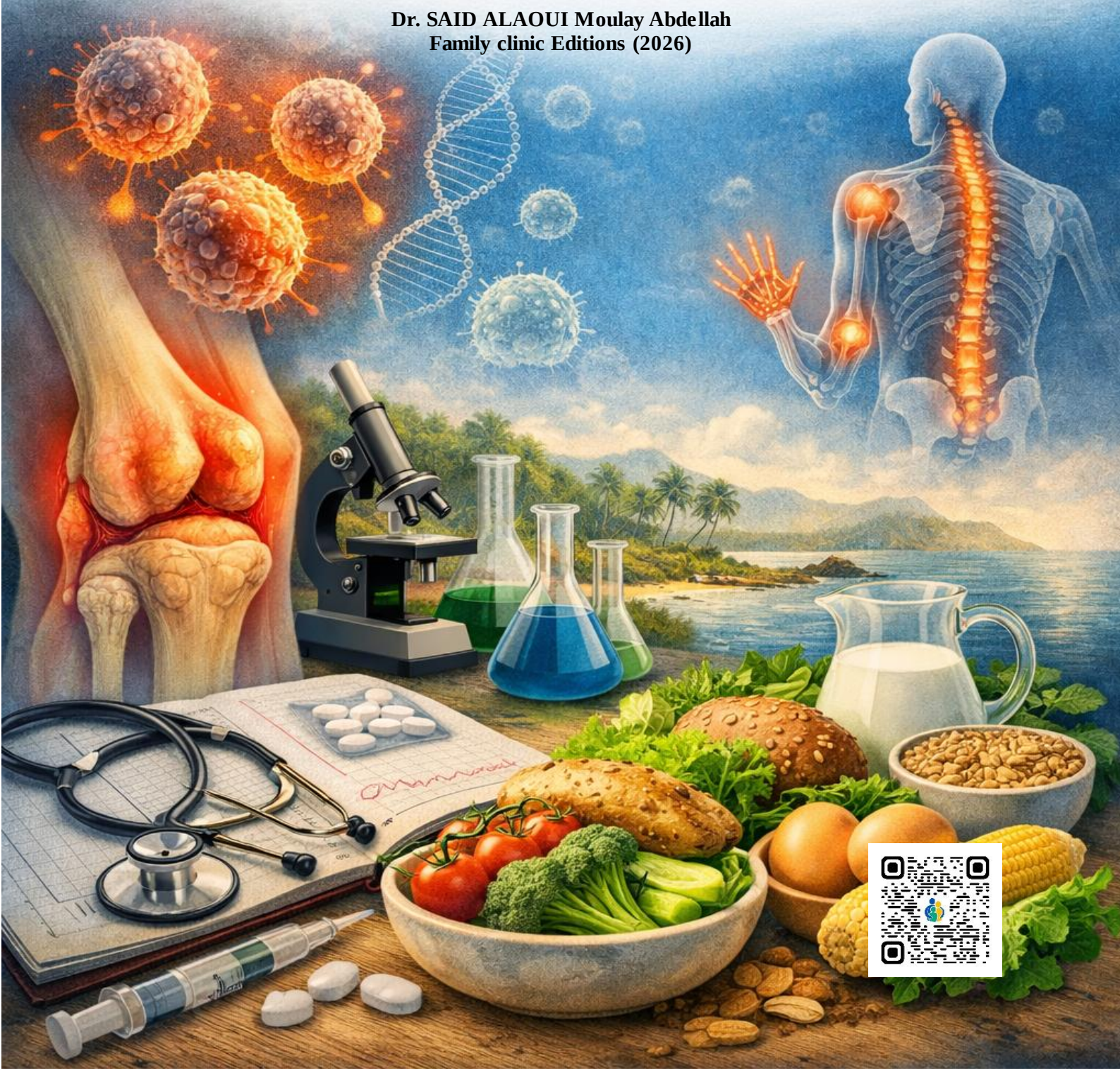


Rheumatoid Arthritis

Understand, Prevent, Relieve

Dr. SAID ALAOUI Moulay Abdellah
Family clinic Editions (2026)





Preamble

There are diseases that do not merely dwell in the body; they invade the whole of life, disrupt the simplest gestures, and remind us each day that health is a fragile balance. Rheumatoid arthritis is one of them. It is not only joint pain, but an enigma - a story where our genes, our diet, our environment, and our intestinal microbiota intersect.

This booklet does not aim to deliver a definitive truth - for science advances, hesitates, discovers, and sometimes contradicts itself - but rather to offer a path of understanding and hope. It is addressed to all: to patients seeking words for their ailments, to families wishing to support, and to caregivers who want to explain simply.

We have chosen a clear, sometimes poetic style of writing, so that everyone may find themselves in these pages. Medicine is not only a matter of numbers and protocols; it is also narrative, memory, and humanity.

This guide continues our work "Cooking to Heal" - Family Clinic Editions, 2026, where nutrition is presented as a daily tool for health. It also joins the Family Clinic series of booklets, which explores the links between nutrition, inflammation, and chronic diseases.

May these pages be a gentle light along the sometimes dark path of rheumatoid arthritis.

