

RAMAZAN MOBARAK

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KARACHI PSYCHIATRIC HOSPITAL

BULLETIN

(Medical and General Articles)

JULY 2013

Regd. No. SS-237



**Dr. Syed Mubin Akhtar MD, Karachi Psychiatric Hospital
addressing Press Conference on the occasion of World No Tobacco Day**



Dr. Salahuddin Senior Psychiatric Karachi Psychiatric Hospital addressing a training program for Physicians and Psychologists.



Mrs. Mahrukh Akhtar Psychologist, Karachi Psychiatric Hospital addressing an awareness program about Mental Illness & Addiction Problems.



Dr. Shehnaz of Karachi Psychiatric Hospital addressing training program for nursing staff of Baqai Medical University.

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کوئی دلچسپی نہیں کہ
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ARAB CULTURE LOST IN UAE'S FOREIGN SCHOOLS

Courtesy The National

Students at branches of foreign schools and universities are being educated in courses that exclude Islamic and Arab culture at the risk of national identity.

They are being overwhelmed in all levels of education with concepts that are not adapted to the local culture, in what Dr Eugenie Samier describes as "intellectual imperialism".

"If you are going to educate Emirati citizens to be leaders with only the western models, I regard that as a cultural-security issue," said Dr Samier.

"We cannot educate a generation of leaders to operate with only western values and cultural norms and ethics that do not help them relate to Arab traditions and Islam."

Western higher education has been packaged as a superior model and sold to developing nations since the 1980s. Local sensibilities and knowledge were marginalised and sometimes lost.

"Topics such as management and leadership studies are being taught often without no change at all, so the students are getting an American, British or Australian transplanted curriculum," said Dr Samier.

The core Arab value system, including

religion and history, does not exist in course work at most foreign campuses.

"The first thing I was told when I got here was never talk about religion or politics in the class," said Dr Samier, who joined the British University two years ago, and is a lecturer at the University of Birmingham and visiting fellow at Oxford Brookes University.

"How can you teach management studies if you cannot talk about Sharia? The legal system is based on it and they need to understand." Centuries-old Bedouin traditions of leadership and authority, along with Islamic principles of behaviour, provided a highly functional form of handling conflict through meditation and arbitration, according to Andrea Rugh, author of *The Political Culture of Leadership*.

Dr Samier said students needed to be taught to delve into their intellectual heritage to incorporate different strategies.

Dr Maryam Lootah, assistant professor of political science at UAE University, raised a similar topic in her paper on education in the UAE published in 2011. "If one's students are encultured and socialised by foreign curriculum

and teaching, does the capacity still exist for independent policymaking?" Dr Lootah asked.

For Zayed University student Eman Salah, who is completing research on leadership curriculums in the UAE and their relevance to cultural and Islamic values, the answer is no.

Ms Salah said Islamic work ethics and leadership strategies had not received much mention in her classes but could easily be integrated into business schools and management programmes.

"For example, transformational theories talk about moral values: how leaders should be visionary and motivating and aligning service to a vision," she said.

"With Islamic leadership lessons we could study those like Sheikh Zayed, a good Islamic leader whose behaviour and approach can be emulated."

Linking theories to local examples would also help to make an international curriculum more accessible to for Emirati and other Arab students, Ms Salah said.

"I make sure my Emirati students know that a lot of western traditions are built on Arabic and Islamic scholarship," she said. "I have also introduced a lot of Emirati reading material and Arab authors' books for reference."

Editor's notes: The same has been happening in Pakistan with English schools and a foreign curriculum being taught to students in O&A levels.

DENMARK MAG LATEST TO RUN KATE PHOTOS

(Article by Jamil Nasir in The News)

A celebrity magazine in Denmark became the latest publication to run pictures of Prince William's wife Catherine sunbathing topless while on vacation.

The new edition of Seog Hoer (See and Hear) included a supplement that featured 14 pages of photos of the British royal couple on a recent vacation in a private chateau in the south of France.

The former Kate Middleton appears topless in 14 of the 36 photos published. In one grainy picture she is pictured taking off her bikini while in another she puts them back on.

The publication in Denmark came a day after the magazine's sister edition in Sweden ran the photos. Ireland's Daily Star and Italy's Chi have also published them.

The royal couple has obtained a civil injunction and sought criminal charges in Paris in a bid to curb the spread of the pictures, which emerged while Prince William, the second in line to the British throne, and his wife were on an Asia-Pacific tour.

Editor's noted: This is the so called royal family of U.K. If they do this kind of thing then imagine what the rest of the people must be doing. This is the product of the Western civilization which some of us are eagerly trying to copy. Let us save our way of life from these lewd ways.

ISLAM CAN'T BE SEPARATED FROM PAKISTAN: KAYANI

The Chief of the Army Staff (COAS), General Ashfaq Parvez Kayani, on Saturday reminded that Pakistan was created in the name of Islam and Islam could never be taken out of Pakistan and Islam should always remain a unifying force. He made these remarks while addressing the Graduating Cadets of the 127th PMA Long Course, Integrated Course 46 and Mujahid Course-1 here at the Pakistan Military Academy (PMA).

He said, "Pakistan is fully capable of responding effectively to any threat and despite the current focus on internal security, the armed forces remain fully prepared to defeat an external direct threat."

"Pakistan is a peace-loving country. Our quest for peace is essentially based on a genuine desire to improve our lot and that of our future generations. Let no one see it as a weakness," General Kayani said.

The COAS said, "We have exercised restraint in the face of some very belligerent statements in recent months. Let it suffice to say that Pakistan is fully capable of responding effectively to any threat. Despite our current focus on internal security, we remain fully prepared to defeat an external direct threat."

He said let there be no doubt that with a strong Pak Army and the nation standing with it united, no harm could ever come to Pakistan.

Gen Kayani said that in its short history,

the country had overcome many a challenge that would have overwhelmed lesser nations. He expressed confidence that the nation could do it again.

The COAS said: "We are going through difficult times, but so has every other successful nation at some time in their history. The Pak Army is fully committed to the cause and as always standing with the nation."

He assured that the nation will succeed if it remains committed to the basis for the creation of Pakistan and remains steadfast as a nation.

He said that regardless of odds, the Pakistan Army will keep on doing its best towards its common dream for a truly Islamic Republic of Pakistan envisioned by the Quaid-i-Azam and Allama Iqbal. He said he felt honoured and privileged to review the passing-out parade.

"This day marks the culmination of your basic military training at an institution which stands out with distinction amongst the leading military academies of the world." He felicitated the cadets for becoming part of the great institution that is Pakistan Army.

Gen Kayani also congratulated the graduating cadets of brotherly Islamic countries; Palestine, Sudan and Turkmenistan. The COAS also extended his special commendations to the champion company and those who had won awards of excellence.

He said that it was their first and foremost responsibility to maintain these standards.

"I have full trust that you will never hesitate to always place your country, Pak Army and your men before your own selves," Gen Kayani said.

He asked the cadets that they had become part of an institution where nothing else but their own merit would be the sole consideration for career progression.

"Be ambitious. There is nothing wrong with it, but the only way to achieve your ambitions is through hard work. There is no shortcut to it. Do have a dream and always aim high."

He urged them to take pride in excellence in whatever they do, as this is the best source of personal satisfaction.

The COAS awarded sword of honour for the overall best cadet of the 127 Long

Course to Battalion Senior Under Officer Syed Awais Iftikhar, President's Gold Medal for the overall second best cadet to Battalion Senior Under Officer, Hassan Javed, Chief of Army Staff Overseas Gold Medal for the best Allied Cadet to Allied Under Officer Muhsin Basheer Mohamed Saeed Elzaki, Chief of Army Staff Cane for the best Gentleman Cadet of Integrated Course-46 to Course Under Officer, Muhammad Asad Ali and Commandant's Cane for the best cadet of Mujahid Course-I, Course Under Officer Muhammad Adnan.

Earlier, Major General Sadiq Ali, Commandant Pakistan Military Academy, welcomed the Chief of the Army Staff when he arrived in the Parade Ground.

The diplomats, senior military officers, parents and relatives of the passing-out cadets witnessed the parade.

Karachi Psychiatric Hospital

Cordially invites you & your family to celebrate

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(Family Fun & Dinner)



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**At
Karachi Expo Center
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(Entry by card only - valid for one person)

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84PC OF PAKISTANI MUSLIMS WANT SHARIA - PEW SURVEY

(From an article by Ansar Abbasi in the News)

The latest US-based PEW Research Center survey, released on the 1st of May 2013 days before Pakistan goes for elections, shows that 84% of Pakistani Muslims favour Islamic sharia as their official law.

The 30th April Pew Research Center survey of Muslims around the globe finds that most adherents (including Pakistanis) of the world's second-largest religion are deeply committed to their faith and want its teachings to shape not only their personal lives but also their societies and politics.

As against the recent hints of PPP, MQM and the ANP to make Pakistan a secular state, the PEW survey concludes, "Support for making Sharia the official law of the land tends to be higher in countries like Pakistan (84%) and Morocco (83%) where the constitution or basic laws favour Islam to other religions."

According to the executive summary of the Pew survey: "In all but a handful of the 39 countries surveyed, a majority of Muslims say that Islam is the one true faith leading to eternal life in heaven and that belief in God is necessary to be a moral person. Many also think that their religious leaders should have at least some influence over political matters.

And many express a desire for Sharia - traditional Islamic law - to be recognised as the official law of their country."

The percentage of Muslims who say they want Sharia to be "the official law of the land" varies widely around the world, from fewer than one-in-10 in Azerbaijan (8%) to near unanimity in Afghanistan (99%). But solid majorities in most of the countries surveyed across the Middle East and North Africa, sub-Saharan Africa, South Asia and Southeast Asia favour the enforcement of Sharia, including 71% of Muslims in Nigeria, 72% in Indonesia, 74% in Egypt and 89% in the Palestinian territories.

