional treatment to ICSI, surgical sperm retrieval, and the experimental use of immature germ cells that was being explored at the time. It describes injecting a sperm into an oocyte with a precision microneedle, retrieving cells from the testis when the ejaculate contains none, and coordinating the husband's procedure with ovarian stimulation and oocyte retrieval from the wife.

The headline expresses strong optimism, but the enduring message is the value of systematic evaluation, persistence, and progress in reproductive medicine. Contemporary

readers should not interpret the historical percentage or experimental procedures as a present-day guarantee. Modern success rates vary by diagnosis, age, treatment, clinic, and whether the outcome measured is fertilisation, pregnancy, or live birth.

# 19 Questions and Answers: Miscarriage

MISCARRIAGE AND PREGNANCY

Arabic source page 37



## English editorial translation

A reader asks why miscarriage occurs at different stages of pregnancy and how it can be prevented. The response explains that spontaneous miscarriage has many possible causes. These include chromosomal or developmental problems, maternal disease and infection, immune factors, hormonal disturbance, uterine abnormalities, previous surgery, physical trauma, and severe psychological strain. In an individual case, however, the precise cause may remain unknown.

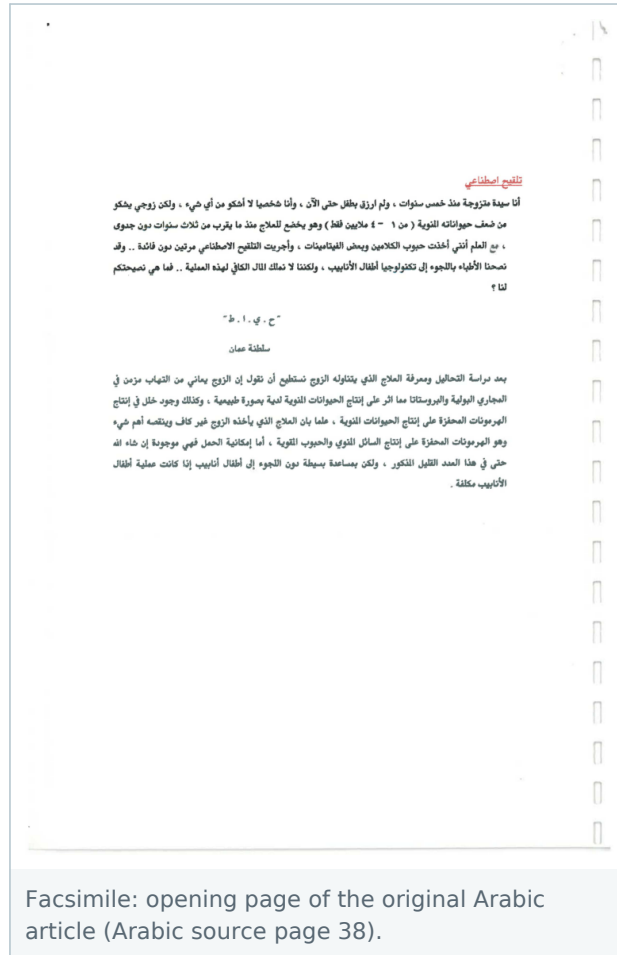
Prevention begins with preconception and antenatal care: review chronic disease and medicines, avoid smoking and harmful substances, treat significant infection, and seek medical attention for bleeding or pain. Women with recurrent miscarriage require structured evaluation rather than repeated empirical treatment.

Nothing in the article implies that a woman is to blame for a miscarriage. Many early losses cannot be prevented. Medical review is important both for physical safety and for compassionate explanation and support.

# 20 Questions and Answers: Artificial Insemination

ASSISTED REPRODUCTION

Arabic source page 38



Facsimile: opening page of the original Arabic article (Arabic source page 38).