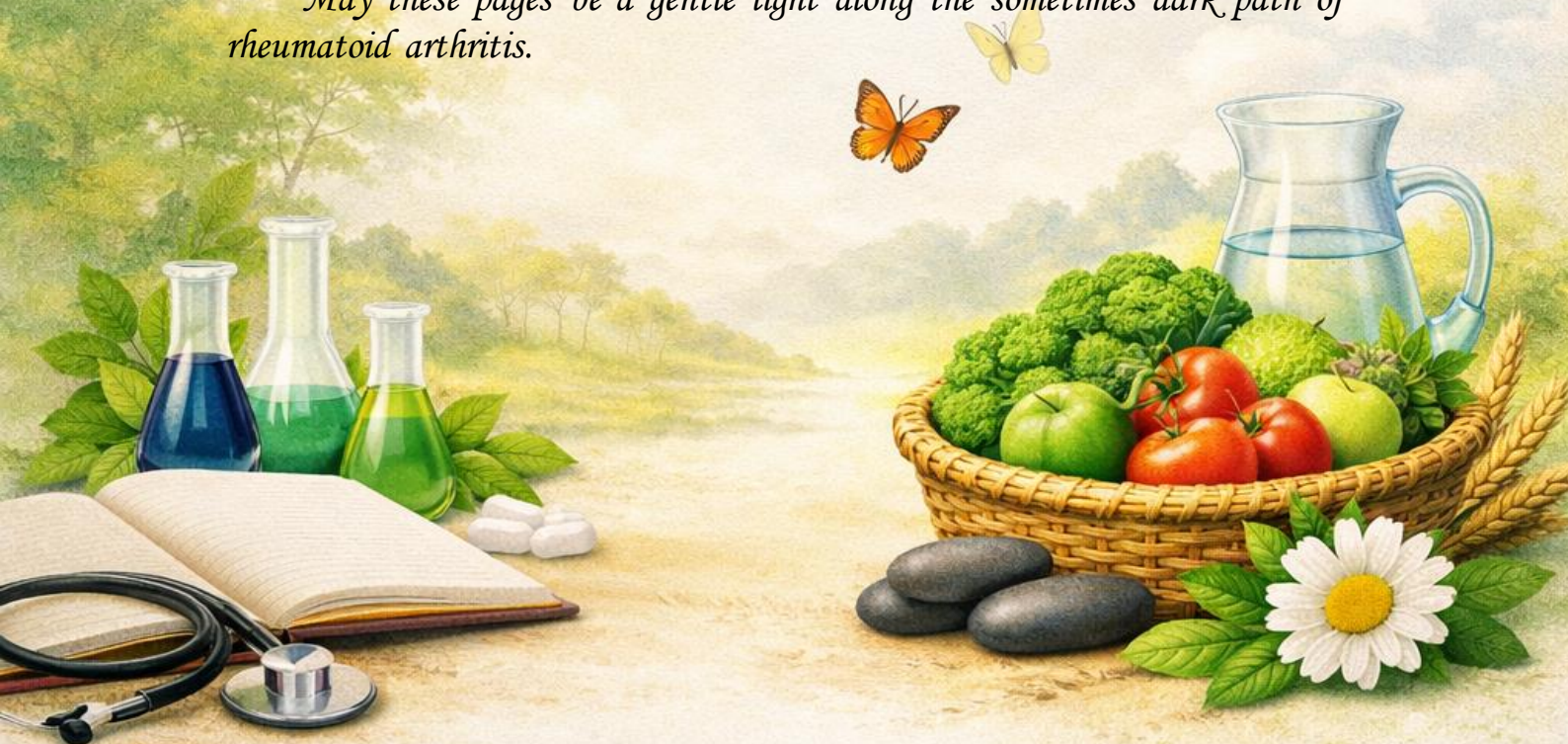


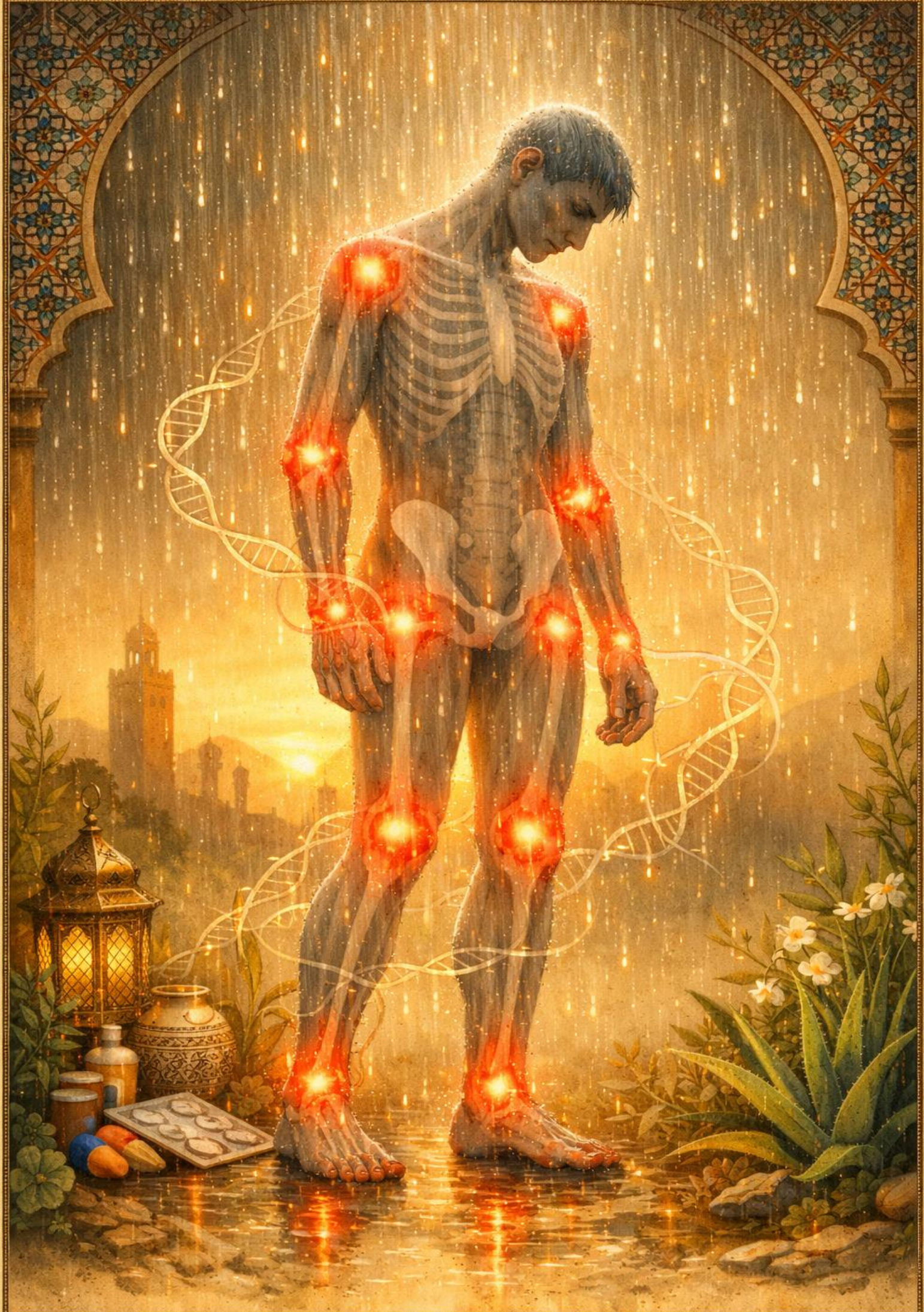




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General Presentation

Rheumatoid arthritis is a silent story that settles into the body like a fine rain that never stops falling. It does not strike all at once, but seeps in gently, until it becomes a heavy and persistent companion.

Worldwide, about one in a hundred people is affected. It chooses women more often than men - three times more often - as if their bodies carried a particular vulnerability to this inner fire. It can appear at any age, but prefers the years of maturity, between thirty and fifty, when life is already well underway.

Certain populations seem more vulnerable: Amerindian tribes experience a frequency five times higher, while other peoples in Africa or Asia appear somewhat better protected. Yet everywhere it leaves its mark, everywhere it reminds us that the balance of the body is fragile.

Science has uncovered mysterious links between this disease and certain genes, called HLA. These genes, like invisible keys, sometimes open the door to illness. DR4, DR1, DR10, DR14... names that resonate like secret codes inscribed in the memory of our cells.

Thus begins the story of rheumatoid arthritis: a disease that is not only joint pain, but an enigma of body and mind, a meeting between genetic heritage and the influences of the outside world.





Diagnosis and Symptomatology

Rheumatoid arthritis does not always reveal itself at once. Sometimes it advances in disguise, like a discreet shadow settling into the joints. Diagnosis then becomes a quest, an investigation where every sign matters, every clue sheds light on the path.

The first signal is often **morning stiffness**: fingers that refuse to open, wrists that seem frozen, joints that awaken only after a long hour of patience. Then come the **swellings** - joints red, hot, painful, as if consumed by an inner fire.

The disease favors **symmetry**: what affects one hand, affects the other; what strikes one knee, strikes its twin. It sometimes leaves **nodules under the skin**, small invisible stones that testify to its presence.

Doctors rely on precise criteria to establish the diagnosis:

- Prolonged morning stiffness
- Swelling of at least three joints
- Involvement of the hands