In half of the countries where the question was asked, majorities of Muslims want religious leaders to have at least "some influence" in political matters, and sizable minorities in Asia, the Middle East and North Africa think religious leaders should have a lot of political influence. For example, 37% of Muslims in Jordan, 41% in Malaysia and 53% in Afghanistan say religious leaders should play a "large" role in politics.

-Support for making sharia the official law of the land tends to be higher in countries like Pakistan (84%) and Morocco (83%) where the constitution or basic laws favor Islam to other religions.

SOME BASIC FACTS ABOUT ARTICLES 62, 63

(From an article by Prof Khurshid Ahmad in the News)

The writer is a senior leader of the Jamaat Islami

Before the advent of the current process of general elections (2013) there was a universal demand that candidates for the Parliament must be screened in the light of Articles 62, 63 and 63A of the Constitution which deal with their qualifications and disqualifications. This is a constitutional imperative and must be strictly adhered to. Some of the failings of the members of retiring Assemblies have been attributed to the neglect of this aspect in the conduct of earlier elections. The despicable scams about fake degrees, concealment of assets, cover up of defaults, and violations of oath and promises were partly attributed to failure on this count. Now when the RO's have tried to enforce these provisions the nation is confronted with a dust-storm of protests, condemnations and insinuations.

Before I come to the substantive issues let us be clear about one thing. Consensus always represents a state of compromise. Different people and parties start from their respective positions, but when something is agreed upon it is their common property. The Constitution of 1973 is one example. We began from a Presidential System

and the idea of a Socialist Republic. But, finally all agreed to a document that represented consensus on the basis of Islamic, Democratic, Parliamentary, Federal and Welfare character of our state. The same has been the case with the 18th Amendment. After a lot of debate anew consensus was reached. To allege that certain provisions were made to appease certain groups is an effort to run away from the ownership of something on which everybody agreed. The Parliamentary Committee on Constitutional Reforms in its very first meeting unanimously resolved that "the Committee shall propose amendments to the Constitution keeping in view the 17th Amendment, Charter of Democracy and Provincial Autonomy, in order to meet the democratic and Islamic aspirations of the people of Pakistan. (Rules of Procedures for the Parliamentary Committee on Constitutional Reforms, Clauses 4). All agreed on the Islamic, Democratic and Federal character of the State and that relevant provisions thereto constituted the fundamental structure of the Constitution.

The Eighteenth Amendment also took a unique stand vis-à-vis the Legal

Framework Order 2002 and the 17th Constitutional Amendment. They were expunged from the Constitution, declaring that they were an intrusion in the Constitution without legal authority. None of the earlier amendments were treated in the same manner. They were accepted as integral part of the Constitution.

The most important part of the Eighteenth Amendment is the way it handled Articles 62, 63, and 63-A. All the three, as they existed before the 18th Amendment, were TOTALLY SUBSTITUTED BY NEW Articles 62, 63 and 63-A. This means that these Articles as they are in the Constitution today have nothing to do with their predecessors, whatever be their merits or demerits. They are fresh additions in their own right, added through the 18th Amendments and approved by the Parliament unanimously.

It may also be recalled that these articles were discussed threadbare and at least half a dozen amendments were made by way of additions, modifications, alterations and even deletions. Gen Ziaul Haq or anybody else has nothing to do with these articles in their present form. If someone is hit by any of their provisions, what justification can there be for seeking refuge in the name of this or that dictator?

There are some provisions of Article 62 on which a lot of breadth is being lost. As to 62(f) there is a lot of clamor about "sagacious, righteousness,

non-proliferate, honest and ameen" but last part of the clause is not mentioned which was added through 18th Amendment and which makes it clear as to how it is to be ascertained i.e. "there being no declaration to the contrary by a court of law".

We all know that in matters relating to evidence in any criminal case, honesty, truthfulness and dependability of a witness are assessed. There is nothing abnormal about it. This does not need a rocket science.

Throughout the civilized world integrity and incorruptibility are deemed to be the most important requirements for a public figure. Those who come to the Parliament, or hold ministerial responsibility are expected to be above board in this respect. They must be men of integrity. That is what Sadiq and Amin mean; nothing more, and nothing less. Sir Ivor Jennings, one of the leading authorities on law and political science says, in his classical work "Cabinet Government": "The most elementary qualification demanded of a minister is honesty and incorruptibility. It is, however, necessary not only that he should possess this qualification but also that he should appear to possess it."

Similarly a lot of breath has been lost on the requirement of "adequate knowledge of Islamic teachings". What is adequate and what is not - has been presented as an impossible task. But adequate is not simply a moral or

literary term. It is also a legal term and is ascertainable in the context of its use. Black's Law Dictionary defines it precisely: "Sufficient, commensurate, equally efficient, equal to what is required; suitable to the case or occasion. Equal to some genuine occasion on work". It further identifies at least seven uses of the term in law. In each case the meaning and implications of this term are determinable and are frequently ascertained by law courts and other relevant authorities. 'Adequate cause' 'adequate compensation', 'adequate consideration', 'adequate notice', 'adequate provocation', 'adequate remedy' are some examples. Even in criminal law "adequate cause for passion can reduce a homicide committed under its influence from the grade of murder to a man-slaughter". Adequate remains a key word in the determination of the nature of crime. It is not such an undefinable quantity.

Who is a Muslim has been clearly defined in the Constitution.(Article 260 (3)) What is the relevance of knowledge of Islam to the legislators can be determined by reflecting on Articles 2, 2A, 5, 31, 35, 36, 37, 38, 203(A) - 203(J), 227, 228, 229 and 230. What is expected of a legislator of an Islamic Republic is to know the essential message of Islam, its moral, social, economic and political norms and principles and the broad framework of Halal and Haram within which individual and public life is to be organized. Islam

is not merely a theoretical concept, it is a historical reality. If the concept was that vague or elusive, how could it have shaped history and the lives of billions of people over the centuries?

ISLAM IS PAKISTAN'S IDEOLOGY

Before I conclude I would like to make one more submission. It has become a pastime with our liberal secular friends to present as "gospel truth" that Islam as Pakistan's ideology was something concocted and imposed by Gen Ziaul Haq. Nothing could be farther from the truth. The Quaid-i-Azam used this term with clarity and conviction in his message to the Muslim Students Federation Conference, Peshawar dated 12th January 1945: "I have often made it clear that if the Musalmans wish to live as honourable and free people, there is only one course open to them, to fight for Pakistan, to live for Pakistan and, if necessary, to die for the achievement of Pakistan, or else, Muslims and Islam is doomed Pakistan not only means freedom and independence but Islamic Ideology which has to be preserved, which has come to us as a precious gift and a treasure, which we hope, others will share with us."

In his address at the University Stadium Lahore on 30 October 1947 he said: "We have achieved our cherished goal of freedom and have established Pakistan as an independent, sovereign State, fifth largest in the world. That

freedom can never be attained by a nation without suffering and sacrifice.... We thank Providence for giving us courage and faith to fight the forces of evil. If we take our inspirations and guidance from the Holy Quran, the final victory I once again say, will be ours... Why should you also not succeed like many others, like your own forefathers. You have only to develop the spirit of the "Mujahids". You are a nation whose history is replete with people of wonderful grit, character and heroism. Live up to your traditions and add to it another chapter of glory.... All I require of you now is that every one of us to whom this message reaches must vow to himself and be prepared to sacrifice his all, if necessary, in building up Pakistan as a bulwark of Islam and as one of the greatest nations whose ideal is peace within and peace without... Along with this, keep up your morale. Do not be afraid of death. Our religion teaches us to be always prepared for death. We should face it bravely to save the honor of Pakistan and Islam."

There are over one hundred clear statements of the Quaid in this respect in his speeches and statements made before the establishment of Pakistan and over 20 after its establishment. How can they be washed away by imaginary interpretations of the April 11, 1947 speech, which deals with the issue of citizenship and not nature and objective of the State. The Objectives Resolution was passed by the Constituent

Assembly on 12th March 1949 and spelled out the concept of Islamic ideology and the nature of the Pakistani state. Gen Ayub tried to delete Islamic provisions from the Constitution of 1962, even the name of the Republic was 'cleaned' of the word 'Islamic'. But within two years, everything Islamic had to be restored.

Another fact totally ignored by the liberal secular lobby relates to the Constitutional affirmation of Islam as the basis of Pakistan in all oaths of Office. It was not Gen Zia but Mr. Zulfikar Ali Bhutto who brought this into the Constitution of Pakistan in the form of the phrase "Islam's ideology is the basis for the creation of Pakistan". In the Constitution of 1956 and 1962 as far as the oath for the President, the PM and Members of Parliament is concerned obedience to the Constitution was mentioned but there was no reference to Islamic ideology. It was introduced by Mr Bhutto in 1972 in the Interim Constitution and then it became an integral part of the oath in the original 1973 Constitution. This was done before Zia came to power. Let us not deny or distort facts. Islam is the basis of Pakistan, whether somebody likes it or not. Every survey of public opinion bears witness to this. Over 90 per cent of the people believe Islam as their destiny, as all the surveys have shown. Those who talk day and night about democracy should gracefully respect the will of the people.

CORRUPTION RETARDS THE ECONOMY

(From an article by Mansoor Ahmad in the News)

Experts regret that corruption has plagued every aspect of society causing substantial damage to the economy by increasing inefficiencies, promoting incompetence and edging out real entrepreneurs as speed money instead of competence is the only guarantee to business success.

Governance experts have pointed out that all development funds would go down the drain if this menace is not controlled. The y said the foreign assistance to Pakistan has dried and global donors openly question the wisdom of helping Pakistan when its elite do not pay their due taxes.

Economist Faisal Qamar said theft, fraud, bribery, extortion, request for kick backs; nepotism and patronage are all manifestation of corruption that our country is facing. He pointed out that corruption has promoted misuse of assets in a manner that has denied level playing field and that makes people feel injustice has been done.