## English editorial translation

A couple reports five years without pregnancy, low sperm numbers, several years of treatment, ovulation medication, and two unsuccessful insemination attempts. They have been advised to consider IVF but are concerned about cost. The response recommends reviewing the original tests and the husband's treatment rather than assuming that every previous step was adequate.

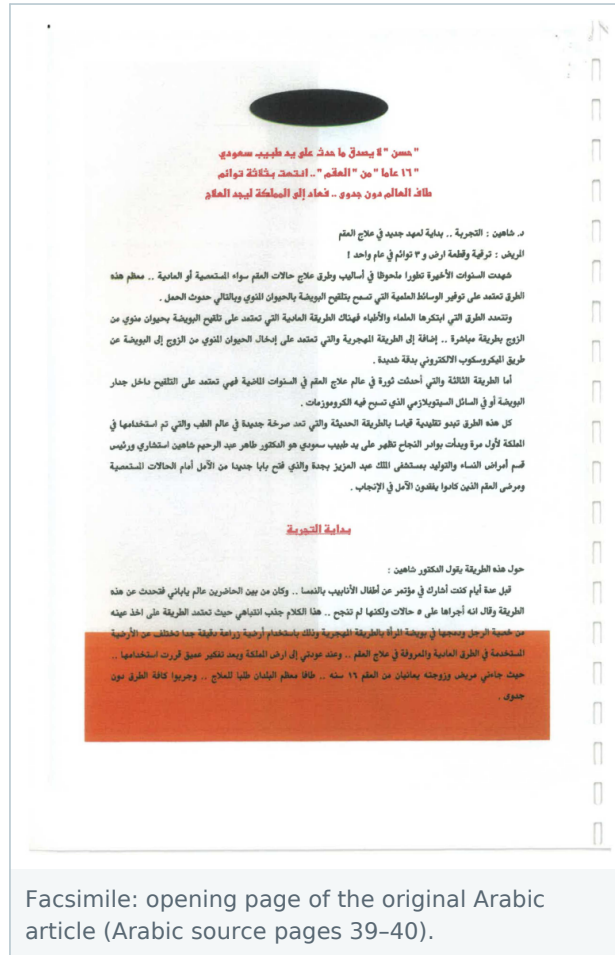
The article considers chronic inflammation of the urinary tract or prostate and hormonal imbalance as possible contributors to impaired semen production. It suggests that targeted treatment and carefully timed assistance may still be reasonable before IVF in selected cases, provided the woman's evaluation is reassuring and there is sufficient usable sperm.

Today, the choice among timed intercourse, intrauterine insemination, IVF, and ICSI should be based on repeated semen analysis, female age, ovarian reserve, tubal patency, duration of infertility, and prior outcomes. Delaying effective treatment can itself reduce the chance of success, especially when age is a concern.

# 21 Sixteen Years of Infertility End with Triplets

INFERTILITY SUCCESS STORY

Arabic source pages 39–40



Facsimile: opening page of the original Arabic article (Arabic source pages 39–40).

## English editorial translation

This newspaper feature tells of a couple who sought treatment for sixteen years before achieving a triplet pregnancy. Examination identified severe hormonal disturbance and markedly impaired testicular function in the husband. A programme of medical treatment was followed by retrieval of tissue from the functioning testis, laboratory fertilisation of the wife's oocytes, embryo transfer, and ultrasound confirmation of pregnancy.

The report presents the result as an early local success with a method intended for severe male-factor infertility. It also records the husband's personal joy after a year that brought several positive changes to his family life. The human account gives context to the technical process and the years of uncertainty preceding it.

Multiple pregnancy carries significant risks to mother and babies and is not the goal of modern fertility care. Contemporary practice aims to maximise the chance of a healthy singleton birth through careful embryo-transfer policy and close obstetric follow-up.

## 22 Healthcare Development and the Role of Primary Care Centres

HEALTHCARE SYSTEMS

Arabic source pages 41-42



Facsimile: opening page of the original Arabic article (Arabic source pages 41-42).