- Symmetry of pain
- Rheumatoid nodules
- Presence of rheumatoid factor in the blood
- Characteristic radiological images

At least four of these signs are required for the verdict. Yet often the disease hides, and these criteria appear only at an advanced stage, when the joints already bear the scars of destruction.

Science therefore seeks subtler clues: specific antibodies visible in the early stages, such as **anti-citrullinated peptides**, true fingerprints of the disease. Or MRI scans, which reveal erosions invisible to standard X-rays.

Thus, the diagnosis of rheumatoid arthritis is a story of patience and vigilance. It requires listening to the body, questioning the blood, scrutinizing the images. For the earlier it is recognized, the sooner its advance can be slowed.





Joint Lesions

Rheumatoid arthritis is a disease that loves to settle in the joints like an invisible yet destructive force. It does not merely cause pain; it gradually transforms the inner landscape of the body.

*At first, it is the **cartilage** that suffers. These supple cells, the chondrocytes, which allow bones to glide smoothly, begin to disappear. They are replaced by fibrous tissue - harder, less alive - as if the fluidity of movement were turning into rigidity.*

*Then comes the **synovium**, the thin membrane lining the inside of the joints. Normally discreet, it becomes invasive. It swells with blood vessels, thickens, multiplies. From a few layers of cells, it grows into ten, like a small tumor spreading. This is called the **pannus**. And this insatiable pannus attacks everything around it: the joint capsule, ligaments, tendons, bone, and cartilage.*

*In this battle, the body's own soldiers turn against it. **T lymphocytes, macrophages, and neutrophils** release chemical weapons: cytokines, enzymes, free radicals. What should protect becomes destructive. The joints slowly consume themselves, eroded by an inflammation that refuses to extinguish.*

*The result, over the years, is **visible deformities**: hands that twist, feet that distort, simple gestures that become impossible. The disease leaves its mark, like a painful signature on the body.*

Thus, the lesions of rheumatoid arthritis tell a story of imbalance: the body defending itself too strongly, until it destroys itself.





