

CHIEF EDITOR DR. SYED MUBIN AKHTAR

# KARACHI PSYCHIATRIC HOSPITAL

Regd. No. SS-237 BULLETIN JULY 2012

*No Tobacco Day*

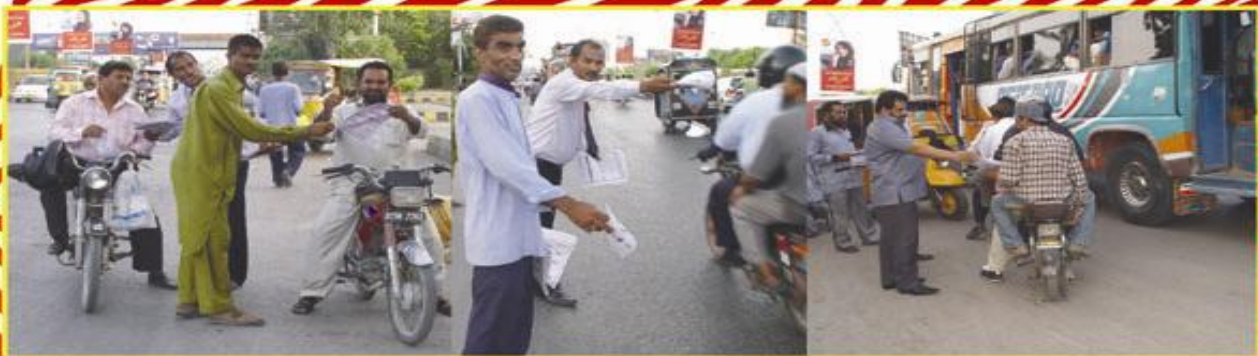


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## MONTHLY BULLETIN

(Medical and General Articles)

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پاکستان اسلامک میڈیکل ایسوسی ایشن (پنیا)

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# SLIDING INTO ANARCHY: WHO WILL STOP THE ROT?

From an article by Brig (retd) Farooq Hameed Khan in The News

If PPP led coalition had brought Pakistan on the brink of total collapse, should the nation wait till 2013 to let the country drift into an irretrievable situation? Will Pakistan remain governable by the end of PPP's five-year term? In the wake of the Rental Power Plants (RPPs) debacle does PPP have the moral right to rule any further?

Pakistan's security and integrity could well be in great danger unless the ongoing vicious cycle of violence, bloodshed and sectarian strife in Karachi, Quetta and Gilgit-Baltistan was broken. With the federal leadership challenging the Supreme Court's writ and fanning provincial prejudice, the federation's unity and strength had been endangered. With civil disobedience gaining momentum, a breakdown of law and order had already set in.

Karachi remains in the grip of PPP-MQM-ANP backed extortionists, land grabbers, drug peddlers and other mafias and a virtual Beirut like civil war conditions prevail. If the Rangers 'targeted operations' and chief justice's directives in July/August last year failed to deliver durable peace to Karachi's traumatized citizens, then was a ruthless army action the city's last hope?

In a situation where the British Deputy High Commissioner had to discuss peace proposals with MQM/ANP leadership, should the incumbent leaders in Islamabad and Karachi not lower their heads in shame? When the PPP failed to govern its home province, could it be expected to perform

any better at the Centre?

It is painful to see Pakistanis in pain and misery. Never before have poor and helpless Pakistanis protested in an abnormal manner as witnessed recently in Lahore. A frustrated rickshaw driver climbed the 300 feet high tension electric transmission tower in Lahore unable to pay a traffic warden's fine. A woman climbed an electric pole seeking justice against a local pir's highhandedness and a youth stitched his lips in protest against prolonged power outages. When the crowds looted chairs after Imran Khan's Kasur jalsa, it became common practice for people to take away any item they could lay their hands on in public meetings. Have economic woes and social depression driven Pakistanis towards becoming mental wrecks? With poverty levels increasing from around 23% in 2005-06 to almost 49% in 2011, the unprivileged Pakistanis find suicide the only way to escape their plight. Incidents involving women throwing themselves in front of fast moving trains along with their infants or parents killing or selling their children as they could not afford to feed them are widespread.