### English editorial translation

Dr Shaheen reflects on the expansion of Saudi healthcare from a period of limited hospitals, specialist services, and local staff to broader access across cities, towns, and rural communities. He credits investment in facilities, technology, and professional training with reducing the need for many patients to travel abroad for complex care.

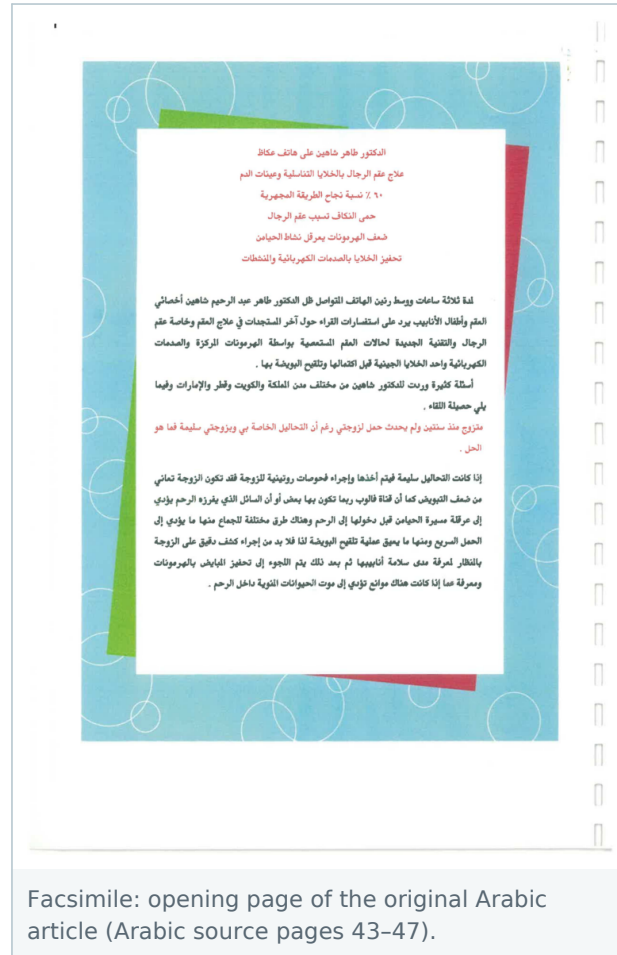
Primary care centres are described as the first level of diagnosis and referral. When a condition exceeds their resources, patients can be directed promptly to an appropriate hospital. In women's health, the article highlights the arrival of endoscopy, microsurgery, IVF, ICSI, testicular sperm retrieval, and other specialised reproductive services.

The piece argues that technology alone is not enough: trained clinicians, coordinated referral, geographic access, and continuing professional development are what turn equipment into effective care. Its central theme is the value of a health system capable of bringing modern treatment closer to the patient.

## 23 Dr Taher Shaheen on the Okaz Telephone Line: Treating Male Infertility

MALE INFERTILITY AND READER CONSULTATIONS

Arabic source pages 43–47



Facsimile: opening page of the original Arabic article (Arabic source pages 43–47).

### English editorial translation

During a live newspaper telephone session, readers from several Gulf countries ask about male and female infertility. Dr Shaheen repeatedly begins with the same principle: both partners should be assessed. Apparently normal basic tests may miss ovulatory weakness, tubal disease, cervical factors, chronic infection, hormonal imbalance, or limitations in sperm movement and form.

For men with very low counts or poor movement, the total number alone does not decide treatment. Morphology, motility, infection, prostate and testicular health, and pituitary and testicular hormones also matter. When the ducts are obstructed or no sperm appear in the ejaculate, surgical retrieval and ICSI may provide an option if viable sperm can be found. The discussion also touches on mumps-related testicular damage and the historical experimental interest in immature germ cells.