Mechanisms and Pathogenesis

Rheumatoid arthritis is an enigma. It advances like a mist enveloping the joints, and behind this mist lies a complex, still mysterious mechanism. Doctors know it is an **autoimmune disease**: the body, believing it is defending itself, turns against itself.

It all begins with an **immune response**. T lymphocytes, guardians of the immune system, activate like soldiers alerted to a threat. But here, the threat is vague, almost invisible. They attack the synovial and cartilage cells as if they were foreign. This reaction precedes inflammation, which then adds its destructive fire.

Researchers speak of **causal peptides**: tiny fragments of proteins that deceive the immune system. These peptides may come from food or intestinal bacteria. They cross the intestinal barrier, sometimes weakened, and slip into the blood. There, they meet HLA-DR molecules - genetic keys that present peptides to T lymphocytes. And the battle begins.

The synovium, normally thin and discreet, transforms. Under the effect of cytokines and inflammatory mediators, it proliferates, thickens, and becomes an invasive pannus. This pannus is like a parasitic plant that clings and destroys everything in its path: cartilage, bone, ligaments, tendons.

Thus, the mechanism of rheumatoid arthritis is an **inner tragedy**:

- The body believes it is defending itself, but it destroys itself.
- Protective cells become assailants.
- Inflammation, instead of being a weapon of healing, becomes a weapon of ruin.

And yet, behind this chaos, a truth emerges: the disease is not born of chance. It is the fruit of an encounter between our genes, our diet, our microbiota, and the vulnerabilities of our immune system.





Disease Progression

Rheumatoid arthritis is a story written over time. It does not simply appear; it settles, persists, and transforms. Each patient lives a different trajectory, yet all bear the mark of an inner struggle.

*There are **progressive forms**, advancing without respite. Day after day, they erode the joints, offering no pause or remission. It is like continuous rain that wears away stone, slowly but surely.*

*Other forms are **intermittent**: they flare up in sudden attacks, then calm, like a restless sea that sometimes knows peace. These remissions give the illusion of relief, but the disease returns, faithful to itself.*

*Finally, there are the **malignant forms**, rarer but more severe. They do not limit themselves to the joints: they spread to the vessels, lungs, heart, and eyes, leaving deep scars behind.*

The prognosis is often guarded. Hands twist, feet deform, simple gestures become trials. Life expectancy itself is reduced: on average by seven years in men, by three years in women. Not only because of the disease, but also due to the complications it brings: infections, vascular accidents, cancers, osteoporosis, renal or digestive involvement.

Rheumatoid arthritis is therefore a disease that does not confine itself to the joints. It intrudes upon the whole of life, it alters destiny. Yet knowing how it evolves is already learning how to monitor it, slow it down, and seek paths of relief.





Medicinal Treatments

Faced with rheumatoid arthritis, modern medicine deploys its weapons. Yet these weapons are imperfect, sometimes heavy, sometimes uncertain. They do not cure; they relieve, they slow, they attempt to contain the fire.

***Anti-inflammatories and analgesics** are the first companions. They soothe pain, calm the fever of the joints, but do not reach the root of the disease. They are like balms on a deep wound.*

*Then come the **corticosteroids**, powerful but demanding. They reduce inflammation with force, but prolonged use weakens the body: bones more fragile, skin thinner, immune defenses diminished.*

***Disease-modifying treatments** (methotrexate, gold salts, sulfasalazine, hydroxychloroquine) aim to slow progression. They modulate immunity, but at the cost of possible complications: damage to the liver, kidneys, or blood. Each tablet is a promise mingled with risk.*

*In recent decades, **biotherapies** have appeared, particularly TNF α inhibitors such as etanercept or infliximab. These drugs directly target the messengers of inflammation. They have changed the lives of many patients, offering remissions, restored movements, and eased pain. Yet they too carry a shadow: an increased risk of infections or cancers, for TNF α is also a sentinel of our natural defenses.*

Thus, medicinal treatment of rheumatoid arthritis is a walk on a tightrope: between relief and danger, between hope and caution. Physicians proceed with vigilance, adjusting doses, monitoring effects, always seeking to give more life than constraints.

But behind these medicines, one truth remains: they attack the consequences, not the cause. And that is why so many researchers, and so many patients, turn toward other paths - nutrition, the microbiota, lifestyle - to complement this battle.





Genetic and Environmental Factors

Rheumatoid arthritis is not a disease born of chance. It is the result of an encounter between what we carry within us - our genes - and what we receive from the outside world - our environment.

*Within our cells, there are invisible keys called **HLA-DR**. These molecules act like locks that open to certain peptides. In people with RA, these keys seem too welcoming: they allow fragments to enter that trigger an immune reaction. T lymphocytes, believing they are defending the body, arm themselves and attack the joints.*

But genes alone are not enough. If the disease were only inscribed in our DNA, it would affect everyone who carries these keys. Yet this is not the case. Even identical twins, sharing the same genetic heritage, do not always develop the disease. This proves that the environment plays an essential role.