"Pakistan is facing both top and low level corruption" he said adding that at top level businesses grease the palms of senior state officials to receive favors. And in lower level corruption, junior civil servants are enticed to receive side payments or bribes to facilitate administrative arrangements for their clients, he said. "The existence of corruption clearly indicates that something has gone awry" he said adding that it is indeed symptomatic of weak governance and,

more importantly, weak institutions.

Senior economist Naveed Anwar Khan said the rational in defense of corruption based on economic efficiency arguments is absurd. He said bribes definitely help those who pay it in lowering the cost of doing business but denies level playing field to those that want to operate fairly.

He regretted that some businesses justify the corruption web spread all over the society. "Instead of pleading for institutional reforms they argue that in an environment where there are restrictive or bureaucratic government procedures - such as bottlenecks in paying taxes, burdensome customs procedures or difficulties in obtaining licenses - bribes could actually provide an efficient way of reducing burdensome transaction costs" he said.

Khan said bribes are sometimes justified by some who call it as an incentive bonus to public sector workers whose wages may be artificially depressed. However corruption has not subsided even in institutions where salaries have been doubled. Police he added is one such example.

Senior market analyst Dr Shahid Zia warned that widespread corruption often creates much larger negative effects which can hinder the dynamic efficiency of an economy. "While corruption damages a country's development, what is not at all sufficiently understood is that, in practice, it

is highly regressive and inequitable" he said.

This he added is simply because corruption ultimately is most vicious on the poor.

"This may occur in various ways" he said adding that poor are excluded from public services which require grease payments since the burden of corruption (that is, the cost of a bribe as a share of income) for the poor is likely to be disproportionately large compared to that of wealthier households. "In this sense, bribery acts as a form of regressive taxation on the poor" he added

Zia said when public service delivery is weak due to corruption, the poor tend to be heavily disadvantaged as they may lack resources to obtain private services (in private clinics or schools, for example). Education, which is the one way for the poor to open doors of opportunity, is perverted - and such means of upward mobility is closed to them.

Civil Society activist Naseer Ahmad said in a corrupt environment, government spending tends to be diverted away from social expenditures (such as health and education, which benefit the poor) towards heavily transactional infrastructure projects, yielding contracts that lend themselves to bribes.

He said evidence has shown that in a corrupt environment, actions of ministers and civil servants focus heavily on transactions rather than on policies. "The competition for juicy government ministries, such as Works, Power, Defense, Agriculture and Water Resources increases, because these have large

procurement budgets each year" he revealed.

He said in instances when infrastructure projects are financed, procurement fraud leads to inflated contracts which further divert scarce public resources away from competing pro-poor programs. "Corruption has reached a stage where it has started hurting our moral and values system, reaching well beyond the economic sphere" he regretted.

ALTAF'S PROSECUTION IN UK

(Article by Murtaza Ali Shah in The News)

The Met police is investigating Altaf Hussain over allegations that he threatened violence and may have violated the UK laws.

Altaf Hussain's comments have certainly unleashed a frenzy of fury in this current politicised and sophisticated social media and networking era. The Offences Against The Person Act 1861, Section 16 applies to a person, who without lawful excuse makes threats to another, intending that that other would fear it would be carried out, or in the case of Threats to Kill, shall be guilty of an offence and liable on conviction on indictment to imprisonment for a term not exceeding 10 years.

Barrister Sibghat Kadri told The News that Hussain can be prosecuted: "I must point out that the prosecution does not have to prove that these threats were carried out or intended to be carried out, they merely have to prove that the intent was that those to whom the threat of violence was made, feared that this threat might be carried out.

ALTAF'S WORDS OF VIOLENCE

(From an article by Talat Farooq in the News)

In his reaction to Altaf Hussain's controversial statement - that Karachi should be separated from Pakistan if the MQM mandate is not acceptable - the British High Commissioner Adam Thomson emphasised British zero tolerance for such ignitable declarations.



Referring to an unprecedented response where thousands of Pakistani complaints against Altaf were sent to the London Metropolitan Police over the last few days, Thomson said the British law-enforcement system took "such allegations very, very seriously indeed," and if proved guilty, the MQM chief could face a jail sentence.

This however brings to mind another statement of Altaf Hussain, warning the media that if they did not mend their ways, somebody from his organisation of millions of people might lose his cool. "If that person does something bad to one of you, (ٹھوک دے), don't

blame the MQM or Altaf Hussain." He is reported to have said that "if the MQM ran out of patience, then neither the anchors nor the owners of the media houses would find a place to hide." (The News, May16).

One does not have to be a legal expert to perceive this as a thinly veiled threat that cannot and

should not be ignored without investigation. The emerging power of the Tehreek-e-Insaf and the increasing tendency of Karachi's silent majority to stand up for itself in 'MQM's Karachi' are enough to frustrate Altaf Bhai and his loyalists.

Therefore, when Adam Thomson - referring to Altaf Hussain's pearls of wisdom - tells us that "statements like this have to be taken seriously" we must take him seriously and expect an unbiased investigation of the MQM chief's allusions to Pakistan's sovereignty and the independence of its media.

THE MOST DEMOCRATIC OF THEM ALL

(From an article by Mushfiq Ahmad in the News)

A few articles have been published on these pages recently lambasting the Pakistan Tehreek-e-Insaf leadership for talking to the Jamaat-e-Islami for seat adjustment. The writers heaped criticism on the Jamaat for its worldview and the role it has played at different stages of Pakistan's political history.

While I do not wish to have a debate about the grounds on which they have censured the Jamaat, I must say that many of those who write against Jamaat-e-Islami often lose objectivity. They fail to consider those things about the Jamaat which merit praise.

The most important in this respect is that, despite being a religious party, the Jamaat-e-Islami meets all the norms of democracy. It has a written constitution, which is unfailingly followed. There is a proper system of membership which is completely documented. Its elected shura meets regularly and has the authority to question and even dismiss the amir.

Those who are saying that the PTI has set a new trend by holding elections for party posts have perhaps not studied enough the internal political culture of our different political parties, otherwise they would have been aware of the fact that the Jamaat-e-Islami has a 72-year

history of elections for every level of leadership.

Besides, the Jamaat is the only party in the country that is not dominated by any family. It is a party of committed politicians and activists, not families. Since 1941 it has had four amirs. They all had very different family and social backgrounds. The children of Maulana Maudoodi, the founder, have never had any major role in Jamaat leadership.

Everyone has to begin as a worker and rise through the ranks. Nobody is appointed vice-chairman or president, positions that Imran Khan offered to Shah Mahmood Qureshi and Javed Hashmi as soon as they joined the party, completely ignoring those who had been working for him for years.

Moreover, it is now the only literature-based party in the country. (There may be some left-leaning parties with their literature but they are non-entities in the country's politics). It publishes literature on history, religion, economics and on social issues regularly. It has mandatory courses (nisab) for workers of different ranks. There is a comprehensive training system for workers. Study circles are organised throughout the year for workers. It has set up institutes for research in politics, history, economy,

sociology and religion.

While other religious parties of the country only have madressah graduates, the majority of Jamaat's members are college and university graduates, highly successful in their respective professions. Its leaders are not full-time politicians. They work hard in their respective professions and are, therefore, able to work for the Jamaat only when they are relatively free.

The Jamaat has a spotless record as regards financial integrity. Nobody can raise a finger on Abdus Sattar Afghani, twice elected mayor of Karachi, or Naimatullah Khan, who changed the face of the city in his four years as nazim of Karachi from 2001 to 2005.

It is the only political party to have served the people even when out of power by establishing charities, including hospitals, orphanages and schools with its own resources. It operates a network of more than a dozen schools and four hospitals in Karachi alone. The accounts of its charities are regularly audited and presented before the public every year. The commitment of the members of the JI is also unmatched. There have never been fights for either party posts or assembly tickets. People are deserting the PTI after not getting tickets. This never happens in the Jamaat because its constitution bars members from seeking positions. Those who are suspected of desiring

party positions are never considered for any office.

If any party loses two consecutive elections in Pakistan, it will vanish from the scene. But Jamaat workers have remained steadfast in the political arena despite successive setbacks in electoral politics.

Most parties of the country get votes either on the basis of ethnicity, sect, money or feudal power. The MQM manages to get votes in Karachi by making people fearful of Pakhtun dominance; the ANP appeals only to Pashto speakers; the JUI attracts people only from the Deobandi sect; the PPP and the PML-N garner votes on the basis of money and feudal power.

The Jamaat does none of these things. It has people of all ethnicities, sects and classes who are together only because of their commitment. People who work for other parties do so for getting government jobs, lucrative contracts or assembly tickets. Those who join the Jamaat-e-Islami never get any financial reward, but they continue to toil only for the love of their fellow Muslims.

Isn't it astonishing then that writers like Babar Sattar, Aasim Zafar Khan and Harris Khalique ignore all these facts about the Jamaat and directly or indirectly support those parties which have ruined the country by doling out jobs and contracts?

CORRUPTION RAMPANT IN WATER AND POWER MINISTRY, SAYS PAC

(From an article by Asim Yasin in the News)

The Public Accounts Committee (PAC) expressed disappointment over the financial state of affairs of the Ministry of Water and Power which, it said, had failed to recover billions of rupees from the pockets of corrupt officials and contractors. The PAC regretted that the ministry had even failed to take disciplinary action against officials found guilty of corrupt practices. The committee meeting, presided over by its chairman Nadeem Afzal Chan, took up the audit paras related to the Ministry of Water and Power. The distribution companies failed to recover their dues and in one recover their dues and in one case their lawyers did not

appear to plead the cases in the courts. Resultantly the decision went in favour of the accused persons. Millions of rupees were siphoned off while converting bank guarantees into performance guarantees. Unauthorised payment of Rs6.339 million was made to three companies M/s PERC, M/s AA Enterprises and M/s Cameos. M/s CAMESO was hired as consultant on June 12, 2007 for feasibility study for Solar Water Pumping Project but the work was not done.

Editor's notes: Is there any department that is free of corruption in this govt. of PPP, ANP and MQM?