Other calls address irregular cycles, tubal obstruction, timing of intercourse, pregnancy exposures, and the emotional burden of waiting. The advice throughout is to avoid diagnosis by hearsay, obtain a complete specialist evaluation, and match treatment to the

actual cause. Several procedures described were emerging at the time; their present use must follow current evidence and regulation.

# 24 Infertility Treatment on the Okaz Telephone Line

INFERTILITY AND READER CONSULTATIONS

Arabic source pages 48-54



Facsimile: opening page of the original Arabic article (Arabic source pages 48-54).

## English editorial translation

This extended question-and-answer feature covers the concerns most often raised by couples experiencing delayed conception. Both spouses can feel fear and tension, and blame between them only deepens the difficulty. The article encourages patience, shared responsibility, and timely medical evaluation. It also corrects the widespread misconception that a woman determines the sex of a child: the oocyte contributes an X chromosome, while the sperm contributes either X or Y.

IVF is discussed for tubal blockage and significant male-factor infertility, while ICSI is presented as a means of fertilisation when very few suitable sperm are available. The article reviews basic causes: low count, poor movement or abnormal sperm; failure of ovulation; blocked fallopian tubes; endocrine disease; uterine or cervical factors; and unexplained infertility. It also answers questions about identical twins and fingerprints, consanguineous marriage, recurrent miscarriage, and the effect of age.

A year without conception is not interpreted in isolation; age, cycle timing, frequency of intercourse, and known risk factors determine when assessment should begin. The most

useful conclusion from the many calls is that treatment cannot be selected from a single symptom or laboratory number. A coordinated work-up of the couple is the foundation for choosing medication, surgery, insemination, IVF, ICSI, or expectant management.

## 25 Psychological Stress and Miscarriage

MENTAL HEALTH AND PREGNANCY

Arabic source pages 55–56



Facsimile: opening page of the original Arabic article (Arabic source pages 55–56).

### English editorial translation

Stress and intense emotion affect sleep, concentration, physical wellbeing, and the cardiovascular and endocrine systems. The article explores their possible influence during pregnancy, noting that strong emotional reactions may be accompanied by uterine tightening and pain. It gives particular attention to women who have previously miscarried and then approach the same stage of a new pregnancy with mounting fear.

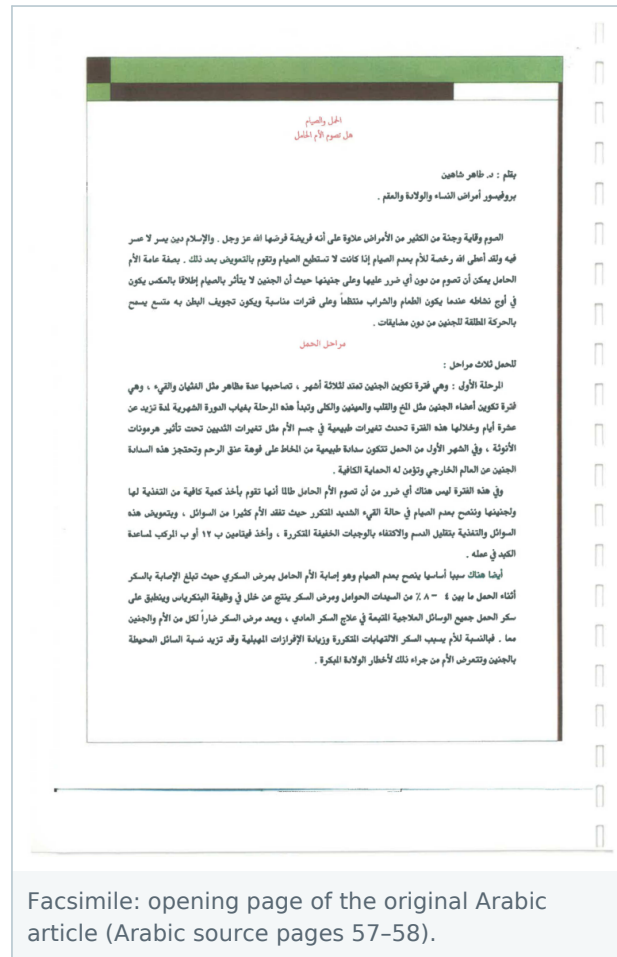
Pregnancy itself can change mood and sensitivity. Some women become tearful, withdrawn, or unusually anxious, especially when the pregnancy is unexpected or when family pressures are heavy. The husband and family can help by reducing conflict, listening, sharing practical responsibilities, and supporting medical follow-up.

