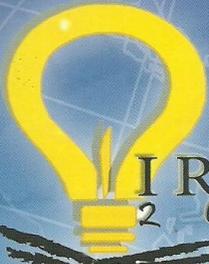




الجامعة الإسلامية العالمية ماليزيا  
INTERNATIONAL ISLAMIC UNIVERSITY MALAYSIA  
بوتريس، سيلي، أنبارا، بيجيا، ملديسيا



IRIIE  
2010

IIUM Research, Innovation & Invention Exhibition 2010 (IRIIE 2010)

ENHANCING QUALITY RESEARCH &

**INNOVATION**

for

**SOCIETAL**

**DEVELOPMENT**



**PP-18 Efficacy and Safety of Viva QS® Capsule for Nicotine Addiction in Malaysian Adult Smokers**

*Zaswiza Mohamad Noor, Mohamad Haniki Nik Mohamed, Mohd Aznan Md Aris,  
Samsul Draman, Madam Siti Halimah Bux Shaikh Rahman Bux  
Pharmacy Practice, Kulliyah of Pharmacy  
International Islamic University Malaysia*

We conducted a randomised, double-blind, placebo-controlled study to evaluate the effectiveness of Viva QS® capsule, a supplement consisting of twelve herbs, for the management of nicotine addiction. Smokers meeting study criteria were recruited into the study. Follow-up was undertaken for 6 months, with three assessment time points for smoking status and withdrawal symptoms. Brief counseling was provided at each follow-up via telephone call at week 4 and 12. At week 24, face-to-face follow-up was done and self-reported abstinence was validated by measuring expired carbon monoxide level and cotinine in urine and/or saliva samples. Result: Of 155 smokers recruited, mean age was  $35.2 \pm 8.36$  years. Mean baseline Fagerström test for nicotine dependence (FTND) score was  $5.03 \pm 1.39$ . 7-days point prevalence quit rate was 22.4% at week 24 [Viva QS = 30.7% vs. placebo = 13.9%];  $p = 0.015$ ; OR = 2.74 (CI = 1.197-6.282), 34.7% at week 12 [42.7% vs. 26.2%];  $p = 0.038$ , OR = 2.08 (CI = 1.04-4.16) and 24.5% at week 12 [32% vs. 16.7%];  $p = 0.031$ ; OR = 2.35 (CI = 1.07-5.17). Most common adverse events reported were sore throat (Viva QS = 28.8% vs. placebo = 36.6%), dry mouth (17.8% vs. 16.9%) and cough (11% vs. 8.4%) There were no significant differences in all adverse events reported by subjects in both groups. Conclusion: Viva QS® at least doubled smoking cessation rate vs. placebo in smokers with moderate to high level of nicotine dependence without any significant adverse effects.

**PP-27 Acetylcholine Esterase as a Possible Marker for the Detection of Halal Way of Slaughtering**

*Mohammad Tariqur Rahman, Rahela Zaman, Syed Zahir Idid, Hamzah Mohd Salleh  
Biomedical Science, Kulliyah of Science  
International Islamic University Malaysia*

Introduction: Different methods of slaughtering are being practiced because of differences in religious guidelines and environmental issues (use of electricity) or convenience of handling etc. Variation in methods of slaughtering results in different conditions namely, release of varying amount of blood and different degree of movement of its body parts prior to death. These issues are related to the release of neurotransmitter (NT) at the neuro-muscular junction (NMJ) eventually is subject to be released from the body through the blood flow.

Experimental design: Muscle samples from chicken in small pieces were collected immediately after slaughtering. Slaughtering was carried out using sharp knife. Two different conditions pertaining to the Islamic guidelines of slaughtering were investigated, such as whether the neck was severed (S+) or not (S-) from the body during slaughtering and whether the animal just after slaughtering was released (R+) or not (R-). The level of acetylcholine esterase mRNA involved in the degradation of acetylcholine, a NT at NMJ was investigated by RT-PCR.

Results: The level of acetylcholine esterase mRNA was not detected in the sample obtained from the chicken slaughtered following Islamic guidelines i.e., neck should not be severed and body should be released just after the slaughtering (R+S-).

Conclusions: Level of acetylcholine or acetylcholine esterase can be used as a biomarker to identify if the slaughtering is performed following Islamic guidelines.