When hungry people come out on the streets with blood in their eyes, then no amount of force or persuasion can control the mob's fury and vengeance. This was witnessed in power and fuel price riots where violent protestors including women and children armed with sticks and rods



destroyed public and private property even beating up local leaders and on duty law enforcing personnel. If right of 'roti, kapra and makaan' was snatched from common citizens, would they allow the ruling class to enjoy the fruits of their national plunder and ill gotten wealth?

Let the people not get carried away with the loud verbal attacks and counter attacks by the top PML-N and PPP leadership whose master plan to hoodwink the masses stand exposed. Shahbaz Sharif's 'Go Zardari Go' sloganeering, Nawaz Sharif's calls for Long March and threats of en-masse resignations were all part of PML-N's hypocritical strategy to counter public taunts and allegations of being a friendly opposition.

Behind the scene deals and compromises were readily made by close confidants of their top leadership to safeguard and further the interests of both parties as seen in the passage of the 20th Amendment and Senate elections. Has the PPP finally drawn the battle lines with Supreme Court after the court's landmark RPPs verdict? After PPP Chairman Bilawal Bhutto's outburst at Garhi Khuda Baksh it should be crystal clear that PM Gilani would defy the court's orders and not write the Swiss letter irrespective of the consequences.

Was the chief justice's warning of 'don't force us to call someone else to implement verdicts' a sign of the court's helplessness or an indicator that it had run out of patience? Does GHQ have a contingency plan ready in case the Supreme Court takes the extreme step and invokes Article 190 to seek Army's help in implementing the court's verdicts?

This is the Supreme Court's hour of trial. The people would be justified in demanding that the apex court end the nation's agony and bring down the curtain on PM's contempt

case as well as the Swiss letter drama without further delay.

If the Parliament is unmoved, can the masses or armed forces and the higher judiciary remain silent spectators while Pakistan slides into anarchy and chaos? The chairman joint chiefs of staff committee, armed forces chiefs and chief justice of Pakistan would be fulfilling their national responsibilities if they intervened and conveyed to the government in unambiguous terms that the country's rapidly deteriorating situation was unacceptable. Why cannot they prevail upon the country's top political leadership to find an immediate democratic solution to stop the all round rot?

If Pakistan is to be saved from the horrific effects of a long and gruelling hot 'Pakistan summer' the signs of which are becoming increasingly ominous, then the best democratic course would be to form a neutral caretaker government soon after the passage of the 2012-13 federal budget in May/June followed by general elections in October this year under the supervision of the Election Commission and army.

Mian Nawaz Sharif could still win back public confidence and redeem his tainted image of a compromised opposition party leader, if PML-N members resigned from the parliament and Punjab Assembly so as to force the way for early polls this year. If sane democratic forces do not act responsibly to take the country out of darkness, then the revenge of hungry Pakistanis may be beyond anybody's control.

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**Editor's notes:** All the major parties have been tried and found to be corrupt and inefficient. Only Jamaat e Islami can provide an honest educated and committed leadership.

# EIGHT PUBLIC SECTOR ENTERPRISES GOBBLED DOWN RS1,500 BILLION

(From an article by Mehtab Haider in the News)

Criminal corruption and incompetence in at least eight public sector enterprises (PSEs) have gobbled down approximately Rs1,500 billion in taxpayers' money in a mere 48-month time span.

Moreover, the losses figure is expected to cross the Rs2,000 billion mark by the end of the year, according to reliable sources. The unprecedented spike in losses are an accumulated consequence of brazen corruption and gross incompetence and is being blamed on the present government's penchant for appointing lackeys and cronies to key posts in these public sector companies.

An official report on the financial losses and profits of at least eight PSEs including the power sector (Pepco), Pakistan Railways (PR), Pakistan International Airlines (PIA), Pakistan Steel Mills (PSM), Utility Stores Corporation (USC), Trading Corporation of Pakistan (TCP), Pakistan Agricultural Storage & Supplies Corporation (PASSCO) as well as the National Highway Authority (NHA), revealed that during the period 2007-08 to 2010-11, major losses incurred on account of power subsidies in all shapes amount to the tune of Rs1,100 billion.