Adequate sleep, daytime rest, relaxation, and avoidance of preventable stressors are encouraged. However, miscarriage should never be attributed simplistically to a woman's emotions: most losses involve biological factors beyond her control. Persistent anxiety, depression, panic, bleeding, or pain deserves professional assessment.

# 26 Pregnancy and Fasting: Should a Pregnant Woman Fast?

PREGNANCY AND FASTING

Arabic source pages 57-58



## English editorial translation

Fasting is an important act of worship, and Islamic teaching provides an exemption when pregnancy or illness makes it unsafe. The article divides pregnancy into stages and explains that the decision should take account of symptoms and medical conditions rather than follow a single rule for every woman.

In early pregnancy, severe and repeated vomiting may cause dehydration and loss of salts, making fasting inadvisable until the woman can maintain fluids and nutrition. Diabetes is another major concern because insulin or other treatment must be coordinated with meals; both low and high blood glucose can endanger mother and fetus. Later in pregnancy, adequate nutrition, hydration, fetal growth, and movement require continued attention.

A healthy woman who wishes to fast should first consult her clinician, eat balanced meals between sunset and dawn, drink enough water, rest, and monitor warning symptoms. She should stop fasting and seek care for fainting, persistent vomiting, contractions, bleeding, reduced fetal movement, or signs of dehydration.

# 27 Seventy Percent of Infertility Questions Concern Men

MALE INFERTILITY AND PREMARITAL SCREENING

Arabic source pages 59–61



Facsimile: opening page of the original Arabic article (Arabic source pages 59–61).

## English editorial translation

The article notes that a large share of public questions about infertility concern male factors, challenging the habit of placing responsibility on women. Male assessment begins with history, examination, and more than one properly collected semen analysis. Results must consider concentration, movement, form, volume, infection, and the clinical context—not a single number in isolation.

Potential causes include hormonal disturbance, varicocele, obstruction, infection, heat or toxic exposure, previous surgery, congenital conditions, and testicular injury. Depending on the diagnosis, options may include medical treatment, surgery, sperm preparation for insemination, IVF, ICSI, or retrieval from the epididymis or testis. In some cases, genetic testing and counselling are essential.

The article links infertility awareness with medical examination before marriage. Sensitive counselling can identify inherited or infectious disease, correct myths, and help a couple plan without humiliation or blame. The enduring principle is that fertility belongs to the couple and both partners deserve equal, confidential evaluation.

# 28 Spontaneous Miscarriage: Many Causes, and Prevention Is Better Than Cure

MISCARRIAGE AND PREGNANCY BLEEDING

Arabic source pages 62–66



## English editorial translation

Spontaneous miscarriage is pregnancy loss that occurs without deliberate intervention. The article reviews a broad range of causes, including fetal chromosomal abnormality, hormonal or immune disturbance, infection, uterine malformation, cervical weakness, maternal illness, trauma, and placental problems. Often, especially after a single early loss, no definite cause can be established.

Bleeding in pregnancy must be assessed according to gestational age, amount, pain, cervical findings, ultrasound, and the mother's circulation. Later bleeding may arise from placenta previa or placental separation and can become an emergency. Treatment ranges from observation and follow-up to medication, surgery, blood replacement, or urgent delivery, depending on the diagnosis and severity.