*This environment is, above all, what we breathe, what we eat, what we live. Infections, stress, hormones - but especially **diet and the intestinal microbiota** - appear to be powerful triggers. The intestine, with its thin and sometimes permeable wall, can become an open door: dietary or bacterial peptides cross the barrier and disturb immune balance.*

*Thus, rheumatoid arthritis is a **multifactorial disease**:*

- *Genes predispose.*
- *The environment triggers.*
- *And immunity, disoriented, turns against itself.*

It is a complex dance between heritage and experience, between the inner and the outer. Understanding this interaction already opens paths to prevention, relief, or slowing the disease.





Role of Nutrition

Nutrition is far more than simple fuel for the body. It is memory, culture, pleasure... but sometimes also a trigger of imbalance. In rheumatoid arthritis, it plays a mysterious, often decisive role.

It is said that some patients, by fasting for a few days, have seen their pain ease. Fasting, like a pause offered to the body, can sometimes calm inflammation. Yet it cannot be a lasting solution: it is a temporary key, a moment of respite.

More often, certain foods seem to rekindle the fire in the joints. Milk, wheat, corn, cereals, fatty meats... all are products that, in some patients, worsen symptoms. And when they are removed, pain recedes, as if the body regains a measure of peace.

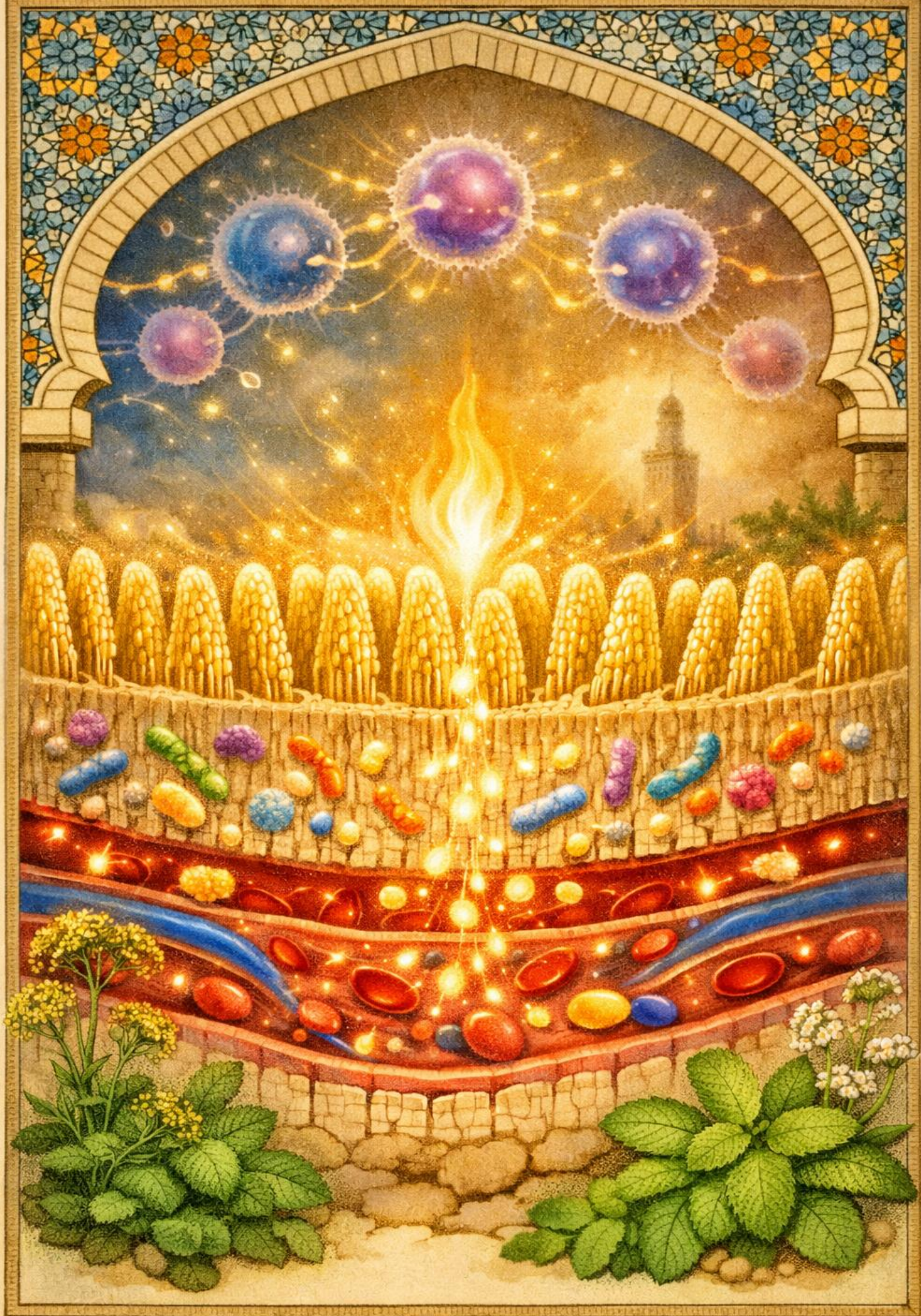
Researchers have observed that each patient is sensitive to different foods. But one constant appears: modern cereals, dairy products, and foods that are overcooked or processed often return as culprits.