WEF TERMS CORRUPTION MAJOR HURDLE FOR PROGRESS OF PAK BUSINESSES

World Economic Forum

According to the Global Competitiveness Report (GCR) 2012-13 released by the World Economic Forum, Pakistan has been ranked 124 among 144 countries on the index. The report says Pakistan lacks a long-term view of competitiveness while the level of corruption and poor governance are some of the factors slowing down Pakistan's economic growth. The World Economic Forum ranks

countries on more than 100 economic indicators and compares 144 countries.

Editor's notes: All the other political parties have tainted themselves by corruption, the only exception is Jamaat e Islami. This is a great resource we have for a corruption free government at all levels, which can lead to the progress of Pakistan.

ADVERSE EFFECTS OF HOMEOPATHY

P. Posadzki, A. Alotaibi, E. Ernst Disclosures - Int J Clin Pract

Abstract

Aim: The aim of this systematic review was to critically evaluate the evidence regarding the adverse effects (AEs) of homeopathy.

Method

Five electronic databases were searched to identify all relevant case reports and case series.

Results

In total, 38 primary reports met our inclusion criteria. Of those, 30 pertained to direct AEs of homeopathic remedies; and eight were related to AEs caused by the substitution of conventional medicine with homeopathy. The total number of patients who experienced AEs of homeopathy amounted to 1159. Overall, AEs ranged from mild-to-severe and included four fatalities. The most common AEs were

allergic reactions and intoxications. Rhus toxicodendron was the most frequently implicated homeopathic remedy.

Conclusion

Homeopathy has the potential to harm patients and consumers in both direct and indirect ways. Clinicians should be aware of its risks and advise their patients accordingly.

Introduction

Homeopathy can be defined as 'a therapeutic method that often uses highly diluted preparations of substances whose effects when administered to healthy subjects correspond to the manifestation of the disorder (symptoms, clinical signs and pathological states) in the unwell patient'. It is one of the most popular form of complementary and alternative medicine in the UK and elsewhere. The



reasons for this widespread use are probably complex, but the assumption that homeopathy is safe is certainly an important factor.

Although most homeopathic remedies are highly diluted, direct adverse effects (AEs) have been reported. Indirect risks mainly relate to replacing effective conventional treatments with ineffective homeopathic preparations.

The aim of this systematic review was to provide a summary and critical evaluation of the published evidence regarding direct and indirect AEs associated with homeopathy.

Method

Electronic literature searches were conducted in January 2012 to identify case series (CS) and case reports (CR) of AEs associated with homeopathy in human patients. The following electronic databases were used: MEDLINE, EMBASE, AMED, CINHALL and ISI. Details of the search strategy are presented in the Appendix. In addition, our own extensive department files were hand-searched for further articles.

No restrictions of language or time of publication were imposed. To be included, CS or CR had to pertain to AEs associated with the use of any type of homeopathic treatment in human patients. Data from spontaneous reporting systems were included as well. We also included reports where harm was not because of a homeopathic remedy, but was associated with the use of homeopathy as a replacement of conventional treatments. Information from the included CS or CRs were extracted according to predefined

criteria and assessed by two independent reviewers. Causality was estimated based on the description provided by the authors of the primary articles. Any disagreements were settled through discussion.

Results

Our searches generated 378 articles, of which 340 had to be excluded (Figure 1). Thus, 35 reports met our eligibility criteria.

Flow diagram

The total number of patients amounted to 1159 (of those 1142 AEs were classified as direct and 17 as indirect AEs). The included articles originated from Austria, Belgium, Brazil, Denmark, France, Germany, Holland, India, Ireland, Israel, Italy, Mexico, Spain, Sweden, Switzerland, UK and the US. They were published between 1978 and 2010.

The implicated homeopathic remedies included Aconitum 1000, AKO-PLEX, Arsenic Bromide 1-X, Arsenicum Sulfuratum Flavum-1-X, Baryta carbonica, BHI Regeneration Tablets, calcium carbonicum, Cantharis 1000, caesium chloride, chromium, Forte Saponaria, Gambogia, Gali-col Baby, hypericum perforatum, Ipecacuanha, iron, Kalium Bichromicum, Ledum Palustre, Liliun Compositum, Loco X112, Lycopodium, Malaria Officinalis, Mercurius Heel®S, Mercurius 6a, Mercurius Sublimatus Corrosivus, Nat Mur 200, Notakehl, Nux Vomica, OT-10 and Penicillium Chrysogenum, Pentackan Sinnabaum, Petroleum D-5, Peruvian bark, Pulsatilla, Rhododendron Ferrugineum, Rhus Toxicodendron, Ruta Graveolens, Sedativ PC, Slenderness Drops, Solanum Compositum, sulphur, tanacetum, thuja,

tuberculinum or unspecified homeopathic remedies.

Direct AEs included abdominal pain, flatulence, acute erythroderma, acute pancreatitis, severe allergic reactions, atopic dermatitis, burning lips, nausea, emesis, apnoea, cyanosis, regurgitation, anaphylaxis, arsenical keratosis and cancer, bladder cancer, bullous pemphigoid, severe asthenia, cardiac arrest, cognitive-behavioural disorders, coma, death, dermatitis, severe pulmonary involvement, emesis, euphoria, extreme agitation, hyponatraemia and hypoalbuminaemia, erythaema, limb oedema, irritability and albuminuria, melanosis and keratosis, skin lesions, acute gastrointestinal illness, leukopaenia, thrombocytopaenia, diffuse dermal melanosis, metabolic acidosis, weight loss, chronic diarrhoea, morbiliform and pruritic rash with hospital admission, multiple alopecia and hair loss, pain, pancreatitis, problem with balance, somnolence, pruritus, swelling and erythroderma, renal failure with metabolic acidosis, interstitial nephritis and hyperkalaemia, severe acute tubulointerstitial nephritis, severe bradycardia, reversible panconduction defect, hypotension and syncope, severe swelling, bleeding, rashes, sneezing, rhinitis, slight lethargy, symptoms of thall poisoning, tachypnea, high fever, lower limb areflexia, hypotension, pupillary abnormalities, gait ataxia, widespread leukocytosis and widespread maculopapular vesicular rash. Direct AEs of homeopathy occasionally resulted in serious outcomes including cancer, death, dialysis, toxic polyneuropathy and

quadriparesis. In several instances, patients presenting AEs required hospital admission and pharmacotherapy.

Indirect AEs included deterioration of pulmonary allergy, deterioration of sarcoidosis glomerulonephritis, hypertensive heart failure and encephalopathy, haemophilus influenzae meningitis, septicaemia high fever and seizures, malignant melanoma, multiple organ system failure, oedema, pneumococcal pneumonia with purulent pericarditis and coma, sepsis and death and severe aggravation of atopic dermatitis. Indirect AEs of homeopathy resulted in the following clinical outcomes: death, permanent hypertension, hydrocephalus and the need for neuro-surgical drainage. The duration of AEs ranged from a few hours to 7 months. Eighteen patients experienced a full recovery and four died. In six cases, details of AEs were insufficient for a judgment regarding cause and effect. In 17 cases, causality was deemed to be likely, certain in six, almost certain in 12 and unclear in one. The AEs were caused by allergic reactions, ingestion of toxic substances and substitution of conventional care.

Discussion

Our systematic review was aimed at summarising and critically evaluating the available evidence from CS and CR regarding AEs of homeopathy in human patients. According to our findings, homeopathy can lead to AEs, some of which are serious. A recent report on the safety of homeopathy by the European Council for Classical Homeopathy (ECCH)

concluded that homeopathy is 'safe to use'. However, this report was incomplete and included only a third of the CRs/CS located by us for the present review. The ECCH-report also commented on the safety of homeopathy relative to conventional treatments. It seems likely that homeopathic remedies cause far less and fewer AEs than conventional drugs, however, such a comparison might be misleading as not the absolute risk of an intervention, but its risk-benefit balance would determine the value of any medical treatment. If the benefit is small or non-existent, even a minute risk would tilt this balance into the negative.

An audit of the Bristol Homeopathic Hospital among 116 patients reported that 11% of them experienced AEs, including headaches, lethargy or vomiting. This percentage figure is difficult to interpret as the authors categorise diarrhoea, eczema, gastrointestinal upset, hair loss, infections, nausea, migraines, pains, rash, skin irritation, tension headaches, tiredness/fatigue as 'homeopathic aggravations', new symptoms and/or return of old symptoms. Our own review of the evidence for or against the existence of homeopathic aggravations included 24 placebo-controlled trials reporting aggravations, and we came to the conclusion that 'this systematic review does not provide clear evidence that homeopathic aggravations exist'. In the majority of cases, the possible mechanism of action involved allergic reactions or ingestion of toxic substances. Preparations of heavy metals, such as arsenic, cadmium, mercury or iron, which are

frequently used in homeopathy can be toxic, if not highly diluted. Other poisons regularly employed in homeopathy include aconitum, kerosene or thallium, which also can lead to serious health problems in sufficiently low dilutions.

We identified both direct and indirect AEs of homeopathy. The former related to the homeopathic remedy itself and the latter predominantly referred to the replacement of effective conventional therapies with ineffective homeopathic remedies. It was often impossible to distinguish precisely between the two types of AEs. The information whether a fully qualified and registered homeopath applied, the homeopathic remedy was frequently missing. Similarly, other valuable details were often not included in the primary publications. In 94.7% of cases, the potencies were described as below 12 °C, the point beyond which the likelihood of a single molecule being present in the remedy approaches zero. It is plausible that low dilutions of homeopathic preparations cause direct AEs, particularly allergic reactions. One might argue that incidences classified as indirect AEs by us are not truly AEs of homeopathy, but are the result of less than competent healthcare. We have therefore tried to differentiate as clearly as possible between the two. One might also wonder why relatively few indirect AEs have been reported. Most experts view the use of ineffective homeopathic treatments for serious conditions is potentially more harmful than the harm done by homeopathic remedies. One explanation could be that indirect harm of this nature

rarely gets reported. Evidence of indirect AEs highlight the need for all homeopaths to be adequately trained such that harm of this nature can be avoided in future.