While the remaining PSEs have caused financial losses of Rs400 billion during the last four years, the report states that TCP and USC were profit making enterprises in

the public sector during this period. Total losses of PSEs stood at Rs86.7 billion during the 2007-08 fiscal year with major loss incurred to PIA to the tune of Rs36.1 billion, Pakistan Railways Rs16.9 billion, Passco Rs3.4 billion and NHA Rs33.5 billion. Meanwhile, the profits earned by USC and TCP stood at Rs2.1 billion Rs1.1 billion respectively in 2007-08. However, the losses of PSM for 2007-08 are not available in the official report.

The losses of PSEs skyrocketed up to Rs90.8 billion in 2008-09 with a major burden on the national kitty because of losses faced by the Pakistan Steel Mills amounting to the tune of Rs26.5 billion, NHA Rs35.3 billion, Pakistan Railways Rs23 billion, PIA Rs4.9 billion and Passco Rs3.3 billion. The profits earned by USC stood at Rs0.5 billion and TCP Rs0.8 billion during fiscal year 2008-09.

The subsidies to PSEs consumed Rs90.8 billion in the 2009-10 fiscal year with major losses incurred by the NHA at Rs44.4 billion, Pakistan Railways Rs25 billion, PIA Rs20 billion, PSM Rs11.5 billion and Passco Rs13.8 billion. The profits earned by USC and TCP were Rs0.7 billion Rs1.6 billion respectively in 2009-10.

The losses of PSEs touched Rs101 billion in the 2010-11 fiscal year as the financial burden of Pakistan Railways had eaten up approximately Rs31.1 billion of taxpayers'

money. PIA losses in the first nine months of 2010-11 stood at Rs19.3 billion, PSM Rs11.5 billion, Passco Rs14.1 billion and NHA Rs36.5 billion. TCP profits, by comparison, stood at Rs1.4 billion during the 2010-11 fiscal year.

The report states that energy outages are not only impeding the growth prospects but are taking a huge toll on the national exchequer in terms of huge subsidies to cover the tariff differential subsidy (TDS). The government has to pay Rs238.8 billion to cover inter-Disco (power distribution companies) tariff differential. Losses incurred by four Discos including Gepco (Gujranwala Electric Power Company), Mepco (Multan Electric Power Company), Pepco (Peshawar Electric Power Company) and Hepco (Hyderabad Electric Power Company) stood at Rs27.1 billion during 2010-11 – almost doubled from Rs14.5 billion in 2009-10.

The losses of these four Discos stood at

Rs8.3 billion in 2006-07, Rs21.6 billion in 2007-08, Rs5.4 billion in 2008-09, Rs14.5 billion in 2009-10 and Rs27.1 billion in 2010-11. Now the government has envisaged a budget amount of Rs11.2 billion for these four Discos for the current fiscal year 2011-12.

The report stipulates that the government could have contained the fiscal deficit at 5.2 percent of the GDP if total subsidies had been kept within the budget target of Rs126.7 billion instead of a whopping amount of Rs380.6 billion in 2010-11.

Editor's notes: This state of affairs is a direct effect of the corruption of the PPP, ANP, MQM government but the seeds of this disaster were sown by the late Zulfikar Ali Bhutto who took over Pakistan's thriving industrial units and used them to appoint his own people in larger numbers than necessary and make money illegally, which made these ventures a liability for the country.



### **IMF pressurise Pakistan Govt. To Impose Tax on Pakistani People: Report**

# DECLARE MQM TERRORIST BODY: ANP

(From an article by Mumtaz Alvi & Dilshad Azeem in the News)

The Awami National Party (ANP) has said it will ask Britain to declare the Muttahida Qaumi Movement (MQM) a terrorist organisation. It has also asked the Foreign Office to summon the British High Commissioner (HC) seeking an explanation as to why the MQM Chief was permitted to level unsubstantiated and baseless allegations against Pakistan and its institutions while using the UK soil. ANP leader Iftikhar Hussain demanded in a TV interview to declare the MQM a terrorist organisation as it had terrorised not just the people but also the media of Pakistan. Bushra Gohar, said "It is a matter of grave concern for every Pakistani that a person, who revoked his Pakistani nationality and preferred to become a British national has been issuing provocative statements again and again." She acknowledged MQM as a political party and was a reality but how come a foreigner could interfere in Pakistani affairs by making the entire media hostage for hours together. Bushra Gohar said, "How would the government of Britain react if tomorrow, any one of us, starts speaking in London against Britain and its institutions without substance and proof?" She said for instance Altaf issued a warning when he said in his marathon video conference that his workers would be free to draw up their strategy, if the court gave its judgment against the MQM.