*Thus, nutrition becomes a therapeutic path. Not a magic wand, but a way of relief. **Exclusion diets**, where a suspect food is removed and then observed, sometimes reveal the hidden enemy. And when it is permanently eliminated, the disease eases, sometimes even disappears.*

It is not a universal rule. Some patients do not react, others find balance elsewhere. But nutrition remains a precious key, because it also acts indirectly: it modifies the intestinal flora, influences the permeability of the small intestine, and shapes the inner environment where the disease arises.

*In rheumatoid arthritis, eating is therefore not a trivial act. It is a choice that can nourish health or fuel pain. And that is why, in our works such as *Cooking to Heal* and the *Family Clinic* booklets, we insist on this simple truth: **the plate is daily medicine.***





Role of Intestinal Bacteria

*In the silence of our entrails lives a teeming world: billions of bacteria, invisible yet essential, that make up what is called the **intestinal microbiota**. They digest, they protect, they converse with our immune system. But sometimes this inner world becomes unbalanced, and certain bacteria turn into accomplices of disease.*

In rheumatoid arthritis, many researchers have suspected the intestine to be the hidden stage of the drama. When the flora changes, when germs proliferate, they can release peptides that cross the intestinal barrier. These foreign fragments, once in the blood, are presented to T lymphocytes as enemies. And immunity, deceived, begins to attack the joints.

Experiments have shown that certain antibiotics, taken orally, can temporarily improve symptoms. Not because they directly heal the joints, but because they reduce the presence of a suspect bacterium in the intestine. It is as if calming the turmoil of the microbiota also soothed the fire in the joints.

Thus, behind rheumatoid arthritis, there may be a story of bacteria. Not all, but some, capable of triggering a chain reaction. The microbiota then becomes an invisible actor, a discreet director of inflammation.

And this idea opens new perspectives: treating RA is not only about addressing the joints, but also about caring for the intestine. Nourishing a balanced flora, protecting the intestinal barrier, choosing a diet that respects this inner world. For sometimes, the key to our joints lies in the belly.





Therapeutic Perspectives

Rheumatoid arthritis is an enigma that has not yet revealed all its secrets. Medications bring relief, biotherapies open new paths, but the deeper cause remains to be discovered. And yet, along this uncertain road, perspectives emerge, like windows opening onto the future.

The first is that of **intimate understanding of the disease**. The more we decipher its mechanisms - the role of T lymphocytes, cytokines, the intestinal microbiota - the closer we come to a truly causal treatment. Science advances, and each discovery is a stone laid on the path to healing.

The second is that of **nutrition and lifestyle**. We now know that what we eat can soothe or inflame. Hypotoxic diets, simple and natural foods, the recipes we have gathered in **Cooking to Heal** and in our **Family Clinic booklets**, are daily keys to lighten the burden of the disease. The plate becomes a therapeutic tool, a gentle medicine that accompanies conventional treatments.

The third is that of **inner balance**. Rheumatoid arthritis is not only a biological battle; it is also a psychological and spiritual trial. Meditation, breathing, the support of loved ones, the strength of community - all contribute to healing, or at least to easing the burden.

Finally, there is the hope of **new therapies**: more targeted immunomodulators, probiotics capable of rebalancing the intestinal flora, integrative approaches that combine modern medicine with natural traditions. Each advance is a promise, each patient a witness to this living research.

Thus, the therapeutic perspectives of rheumatoid arthritis are not only medical. They are human, nutritional, and spiritual. They remind us that health is harmony between body, mind, and nature. And that even in the face of a chronic disease, there are always paths toward the light.



Annexes

Annexe 1: Diagnostic and Dietary Tables

ACR Criteria for the Diagnosis of Rheumatoid Arthritis

Diagnosis is based on the criteria of the *American College of Rheumatology (ACR)*. At least four criteria must be present:

Criterion	Description
Morning stiffness	≥ 1 hour, persisting for ≥ 6 weeks
Joint swelling	At least 3 joints affected
Hand involvement	Wrists, metacarpophalangeal or proximal interphalangeal joints
Symmetry	Both sides of the body are affected
Rheumatoid nodules	Present under the skin, near joints
Rheumatoid factor	Detected in the blood
Radiography	Typical erosions or demineralization

Table of Foods Most Often Implicated

Food	Observed Effect	Simplified Comment
Wheat (gluten)	Increased pain	Daily bread can become a silent poison.
Milk	Inflammation	Milk, symbol of strength, may weaken the joints.
Corn	Digestive reactions	Often poorly tolerated, it sustains inflammation.
Modern cereals	Microbiota disruption	Too refined, they unbalance the intestine.
Cooked/processed foods	Intestinal permeability	Excessive cooking destroys the vitality of foods.

Scientific Note: These observations have been confirmed by several researchers, including **Jean Seignalet**, who proposed the hypotoxic diet excluding gluten, milk, and overcooked foods, and by the work of **Darlington**, **Beri**, **Hickfin**, and other Scandinavian teams (Palmblad, Kjeldsen-Kragh).



Annex 2 – Major Clinical Studies

Hicklin et al. (1980) First trials of exclusion diets. Patients deprived of certain foods saw their pain diminish. This opened a new path: the plate could influence the disease.

Darlington et al. (1986, 1991) Study of 100 patients followed over 7 years. Result: those who identified and eliminated triggering foods lived better, with less pain and preserved mobility. This showed that exclusion diets could offer lasting benefit.