Prevention means optimising health before conception, managing diabetes and blood pressure, reviewing medicines, avoiding tobacco and harmful exposures, and attending

antenatal care. Recurrent loss warrants structured investigation. Urgent care is needed for heavy bleeding, severe abdominal pain, shoulder pain, dizziness, fainting, fever, or reduced fetal movement.

## 29 Many Ways to Treat Infertility

INFERTILITY TREATMENT

Arabic source pages 67–69



### English editorial translation

The physician's role in infertility is to identify causes, remove avoidable delay, and help the couple choose an effective route to pregnancy. The article describes ovulation induction with clomiphene or gonadotrophins, hormonal treatment for selected endocrine problems, ultrasound and hormone monitoring, and appropriately timed intercourse or insemination.

Medication must be used carefully because excessive ovarian stimulation can lead to ovarian hyperstimulation and multiple pregnancy. Tubal adhesions or obstruction may be treated surgically in selected patients, increasingly with microsurgical or endoscopic techniques. When tubal damage is extensive, IVF provides an alternative by fertilising retrieved oocytes outside the body and transferring embryos to the uterus.

Cervical factors and unexplained infertility may lead to consideration of intrauterine insemination or assisted reproduction after the basic evaluation is complete. Several drug names and protocols in the historical source reflect practice at the time of publication; present-day dosing and indications must follow current specialist guidance.

# 30 Successful Vaginal Reconstruction: A First in the Middle East

RECONSTRUCTIVE GYNAECOLOGIC SURGERY

Arabic source pages 70-71



Facsimile: opening page of the original Arabic article (Arabic source pages 70-71).

## English editorial translation

This surgical report describes reconstruction for a woman born without a functional vagina. She had normal ovaries and tubes but a very small underdeveloped uterus and no vaginal canal. Previous operations had failed and had produced fistulas involving the rectum, bladder, and skin, which required correction before definitive reconstruction.

The operation involved detailed preparation, selection of a thin skin graft, creation of a mould, and careful dissection between bladder and rectum while protecting nerves and blood vessels. A canal was formed between the external opening and the pelvis, lined with the patient's graft, and supported by the mould. The abdominal and perineal work was completed with attention to haemostasis, infection prevention, and cosmetic closure.

The article reports a successful outcome and emphasises the precision and postoperative follow-up required. Reconstructive options have continued to evolve; modern management should be multidisciplinary and should address urinary anatomy, reproductive potential, sexual function, long-term dilation or graft care, and psychological support.

# 31 Preconception Medical Care: A Foundation for Health

PRECONCEPTION CARE

Arabic source pages 72-73



Facsimile: opening page of the original Arabic article (Arabic source pages 72-73).

## English editorial translation

Prevention and early diagnosis are central to a healthy pregnancy. The article recommends beginning preconception care at least three months before trying to conceive. A comprehensive review can identify hypertension, diabetes, infection, immune status, medication risks, and conditions that may complicate pregnancy.

The consultation should include both partners where relevant and record family, genetic, obstetric, social, and medical history. Some factors—such as age and inherited background—cannot be changed, but many others can. Smoking and alcohol can be stopped, nutrition and weight improved, vaccinations updated, chronic disease stabilised, and medicines changed when safer alternatives are needed.

A balanced diet with sufficient protein, iron, calcium, and other nutrients, suitable physical activity, and attention to previous pregnancy complications all help prepare the body. The article urges obstetric clinicians to document earlier problems and discuss them with the couple so that a new pregnancy begins with a deliberate plan rather than preventable uncertainty.

## 32 Infertility: Pain and Hope

INFERTILITY AND PSYCHOLOGICAL SUPPORT

Arabic source pages 74–75



### English editorial translation

Infertility has medical, psychological, social, and family dimensions. In communities where parenthood is closely tied to ideas of femininity and masculinity, delayed conception can bring grief, blame, and isolation. The article insists that the problem belongs to the couple, regardless of which partner's tests reveal a cause. Both need emotional support as well as medical care.