The preference of homeopathy over conventional medicine when dealing with serious, life-threatening conditions may cause serious harm, and this issue relates to the question of practitioner training. The treatment of cervical streptococcal lymphadenitis, acute lymphatic leukaemia, bacterial pneumonia and atopic dermatitis with homeopathic remedies is clearly dangerous simply because homeopathy is not effective for any of these conditions. Other examples of serious conditions that have been treated homeopathically include anxiety, depression, eczema, insomnia, migraine prophylaxis and rheumatic conditions. The fact that such cases are being reported, albeit rarely, seems worrying. Again, we would therefore stress the need for making sure all homeopaths are medically competent.

We were unable to extract the data from one article that combined homeopathy with other modalities, such as herbals and dietary supplements. e.g.; in this retrospective analysis of cases, homeopathy had the second highest hospitalisation index with a total of 255 AEs reported.

Our systematic review has several strengths; we conducted extensive literature searches, did not impose restrictions according to language or time of publication, assessed the reported cases according to predefined criteria and tried to exclude bias where we could. We were able to include more AEs than any

previous review has done. However, our systematic review also has a number of important limitations. They pertain to the potential incompleteness of the evidence. AEs of homeopathy are likely to be underreported; therefore, the number of cases summarised herein is less meaningful than the fact that such incidents exist at all. The often low quality of the primary reports further limits the conclusiveness of our findings. Several reports lacked sufficient detail, which renders the interpretation of their findings problematic. Given such caveats, a cause-effect relationship between the homeopathy and the AEs was frequently difficult to establish. We did not include systematic reviews, clinical trials, surveys and cohort studies in our review. A systematic review of the AEs of homeopathy, concluded that the incidence of AEs of homeopathic remedies was greater than that of placebo in controlled clinical trials; AEs included headache, tiredness, skin eruptions, dizziness, bowel dysfunctions and allergic reactions. Our review of CR and CS is thus not comprehensive. Crucially, it does not tell us anything about the incidence of AEs. Considering the widespread use of homeopathy worldwide and the relative paucity of the reported AEs, it might be very low. Collectively, these limitations render our review less conclusive than we had hoped.

In conclusion, several reports of AEs of homeopathy have been published and some AEs had serious consequences. Clinicians should be aware of the risks associated with homeopathy.

OBJECTIVES RESOLUTION HAD CLOSED THE IDEOLOGY DEBATE

(From an article by Ansar Abbasi in the News)

While confusion is being created about the definition of the Islamic Ideology of Pakistan, none other than the Supreme Court of Pakistan in 1972 had made it clear that the Islamic Ideology of Pakistan is enshrined in the 7th March 1949 Objectives Resolution, which is a substantive part of our Constitution.

In the Asma Jilani vs government of Punjab judgment given by the then Chief Justice Hamoodur Rahman and other judges including Justice Muhammad Yaqub Ali, Justice Sajjad Ahmad, Justice Waheeduddin Ahmad and Justice Salahuddin Ahmed, the SC ruled: "Pakistan's own ground norm is enshrined in its own doctrine that the legal sovereignty over the entire universe belongs to Almighty Allah alone, and the authority exercisable by the people within the limits prescribed by Him is a sacred trust.

This is an immutable and unalterable norm which was clearly accepted in the Objectives Resolution passed by the Constituent Assembly of Pakistan on the 7th of March 1949."

The judgment acknowledged: "The State of Pakistan was created in perpetuity based on Islamic ideology and has to be run and governed on all

the basic norms of that ideology, unless the body politic of Pakistan as a whole, God forbid, is re-constituted on an un-Islamic pattern, which will, of course, mean total destruction of its original concept." It added, "The Objectives Resolution is not just a conventional preface. It embodies the spirit and the fundamental norms of the constitutional concept of Pakistan."

The judgment also made it clear that in any event, if a ground norm is necessary, Pakistan need not have to look to the Western legal theorists to discover it but has to look at the Objectives Resolution.

The SC also ruled: "In Islamic jurisprudence, the will of a sovereign, be he the monarch, the president or the chief martial law administrator, is not the source of law. The people as delegate of the sovereignty of the Almighty alone can make laws which are in conformity with the Holy Quran and Sunnah."

The judgment also read: "Our ground norms are derived from our Islamic faith, which is not merely a religion but is a way of life. These ground norms are unchangeable and are inseparable

from our polity. These are epitomised in the Objectives Resolution passed by Constituent Assembly of Pakistan on 7-3-1949, and were incorporated in the first Constitution of the Islamic Republic of Pakistan of 1956 and repeated again in the Constitution of 1962.

Its basic postulates are that sovereignty belongs to Allah Almighty which is delegated to the people of Pakistan who have to exercise the State powers and authority through their chosen representatives on the principles of democracy, freedom, equality, tolerance and social justice, as enunciated by Islam wherein the fundamental human rights are to be respected and the independence of the judiciary is to be fully secured.

Can it be argued that any adventurer, who may usurp control of the State power in Pakistan, can violate all these norms and create a new norm of his own in derogation of the same? The State of Pakistan was created in perpetuity based on Islamic Ideology and has to be run and governed on all the basic norms of that ideology, unless the body politic of Pakistan as a whole, God forbid, is re-constituted on an un-Islamic pattern, which will, of course, mean total destruction of its original concept. The Objectives Resolution is not just a conventional preface. It embodies the spirit and the fundamental norms of the constitutional concept of Pakistan."

40 DOCTORS KILLED IN FIVE YEARS IN SINDH

PIMA_ The News

Around 40 doctors and health professionals were killed in Sindh, mostly in Karachi, in the past five years, a Pakistan Islamic Medical Association statement said. A spokesman for PIMA said none of the killers were so far arrested, which showed the disturbing state of law and order in the province. He said doctors were still receiving threatening phone calls and extortion slips from various criminal groups, leaving them with only one option: to flee the country.

He demanded the arrest of the killers of Dr Asad Usman, a senior medical professional associated with the Abbasi Shaheed Hospital. He urged the caretaker government to ensure protection of doctors as well as other professionals in the city. The Pima spokesman said the previous government passed on the deteriorating law and order situation to the interim government.

However, he added, the caretaker set-up is responsible for appointing honest and competent officials to stop target killings. He said doctors should be shielded against target killings, kidnappings for ransom and life threats, adding that compensation should be provided to the families of all the doctors killed in the past five years.

EMERGENCY DEPARTMENT VISITS FOR ADVERSE REACTIONS INVOLVING THE INSOMNIA MEDICATION ZOLPIDEM

Samhsa

IN BRIEF

- The number of zolpidem-related emergency department (ED) visits involving adverse reactions increased nearly 220 percent from 6,111 visits in 2005 to 19,487 visits in 2010.
- Females accounted for two thirds (68 percent) of zolpidem-related ED visits involving adverse reactions in 2010.
- Patients aged 45 or older represented about three quarters (74 percent) of zolpidem-related ED visits involving adverse reactions while those aged 65 or older represented about one third (32 percent) of such visits.
- Half of visits (50 percent) involved other pharmaceuticals combined with zolpidem, including narcotic pain relievers (26 percent) and other anti-anxiety and insomnia medications (16 percent).

An estimated 50 to 70 million Americans suffer from chronic sleep disorders, which can affect performance, on daily tasks and lead to negative health consequences. Zolpidem is a medication approved by

the U.S. Food and Drug Administration (FDA) for short-term treatment of insomnia.

Historically, the FDA has recommended that the dose of most drugs containing zolpidem should be reduced by half when prescribed for the elderly. Despite this recommendation, studies have shown that older populations are often being prescribed the higher dose, which may increase adverse reactions. In a January 2013 safety announcement, the FDA took further steps by requiring drug manufacturers to lower the recommended doses of medications containing zolpidem by half for females; similar action was recommended, although not required, for males.

Patients typically use zolpidem to benefit from temporary sedative effects that aid them in attaining restful sleep. Adverse reactions have occurred, including daytime drowsiness, dizziness, hallucinations, behavioral changes (e.g., bizarre behavior and agitation), and complex behaviors such as sleepwalking and "sleep driving" (i.e., driving while not fully awake). When zolpidem is combined with other

drugs that depress the central nervous system—such as anti-anxiety medications (e.g., benzodiazepines), narcotic pain relievers, or alcohol—the sedative effects of zolpidem can be dangerously enhanced.

Trends in ED Visits

In 2010, there were 64,175 ED visits involving zolpidem, and an estimated 19,487 (30 percent) of these ED visits were attributed to adverse reactions. The number of zolpidem-related ED visits involving adverse reactions increased nearly 220 percent from 6,111 visits in 2005 to 19,487 visits in 2010.

Demographic Characteristics

Zolpidem-related ED visits involving adverse reactions fluctuated for both males and females from 2005 to 2010; however, such visits increased overall by 274 percent among females (from 3,527 visits in 2005 to 13,180 visits in 2010) and by 144 percent among males (from 2,584 visits in 2005 to 6,306 visits in 2010) (Figure 2). Females accounted for two thirds (68 percent) of such visits in 2010, although prior years did not always show the same gender pattern. When comparing males to females, females had more zolpidem-related ED visits in 2007, 2009, and 2010.

In 2010, slightly more than half of ED visits involving adverse reactions to any drug were made by adults aged 45

years or older (1,306,460 visits, or 56 percent). In comparison, adults in this age group made about three quarters of zolpidem-related visits involving adverse reactions (14,429 visits, or 74 percent). More specifically, of the age groups included in this analysis, patients aged 65 or older represented the largest proportion of zolpidem-related ED visits involving adverse reactions (32 percent), followed by patients aged 45 to 54 (22 percent)

Age	Number of Adverse Reactions
Aged 34 or Younger	17%
Aged 35 to 44	9%
Aged 45 to 54	22%
Aged 55 to 64	20%
Aged 65 and Older	32%

Source: 2010 SAMHSA Drug Abuse Warning Network (DAWN).