Beri et al. (1986, 1988) Confirmation of the long-term benefits of exclusion diets. Patients who persisted in dietary restriction saw their symptoms ease over time.

Seignalet (1985–2002) Dr. Jean Seignalet, immunologist and clinician, was one of the pioneers linking rheumatoid arthritis to diet and the intestinal microbiota. In his “hypotoxic diet” approach, he proposed excluding modern cereals, dairy products, and overcooked foods to reduce intestinal permeability and inflammation. His work, though controversial, inspired many patients and practitioners and remains a key reference.

Kjeldsen-Kragh et al. (1991) Norwegian study on fasting followed by a vegan diet. Patients observed significant improvement in symptoms, confirming that diet could modulate the course of the disease.

Palmblad et al. (1981) Research on therapeutic fasting: several patients saw joint pain diminish after a few days of food abstinence, proof that the intestine and immunity are closely linked.

Conclusion These studies, modest but courageous, opened a new path. They showed that sometimes healing does not begin in laboratories, but in the kitchen. That the plate, humble and everyday, can become a silent weapon against inflammation.

Thus, science and life converge in a simple truth: what we eat shapes what we are.



Annex 3 – Immunological Schematics

Role of T Lymphocytes and Cytokines

In rheumatoid arthritis, CD4+ T lymphocytes play a central role:

- *They recognize peptides presented by HLA-DR molecules and become inappropriately activated.*
- *This activation triggers the release of pro-inflammatory cytokines:*
 - *TNF α : amplifies inflammation and stimulates macrophages.*
 - *IL-1: promotes cartilage destruction.*
 - *IL-6: sustains the inflammatory reaction and stimulates antibody production.*
- *B lymphocytes, activated by T cells, produce autoantibodies (rheumatoid factor, anti-CCP) that worsen lesions.*

Formation of Synovial Pannus

The synovium, normally a thin membrane, transforms under chronic inflammation:

- *Hyperplasia of synoviocytes.*
- *Infiltration of lymphocytes, macrophages, and plasma cells.*
- *Neovascularization (formation of new blood vessels).*
- *Production of destructive enzymes (collagenases, metalloproteinases).*
- *This invasive tissue is called **synovial pannus**.*
- *It spreads like a parasitic plant, destroying cartilage, bone, and ligaments.*
- *It leads to irreversible joint deformities.*

Interaction Between Intestinal Microbiota and Immune System

The intestinal microbiota is a key player:

- *In cases of imbalance (**dysbiosis**), certain bacteria release foreign peptides.*
- *These peptides cross a weakened intestinal barrier and enter the bloodstream.*
- *Presented to T lymphocytes by HLA molecules, they trigger an autoimmune reaction.*

Associated Studies:

- ***Signalet:** highlighted the role of intestinal permeability and diet in RA genesis.*
- ***Palmblad and Kjeldsen-Kragh:** showed symptom improvement through fasting and vegan diets, confirming the importance of the microbiota.*

Conclusion

Rheumatoid arthritis is an immunological tragedy:

- *T lymphocytes, protectors turned assailants.*
- *Cytokines, messengers of fire.*
- *The pannus, a destructive parasite.*
- *The microbiota, an invisible yet decisive actor.*

Understanding these mechanisms already opens pathways to prevention and healing.



Annex 4 – Therapeutic Fasting

History and Early Observations

Therapeutic fasting has been studied since the 1980s as a way to ease rheumatoid arthritis:

- *Palmblad et al. (1981):* several patients saw joint pain diminish after a few days of food abstinence.
- *Kjeldsen-Kragh et al. (1991):* Norwegian study on fasting followed by a vegan diet, showing significant improvement in symptoms.
- *Jean Seignalet (1985–2002):* integrated occasional fasting into his hypotoxig approach, considering it a “reset” for the body.

Proposed Mechanisms

Fasting acts on several levels:

- *Reduction of circulating dietary peptides → fewer foreign fragments presented to the immune system.*
- *Decrease in intestinal permeability → the gut rests, its barrier strengthens.*
- *Calming of systemic inflammation → lowering pro-inflammatory cytokines (TNF α , IL-1, IL-6).*
- *Rebalancing of the microbiota → pathogenic bacteria regress, allowing a more stable flora.*

Studies and Results

- *Improvements are often rapid: reduced pain, regained flexibility, decreased inflammatory markers.*
- *But they are **temporary**: when normal diet resumes, symptoms return.*
- *Fasting is therefore considered a **short-term key**, useful to initiate change or accompany transition to an adapted diet (hypotoxig, vegan, or personalized).*

Limits and Precautions

- *Fasting cannot be a permanent solution.*
- *It must be medically supervised, especially in fragile patients (diabetes, renal insufficiency, cardiac conditions).*
- *Risks include fatigue, hypoglycemia, and deficiencies if prolonged.*

***Poetic Conclusion** Fasting is a **pause offered to the body**, a breath that calms inner turmoil. It is not a definitive cure, but an **open window** onto another balance. It reminds us that sometimes silence nourishes better than excess, and that within abstinence lies a form of wisdom.*



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*This booklet was born of collective work and a deep conviction: **health** must be explained simply, shared widely, and lived daily.*