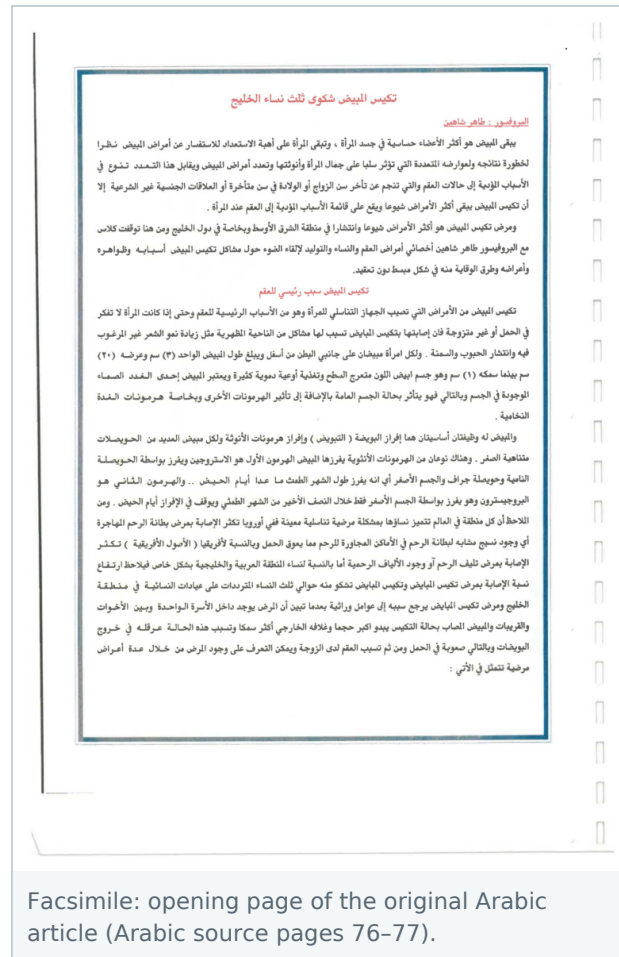
Modern investigation can identify ovulatory, anatomical, hormonal, genetic, and sperm-related factors, while treatment ranges from medication and surgery to IVF and ICSI. The article also discusses research of its period into cellular material surrounding the oocyte and into sperm proteins, including ubiquitin, as possible explanations for fertilisation failure despite an apparently normal sperm count.

Research findings do not automatically become standard treatment. Couples should seek specialist assessment, understand which options are validated, and receive realistic information about outcome. Hope is strongest when joined to sound diagnosis, mutual respect, and freedom from blame.

# 33 Polycystic Ovaries: A Common Concern Among Gulf Women

PCOS AND INFERTILITY

Arabic source pages 76-77



Facsimile: opening page of the original Arabic article (Arabic source pages 76-77).

## English editorial translation

Polycystic ovary syndrome (PCOS) is a common endocrine and reproductive disorder. The article describes irregular or absent menstruation, difficulty with ovulation and conception, excess facial or body hair, acne, and weight gain. Ultrasound may show many small follicles and enlarged ovaries, while hormone tests can reveal an imbalance with increased androgen activity.

PCOS often runs in families and affects more than fertility. Contemporary understanding also recognises links with insulin resistance, diabetes risk, lipid abnormalities, and long-term endometrial health. Diagnosis should not rest on ultrasound alone; symptoms, menstrual pattern, laboratory findings, and exclusion of other causes all matter.

Treatment depends on the woman's goals. Lifestyle and weight management can improve cycles and metabolic health. Hormonal treatment may regulate bleeding or reduce androgen-related symptoms, while ovulation-inducing medication is used when pregnancy is desired. The article closes by encouraging awareness, early consultation, patience, and sustained follow-up rather than allowing embarrassment or neglect to delay care.