Drug Combinations Involved in ED Visits

Among zolpidem-related ED visits involving adverse reactions in 2010, 40 percent involved zolpidem only (7,792 visits) (Table 1). Half of visits (50 percent) involved other pharmaceuticals combined with zolpidem, with approximately 46 percent involving other pharmaceuticals only. Narcotic pain relievers were commonly combined with zolpidem (4,168 visits, or 21

percent), as were other anti-anxiety and insomnia medications (3,111 visits, or 16 percent). In one tenth (1,970 visits, or 10 percent) of visits, alcohol was the only substance combined with zolpidem.

Discussion

Zolpidem is a widely prescribed medication approved by the FDA for

the short-term treatment of insomnia. Females and the elderly are two populations that have been found to be more sensitive to the effects of zolpidem. This pattern was reflected in ED visits occurring in 2010, in which a majority of zolpidem-related visits involving adverse reactions were made by females and about one in three were made by adults aged 65 or older.

Table 1.

Selected Drug Combinations among Zolpidem-Related Emergency Department (ED) Visits Involving Adverse Reactions: 2010

Drug Category/Combination	# of ED Visits*	% of Visits*
Total ED Visits	19,487	100%
Zolpidem Only	7,792	40%
In Combination with Other Pharmaceuticals	9,725	50%
Pain Relievers	5,161	26%
Narcotic Pain Relievers	4,168	21%
Hydrocodone Combinations	2,813	14%
Oxycodone Combinations	807	4%
Antidepressants	3,612	19%
Other Anti-anxiety and Insomnia Medications	3,111	16%
Benzodiazepines	2,805	14%
Anticonvulsants	2,461	13%
Cardiovascular Medications	2,276	12%
Hormones	2,010	10%
Antipsychotics	1,589	8%
Muscle Relaxants	1,194	6%
In Combination with Other Pharmaceuticals Only	8,943	46%
In Combination with Alcohol Only	1,970	10%

* Because multiple drugs may be involved in each visit, estimates of visits by drug may add to more than the total, and percentages may add to more than 100 percent.

Source: 2010 SAMHSA Drug Abuse Warning Network (DAWN).

HIPPOCRATIC HUMILITY IN THE FACE OF 'UNEXPLAINED' MEDICAL PROBLEMS

Allen Frances, MD (Psychiatric Times)

The greatest doctor who ever lived was a very humble guy. Hippocrates is the father of medicine because he introduced the naturalistic conception of disease: you got sick because your organs weren't working properly--no spirits, no curses, no angry gods.

But he also set a precious example of physicianly humility too often since forgotten. On a nearby Greek island, the doctors treated their patients aggressively-- in ways that often did more harm than good. This led Hippocrates to formulate the most robust and enduring finding in all of medical history-- the 'rule of thirds' states that one third of patients get better on their own; one third don't respond to treatment; and just one third really benefit from it. This has been part of medical student lore for almost 2500 years and holds up remarkably well across time, specialties, and diseases.

It follows that the goal of medicine is to diagnose and treat only when there is a favorable risk/benefit ratio-- to let people heal themselves when they can; to console those for whom there is no effective treatment; and to reserve risky treatments for those who need and can benefit from them.

It is, of course, difficult to predict course -- and treatment response is often trial and error. But the obvious conclusion of

Hippocrates' teaching is to be humble about the doctor's ability to treat and prevent illness. First and foremost-- Do No Harm.

Dr Diane O'Leary, an author and philosopher, believes physicianly humility is now in short supply. She writes: "Hippocrates' sense of humility is valuable for all physicians -- as a matter of principle and ethics, but also of simple number crunching."

"There are roughly 30 million people in this country with rare diseases. That's roughly 1 in 10 Americans asking their doctors for help with ailments likely to lead to diagnostic uncertainty. This is twice the number of people with cancer."

"Since there are nearly 7000 rare diseases on current listings, it's not humanly or statistically possible for doctors to be familiar with most of them. Without humility - without awareness that diagnostic knowledge is always limited - doctors can't begin to care for the 1 in 10 people with rare disease. Given these numbers it should not be easy for doctors to assume that symptoms they are unable to explain have psychiatric causes - but it is, in fact, easy. It is standard practice."

"Because common diseases do also present in unusual ways, easy psychiatric explanations can be threatening, not just for those with rare diseases, but for

everyone. When doctors treat their inability to understand symptoms as evidence of patients' psychiatric problems, lack of humility stands in the way of sound diagnostic reasoning."

Dr O'Leary's specific call for physician humility in the face of 'unexplained' medical problems' touches on the broader need for humility in all aspects of medical and psychiatric treatment.

*The poorly conceived DSM-5 Somatic Symptom Disorder substitutes a false psychiatric certainty that misleadingly covers medical uncertainty about the appropriate diagnosis. It is better to admit what we don't know than cover it with meaningless labels.

*Psychiatry needs to contain its recent enthusiasm for diagnosing as mental disorders all problems of life.

*Researchers need to trim their exaggerated claims that we will soon solve the elusive mystery of how brain makes mind and behavior. The process of translating the exciting results of basic neuroscience into accurate diagnostic tests or improved treatments will be a very slow and lead up many blind alleys.

*Doctors need to stop making snap diagnoses and starting premature treatments after first meetings with people they have just met and barely know. Watchful waiting beats intrusive diagnostic and treatment exuberance whenever the patient's problems are mild and bearable.

*Primary care doctors need to accept their limitations in delivering psychiatric treatment-- it makes no sense for them to be prescribing 80% of psychiatric medicine. Not every patient has to leave

the office with a pill.

*And patients need to accept physician uncertainty and humility. Don't push doctors for quick answers that will be wrong and harmful. Don't you expect or ask for a pill for every problem. Trust to time, resilience, and support from family and friends to solve the expectable and transient problems of life.

Psychiatric diagnosis and treatment are often life changing events-- usually for the better, sometimes for worse, sometimes a tie score. Sorting out who is who in the rule of thirds requires patience and humility-- both currently in short supply.

<http://www.psychiatrictimes.com/blog/couchincrisis/content/article/10168/2141447>

Hospitalisation squad

SOMETIMES A PSYCHIATRIC PATIENT DOESN'T TAKE TREATMENT AT HOME, NOR DOES HE COME TO THE HOSPITAL. IN THAT CASE WE HAVE SET UP A TEAM OF DOCTORS AND ASSISTANTS WHO VISIT HIM/HER AT HOME, ADMINISTER THE NEEDED TRANQUILISATION AND TRANSPORT THE PATIENT TO THE HOSPITAL.

*Phone or visit any branch for this facility
KARACHI PSYCHIATRIC HOSPITAL*

UN: EAT MORE INSECTS; GOOD FOR YOU, GOOD FOR WORLD

By FRANCES D'EMILIO |Associated Press|

The latest weapon in the U.N.'s fight against hunger, global warming and pollution might be flying by you right now.

Edible insects are being promoted as a low-fat, high-protein food for people, pets and livestock. According to the U.N., they come with appetizing side benefits:

R e d u c i n g greenhouse gas emissions and livestock pollution, creating jobs in developing countries and feeding the millions of hungry people in the world.

Some edible insect information in bite-sized form:

WHO EATS INSECTS NOW?

Two billion people do, largely in Asia, Africa and Latin America, the Rome-based U.N. Food and Agriculture Organization said Monday as it issued a report exploring edible insect potential.

Some insects may already be in your food (and this is no fly-in-my-soup joke).

Demand for natural food coloring as opposed to artificial dyes is increasing, the agency's experts say. A red coloring produced from the cochineal, a scaled insect often exported from Peru, already puts the hue in a trendy Italian aperitif and an internationally popular brand of

s t r a w b e r r y yogurt. Many pharmaceutical companies also use colorings from insects in their pills.

PACKED WITH PROTEIN, FULL OF FIBER

Scientists who have studied the nutritional value of edible insects have found that red ants, small grasshoppers

and some water beetles pack (gram-per-gram or ounce-per-ounce) enough protein to rank with lean ground beef while having less fat per gram.

Bored with bran as a source of fiber in your diet? Edible insects can oblige, and



they also contain useful minerals such as iron, magnesium, phosphorous, selenium and zinc.

WHICH TO CHOOSE?

Beetles and caterpillars are the most common meals among the more than 1,900 edible insect species that people eat. Other popular insect foods are bees, wasps, ants, grasshoppers, locusts and crickets. Less popular are termites and flies, according to U.N. data.

ECO-FRIENDLY

Insects on average can convert 2 kilograms (4.4 pounds) of feed into 1 kilogram (2.2 pounds) of edible meat. In comparison, cattle require 8 kilograms (17.6 pounds) of feed to produce a kilogram of meat. Most insects raised for food are likely to produce fewer environmentally harmful greenhouse gases than livestock, the U.N. agency says.

DON'T SWAT THE INCOME

Edible insects are a money-maker. In Africa, four big water bottles filled with grasshoppers can fetch a gatherer 15 euros (\$20). Some caterpillars in southern Africa and weaver ant eggs in Southeast Asia are considered delicacies and command high prices.

Insect-farms tend to be small, serving

niche markets like fish bait businesses. But since insects thrive across a wide range of locations - from deserts to mountains - and are highly adaptable, experts see big potential for the insect farming industry, especially those farming

insects for animal feed. Most edible insects are now gathered in forests.

LET A BUG DO YOUR RECYCLING

A 3 million euro (\$4 million) European Union-funded research project is studying the

common housefly to see if a lot of flies can help recycle animal waste by essentially eating it while helping to produce feed for animals such as chickens. Right now farmers can only use so much manure as fertilizer and many often pay handsome sums for someone to cart away animal waste and burn it.

A South African fly factory that rears the insects en masse to transform blood, guts, manure and discarded food into animal feed has won a \$100,000 U.N.-backed innovation prize.