- *Thanks to the **patients**, whose courage and testimonies inspire research and writing.*
- *Thanks to the **medical teams and researchers**, who shed light each day on the mysteries of rheumatoid arthritis.*
- *Thanks to **Family Clinic**, for its commitment to publishing bilingual, accessible, and practical guides.*
- *Thanks to the **faithful readers** of our works, who bring this collection to life and make it a true community of knowledge and health.*



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Rheumatoid arthritis: Understand, Prevent, Relieve

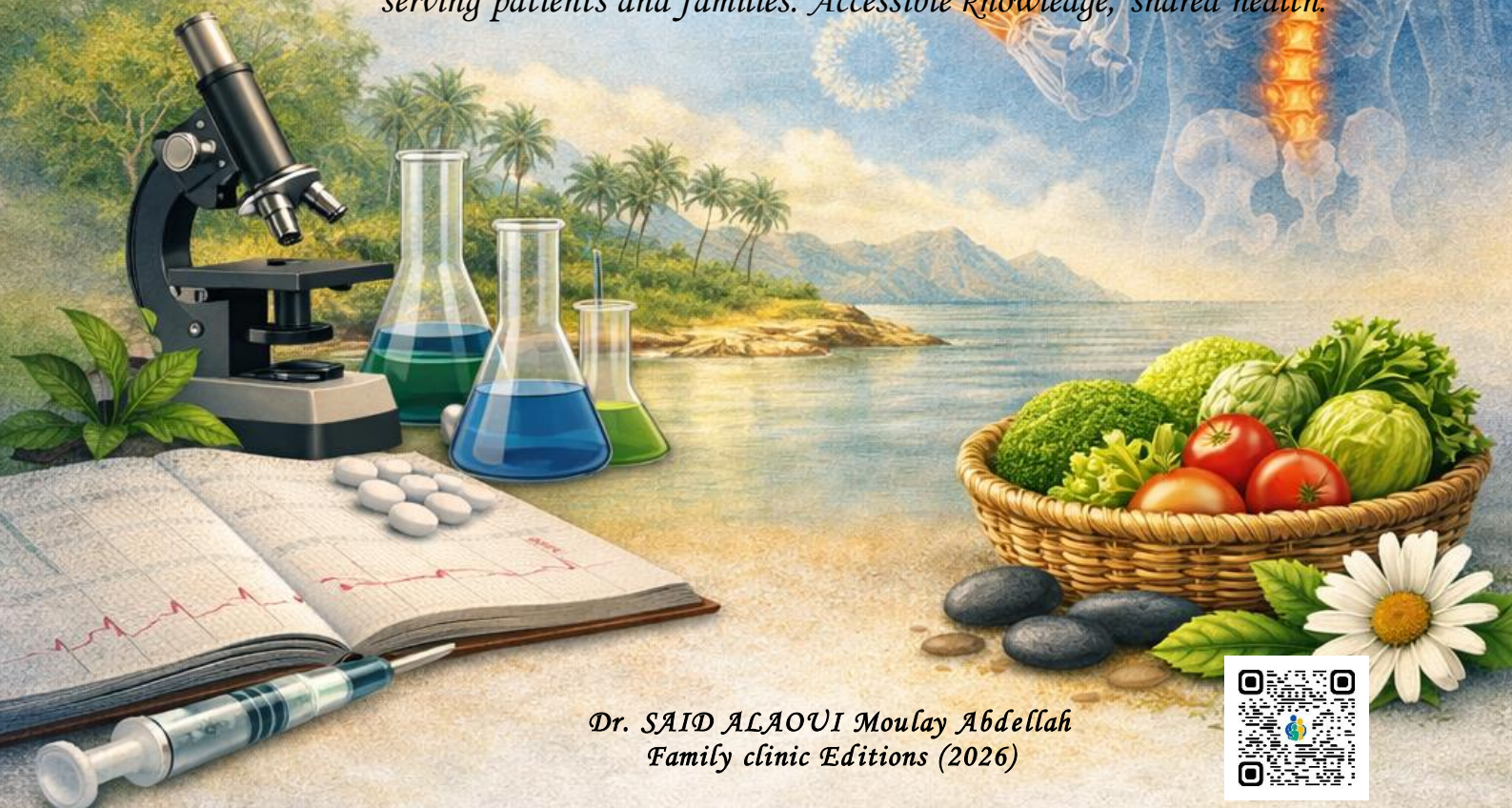
*Rheumatoid arthritis (RA) is far more than a simple rheumatism: it is a chronic disease that disrupts daily life, weakens the joints, and reduces life expectancy. This booklet from **Family Clinic Editions** continues the work of *Cooking to Heal* (2026) by Dr. SAID ALAOUI Moulay Abdellah, offering a clear, practical, and well-documented guide to:*

- *Recognize early signs and understand diagnostic criteria.*
- *Discover the immune and inflammatory mechanisms that destroy joints.*
- *Explore medicinal and biological treatments, their benefits and limitations.*
- *Learn the essential role of nutrition and the intestinal microbiota in prevention and symptom relief.*
- *Adopt an integrative approach that combines modern medicine with nutritional hygiene.*

Why this guide?

- *Because understanding RA is already a way to fight it better.*
- *Because every patient deserves simple, reliable tools adapted to daily life.*
- *Because health is also built at the table.*

***Family Clinic Editions** A medical and educational collection, serving patients and families. Accessible knowledge, shared health.*



*Dr. SAID ALAOUI Moulay Abdellah
Family clinic Editions (2026)*