Details about the U.N. Food and Agriculture Organization's work on edible insects at

www.fao.org/forestry/edibleinsects



IMPORTANCE OF HERBAL MEDICINES

(From an article by Mansoor Ahmad in the News)

The importance of treatment of various diseases through herbal system of medicines was highlighted at a seminar organised by the Sir Syed University of Engineering and Technology (SSUET). Speaking as chief guest on the occasion well-known Hakeem, Syed Abdul Ghaffar Agha, dilated upon the important features of herbal treatment and said that it was a proven fact that "allopathic" medicines had their own side effects while herbal lacks any risk factor.

The herbal system of medicines is more beneficial than other categories of medicines, he claimed.

He was of the opinion that being close to nature no one could deny the potentiality of herbal medicines even in this advanced scientific era.

Editor's notes: So called herbal "Herbal" medicines commonly known as Unani (Greek) substances were used in the remote past i.e. hundreds of years ago. No improvement or research has been conducted on these products in Pakistan. However the Chinese have discovered many effective and safe medicines through herbal research. There is no word "allopathic" in modern medical books. This is a figment of the imagination of some quacks who call modern

medicine "Allopathic" as contrasted to their self styled "Homeopathic". Modern medicine is based on "evidence based treatments", i.e. any treatment is used which has been proved effective and safe, no matter what the source of the medicine, herbal, mineral, chemical, biological etc.

TELEMEDICINE TREATMENT VIA VIDEO CONFERENCING IN KARACHI, HYDERABAD AND ELSE WERE.



A Psychiatric hospital has been set up in Hyderabad where Junior Psychiatrists are available around the clock. However Dr. Syed Mubin Akhtar and other Senior Psychiatrists will provide consultation via video conference or phone, day and night, anywhere in Pakistan

111-760-760

ABBOTT FINED \$500 MILLION IN ILLEGAL MARKETING

By Joyce Frieden, MedPage

Abbott Laboratories must pay a \$500 million criminal fine for its illegal marketing of divalproex (Depakote) for off-label uses, a federal judge ruled.

U.S. District Court Judge Samuel G. Wilson of the Western District of Virginia also ordered the pharmaceutical company to pay \$1.5 million to the Virginia Medicaid Fraud Control Unit and to forfeit \$198.5 million, in addition to being subject to 5 years probation.

The criminal fine is the second-largest ever levied for off-label marketing of a single drug, the Justice Department noted in a press release.

Abbott pleaded guilty in May to marketing Depakote for the treatment of schizophrenia and for treating behavioral disturbances in dementia patients; the drug is approved only for treating manic episodes in bipolar disorder, for treating complex partial epileptic seizures, and for migraine headache prevention.

In addition to its plea on the criminal charges, Abbott also entered into a civil settlement with the federal government, agreeing to pay \$800 million to federal and state authorities "to resolve claims that its unlawful marketing and illegal remuneration practices caused false

claims to be submitted to government healthcare programs," the department said in the release.

That settlement resolves allegations surrounding Abbott's marketing of Depakote for other psychiatric conditions such as depression, anxiety, obsessive-compulsive disorder, and posttraumatic stress disorder in adults, as well as conduct disorders, attention deficit disorder, and autism in children.



T.V VIOLENCE AND CHILDREN

By Martin T. Stein, MD

What do we tell our children who view carnage on television news programs? Here is some advice you can share with parents in your practice:

1. Limit the amount of news violence children watch on TV.

2. Sit with children when they are watching the news and talk about what you are seeing.

3. For young children, a helpful statement might be: "Many people are working hard

to make sure this doesn't happen again. We will always make our home a safe place."

4. For older children, encourage them to talk about what they experience when they watch violence on the news. Talking about fears in a safe environment when a trusted person is listening is often therapeutic. Do not attempt to provide definitive

answers to all their questions. Practice active listening to allow for anxieties, fears, and rage to be expressed in the safety of your home.

5. Give all children the space to

express themselves with words and emotions. Clinicians know the value of silence during a challenging clinical interview. Use it with your children. A quiet moment allows them to consolidate their feelings

and respond (verbally and nonverbally) with greater clarity.

6. Help parents appreciate that the relationship of trust they have with their children can promote a dialogue and a sense of safety when it is needed the most.



<http://pediatrics.jwatch.org/cgi/content/full/2013/424/1?q=pfw-featured&eaf>

MEDICAL SCHOOLS, WHERE THE WOMEN RULE

In a lecture hall of one of Pakistan's most prestigious medical schools, a handful of male students sit in the far top corner, clearly outnumbered by the rows and rows of female students listening intently to the doctor lecturing about insulin.

Women now make up the vast majority of students studying medicine, a gradual change that's come about after a quota favouring male admittance into medical school was lifted in 1991.

But there remain obstacles. Many women graduates don't go on to work as doctors, largely because of pressure from family and society to get married and stop working - so much so that there are now concerns over the impact on the country's health care system.

For years, a government-imposed quota mandated that 80 percent of the seats at medical schools went to men and 20 percent to women. Then the Supreme Court ruled that the quota was unconstitutional and that admission should be based solely on merit.

Now about 80 to 85 percent of the country's medical students are women, said Dr Mirza Ali Azhar, the secretary general of the Pakistan Medical Association. Statistics gathered by The Associated Press show that at medical schools in some deeply conservative areas of the country such as Balochistan in the southwest and the Khyber

Pakhtunkhwa province in the northwest, men still outnumber women. But in Punjab and Sindh provinces, which turn out the vast bulk of medical students, the women dominate. At Dow, it is currently about 70 percent women to 30 percent men.

In comparison, about 47 percent of medical students in the US are women, according to the Association of American Medical Colleges.

There are a number of different reasons why men don't make the cut, say students, faculty and medical officials. Medical school takes too long and is too difficult. Boys have more freedom to leave the house than girls, so they have more distractions. Boys want a career path in business or IT that will make them more money and faster, in part because they need to earn money to raise families.

"In our society, girls are working harder. They are just more concentrated on their studies," said Azhar. Boys also see how hard doctors have to work even after they get their degree.

Still, medical officials and students acknowledge many women don't go on to practice medicine.

At Dow, for example, just about all the male graduates, work as doctors, but only an estimated half the women do, says Dr Umar Farooq, the school's

pro-vice chancellor. Nationwide figures on how many women graduates forgo actual practice don't exist, but despite years of increased women's enrollment, the gender breakdown of doctors remains lopsided. Of the 132,988 doctors registered with the Pakistan Medical and Dental Council, 58,789 are women. The number of female specialists is even smaller: 7,524 out of 28,686.

The pressure on women to get married, have kids and stay home to raise them is powerful.

The prestige of a medical degree gives a woman a boost in marriage prospects, so many parents push their daughters to enroll, many students and faculty said. Prospective in-laws like the idea of having a doctor in the family and want their sons to have an educated wife to ensure the grandchildren are educated as well.

But that doesn't mean they want the woman to actually use her degree and take away from child-raising time.

"They want a doctor label but they don't want it to go anywhere. They don't think you're a real person who might want to specialize or work on it," said Beenish Ehsan, a student at Dow.

There are also cultural impediments. Women who do work often don't want to do so in rural areas far from their families or don't want night shifts, given the country's deteriorating law and order. Some male patients only want to be treated by men because they don't want women touching them or because they perceive the men to be smarter and more

qualified.

During the 2010 floods that devastated Pakistan, Dow wanted to send medical students to rural Sindh to treat victims but were hindered by the school's overwhelmingly female enrollment, admissions director Rana Qamar Masood said. The boys could go on their own for long stretches. The girls were also lobbying heavily to go, but the school decided to send them in teams on buses with chaperones out of concern for their safety. They would return home each evening, thus limiting how far they could travel.

Amid concerns over the number of the doctors in the future, proposals are being touted to rebalance the student body. Masood said she would support some sort of gender bias in admissions to bring in more male students. The PMA has floated the idea of building a number of medical schools just for boys. Already there are five medical schools for women.

Among the students, some said a new quota was necessary.

Editor's notes: In a Muslim society it is preferable that women patients be examined by female doctors and male patients by male doctors, specially in gynecological, obstetrical and sexual diseases. Thus there should be ratio of about 50-50. It seems legislation is needed to ensure this otherwise we will be seeing a shortage of doctors in these areas and an erosion of cultural and religious values.

PSYCHIATRIC CONSULTATION BY PHONE AND E-MAIL

Karachi Psychiatric Hospital was established in 1970, and today (2010) has branches in North Nazimabad, Nazimabad and Quaidabad in Karachi as well as a branch in Latifabad, Hyderabad. More than 200 patients come to our hospital daily and the average number of in-patients is one hundred and fifty (150). About 30 professionals, including psychiatrists, graduate doctors, psychologists and social therapists work in the hospital to treat the patients. The paramedical and other staff members are almost three hundred (300). Since there are less than four hundred (400) psychiatrists for the whole country of sixteen crore people we feel the immediate need to extend our psychiatric expertise to other cities and villages without actually going there. This we plan to do with the cooperation of the general practitioners and other doctors interested in providing proper treatment to psychiatric patients. We have a sliding scale of fees which people of various financial status can afford.

Patients can also contact us directly for consultation and advice.

The fee can be sent by easy paisa A/c no. 0344-2645552-2, or UBL Omni A/c No. 0344-2645551.

Online bank Account, MCB Bank: Title: Karachi Psychiatric Hospital, A/c No. 1236-662-2.

Meezan Bank Ltd. Title: Karachi Hospital (Pvt) Ltd. A/c. No. 0131-0100001143.

Dubai Islamic Bank. Title: Karachi Hospital (Pvt) Ltd. A/c. No. 0102284001.

The patients can choose the doctor according to the fees they can afford.

The phone operators can guide in this matter.

For further details please contact C.E.O,
Karachi Psychiatric Hospital
(Tell:021-36603244, 021-36684503,111-760-760)

WANTED

(For Quaidabad & Nazimabad Branches)

DOCTORS

Male / Female

Morning / Evening shift

PSYCHIATRISTS

Full time / Part time

Post graduate degree compulsory.

Male / Female

CONTACT

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E-mail: jobs@kph.org.pk

ہیں ہر انسان، خاص طور پر بڑے شہروں میں رہنے والے کے لئے ضروری ہے کہ وہ سال میں تین چار ہفتہ تک کھانا کھانے سے بازر ہے تاکہ وہ پوری زندگی صحت یاب رہے۔

پوہینز

روزہ کے طبی فائدے یونہی نہیں ہیں بلکہ نظام زندگی کو خوشگوار بنانے کے لیے ایک ماہ تک مسلسل مشق کرائی جاتی ہے اور اسی تسلسل اور مشق کی بنا پر جسم انسانی میں جو بھی خرابی پیدا ہو چکی ہوتی ہے اسے درست کرنے کا رمضان شریف میں روزوں کے دوران موقع نصیب ہوتا ہے۔ رمضان شریف کے روزوں کا بھرپور فائدہ حاصل کرنے کے لیے ضروری ہے کہ اصولوں کے مطابق افطار و سحر کا اہتمام کیا جائے۔ خاص طور سے بادی، ثقیل اور تلی ہوئی چیزوں سے پرہیز کیا جائے اور روزمرہ کے کاموں میں تخفیف کردی جائے اور وقت مقررہ کا تعین کر لیا جائے، جس کے دوران معمولات زندگی کے کاموں کو آسانی سے کیا جاسکے۔

مشورہ

گرمی کے روزوں کے دوران بہتر یہی ہے کہ کھجور اور سادہ پانی سے روزہ افطار کیا جائے اور حسب ضرورت مشروبات کا استعمال کیا جائے اور جو لوگ ذیابیطس (شوگر) کے مریض ہیں وہ خشک میووں کا مشروب استعمال کریں۔ اس کے علاوہ نماز مغرب کے بعد ہی کھانا کھائیں تاکہ سحری میں کچھ کھانا کھایا جاسکے اور اس بات کی کوشش کی جائے کہ ختم سحری سے ٹھیک پہلے تک کھایا پیا جائے کیونکہ گرمی کے روزے میں دن بڑا ہوتا ہے اور راتیں چھوٹی ہوتی ہیں۔ ایسی صورت میں مغرب کے بعد طعام اور ختم سحری سے ٹھیک پہلے تک کھانا بہتر ہوگا۔

انفعال میں درنگی پیدا ہوتی ہے۔ اس کے علاوہ استحالہ کا عمل (Metabolic Function) بھی ترتیب میں آ جاتا ہے، جسے سائنسدانوں نے بار بار ثابت کیا ہے اور اس کی رپورٹ نیشنل، انٹرنیشنل میڈیکل جرنلوں میں شائع ہو چکی ہے۔ روزہ رکھنے سے اضافی چربی ختم ہو جاتی ہے۔ روزہ ذہنی تناؤ کو ختم کرنے میں ہم اداروں کرتا ہے۔ وقت پر سحر اور افطار کر کے موٹاپا کے شکار لوگ اپنا وزن کم کر سکتے ہیں۔

وہ عورتیں جو موٹاپا کا شکار ہیں اور اولاد سے محروم ہیں ان کے لئے روزہ نہایت ہی فائدہ مند ثابت ہو سکتا ہے کیونکہ جدید میڈیکل سائنس کا ماننا ہے کہ وزن کم ہونے کے بعد بے اولاد خواتین کے یہاں اولاد کی پیدائش کے امکانات میں کافی اضافہ ہوتا ہے۔ جب ہم روزہ رکھتے ہیں تو ہمارے معدے کے فاسد مادے زائل ہو جاتے ہیں۔ روزہ کا ایک اہم فائدہ یہ بھی ہے کہ جو لوگ منشیات، شراب اور تمباکو نوشی جیسی بری عادتوں کے عادی ہو چکے ہیں وہ روزہ کی مدد سے اس ان عادتوں پر قابو پاسکتے ہیں۔ تجربات بتاتے ہیں کہ روزہ رکھنے کی وجہ سے انسان کی زندگی میں اضافہ ہوتا ہے۔

روزہ رکھنے کی وجہ سے ہمارا دل نظام ہضم میں اپنی توانائی صرف کرنے سے آزاد ہو جاتا ہے اور وہ اس توانائی کو گلوبین پیدا کرنے پر صرف کرتا ہے۔ گلوبین ہمارے جسم کی حفاظت کرنے والے مدافعتی نظام کو تقویت پہنچاتا ہے۔ روزہ قوت مدافعت کے نظام کو بہتر بناتا ہے۔ روزہ رکھنے کی وجہ سے دماغی خلیات کو فاضل مادوں سے نجات مل جاتی ہے اور اسی طرح سے دماغی صلاحیتوں کو جلا ملتی ہے۔ روزہ کی اہمیت و افادیت کا اندازہ پروفیسر نیکولای کے اس بیان ہوتا ہے جو انہوں نے اپنی کتاب بصحت کی خاطر بھوک میں ذکر کیا ہے وہ لکھتے

روزہ کے جسمانی اور روحانی فائدے

ڈاکٹر سید احمد خان

نافرمانی والے کام کیوں کروں؟

جسمانی و روحانی فائدے

دنیا کے ہر مذہب میں کسی نہ کسی شکل میں روزہ رکھنے کی ہدایت کی گئی ہے۔ مذہب اسلام میں روزہ فرض ہے۔ اسلام ایک مکمل دین ہے۔ اس کی روشنی میں اگر غور کیا جائے تو روزہ کے روحانی اور جسمانی فوائد کی اہمیت اور بھی بڑھ جاتی ہے۔ ہر مسلمان کے اوپر روزہ رکھنا فرض ہے، ہاں اگر کسی کے پاس شرعی عذر ہو تو اس کو روزہ نہ رکھنے کی اجازت ہے۔ اللہ تعالیٰ کی رضا اور معرفت حاصل کرنے کے لیے لازمی ہے کہ ہر مسلمان اس کی پابندی کرے۔ فی الحال ہم یہاں روزہ کے طبی فائدے پر غور کریں گے جس کی وجہ سے شرعی پابندی کے ساتھ ساتھ بہتر صحت کی معلومات کے سبب اور بھی ہماری رغبت بڑھ جاتی ہے۔ وہ حضرات جو بدہضمی و معدہ کی دیگر خرابی، جگر کی خرابی، ہائی بلڈ پریشر، موٹاپا اور جسم میں چربی کی زیادتی خاص طور سے کولسٹرول کے بڑھنے جیسے امراض میں مبتلا ہوں، ان کے لیے یہ مہینہ اپنے آپ کو فٹ کرنے کے لیے بڑی نعمت ثابت ہو سکتا ہے۔

روحانی اور جسمانی طور پر صحت یاب رہنے کے لیے اللہ تعالیٰ نے رمضان شریف کا مہینہ روزے کی شکل میں ہمیں عنایت کیا ہے۔ یقیناً اس میں اللہ تعالیٰ کی کریمانہ حکمت عملی شامل ہے۔ اعضاء بیسہ خاص طور سے دل و دماغ اور جگر کو روزہ رکھنے سے تقویت ملتی ہے اور ان کے

روزہ کا مقصد

اللہ تعالیٰ نے قرآن حکیم میں روزے کا حکم دیتے ہوئے

”لعلکم تتقون“ (البقرہ: ۳۸۱)

کے الفاظ بیان فرمائے ہیں جس کا مطلب ہے کہ تمہارے اندر تقویٰ پیدا ہو تقویٰ کا مطلب ہے، دل میں اللہ تعالیٰ کا ڈر اور اس کا خوف اس طرح جاگزیں ہو جائے کہ ہر کام کرنے سے پہلے انسان یہ دیکھے کہ یہ جائز ہے یا ناجائز؟ حلال ہے یا حرام؟ اس سے اللہ تعالیٰ راضی ہو گا یا ناراض؟

روزہ سے یہ تقویٰ کیسے پیدا ہوتا ہے؟

جب ایک مسلمان روزے کی حالت میں گھر کی چار دیواری کے اندر بھی، جہاں اس کو کوئی دیکھنے والا ہوتا ہے نہ اس کا کوئی مواخذہ کرنے والا، کھاتا ہے نہ پیتا ہے اور نہ اپنی دوسری جنسی خواہشات پوری کرتا ہے۔ کیوں؟ محض اس لئے کہ اللہ تعالیٰ نے روزے کی حالت میں ان چیزوں سے اسے روک دیا ہے۔ تو پورے ایک مہینے کی تربیت سے اس کے دل میں اللہ تعالیٰ کا خوف راسخ ہو جاتا ہے اور یہ بات اس کے ذہن میں نقش ہو جاتی ہے کہ جب روزے کی حالت میں اللہ تعالیٰ کے حکم سے حلال چیزوں سے بھی اجتناب کرتا رہا ہوں تو جو چیزیں اللہ تعالیٰ نے ہمیشہ کیلئے حرام قرار دی ہوئی ہیں ان کا ارتکاب میرے لئے کس طرح جائز ہو سکتا ہے؟ یا اگر مجھے اللہ تعالیٰ کی رضا مقصود ہے تو میں اللہ تعالیٰ کی

Question on addiction, sex, psychiatry or the possession syndromes

First fold here

Second fold here

Remarks about the bulletin

Third fold here



Remarks about the bulletin

* READERS are requested to send their articles, comments & suggestions.
* DOCTORS who desire to get the bulletin or want their colleagues, should send the address, contact number and email address.
KPH email: support@kph.org.pk

From

THE EDITOR
KARACHI PSYCHIATRIC HOSPITAL
B-1/14, NAZIMABAD # 3,
KARACHI, PAKISTAN-74600

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Dr. Syed Mubin Akhtar MD, Karachi Psychiatric Hospital replying to questions of press & electronic media people on the occasion of World No Tobacco Day.



An Awareness Demonstrations held on the occasion of World No Tobacco Day.
"Funeral of the cigarette"



A Free Medical Camp was organized by Karachi Psychiatric Hospital at Gulberg Town.



A Free Medical Camp was organized by Karachi Psychiatric Hospital at Landhi Sherpao Colony.