"Altaf Hussain's reference to the PCO and

Justice Iftikhar Muhammad Chaudhry and his threat of allowing his workers to take matters in their own hands is a clear indication that he wants to put pressure on the judiciary and the army," Senator Zahid said while talking to a group of media persons.

He requested the apex court chief justice to take notice of the may 12, 2007 massacre in Karachi and added the Supreme Court's suo moto notice of the target killings in the port city had improved the otherwise volatile situation.

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# PROF KHURSHID RESIGNS FROM RABBANI COMMITTEE

(From an article by Dilshad Azeem in the News)

**An active Rabbani Committee member, while withdrawing his membership, tendered his formal resignation from the committee following its infamous recommendations for the restoration of Nato-US supplies to Afghanistan, whether conditional or unconditional.**

"It is not possible for me to stand by the package of recommendations including this conditional recommendation," reads Prof Khurshid Ahmed's resignation-cum-letter to PCNS Chairman Raza Rabbani Dated Jan 24, 2012 letter.

**Khurshid called for a total withdrawal from US-led war on terror while searching for a political settlement. "A restoration of supply line means collaboration with occupation forces."**

**Referring to Parliament's August 2008 and May 2011 resolutions for a new foreign policy, he also recalled his note of dissent on drone strikes which require Pakistan's immediate and automatic response in case of any more violations.**

"I withdraw from the recommendation and tender my resignation from the PCNS. I hope my reservation and resignation would be communicated to the Speaker (National Assembly)," writes Prof. Khurshid, a PCNS member who is now a retired Senator.

While giving his input he said Islamabad's immediate objective must be to come out of the war as a heavy price has already been paid due to a blind and submissive

behaviour. "Consequently the emphasis has to be on an exit strategy."

Urging a new Pak-Afghan pact on non-interference and common interests, he urged for an enhanced Pak-China relationship for a mutually agreed position on Afghanistan.

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# THE BILLIONS LOST AND FOUND BY SC

(From an article by Ahmad Noorani in the News)

The Supreme Court has saved around Rs455 billion through its judgment in the Rental Power Plants (RPPs) case.

Since the day the judges were restored, the SC has taken countless cases of human rights abuses, especially the cases of massive corruption in which the powerful elite of the country, civilian as well as the Khakis, were looting and plundering the poor taxpayers money.

According to the recent TIP report, Pakistan has lost more than Rs8,500 billion (Rs8.5 trillion or \$94 billion), in corruption, tax evasion and bad governance during the last four years of Prime Minister Yusuf Raza Gilani's tenure. The TIP adviser, Adil Gillani, had told The News a few days back that the real impact of corruption in the country's economy was far more than what was generally estimated or what was formally uncovered.

It is generally believed that the four years of the present government under Gilani had been the worst in terms of corruption and bad governance in the country's history. Past records of corruption were broken and Pakistan started rising in the ranks of the most corrupt nations of the world.

There has been no check on corruption as the anti-corruption institutions like the National Accountability Bureau and Federal Investigation Agency, instead of checking corruption, have been siding with the corrupt. These institutions have been helping the corrupt to get off the hook by distorting and mutilating the evidence in support of the influential accused.

**The TIP pointed out corruption of Rs390 billion in 2008, Rs450 billion in 2009, Rs825 billion in 2010 and Rs1,100 billion in 2011 under the present government. The total of these identified cases of corruption is Rs2,765 billion.**

**In addition to this, the minister of finance of the government himself confirmed corruption in the FBR of over Rs500 billion per year, which makes a total of Rs2,000 billion; Auditor General of Pakistan pointed out Rs315 billion corruption in 2010; Public Accounts Committee recovered Rs115 billion in 30 months till 2011; circular debt is Rs190 billion; KESC was given Rs55 billion illegal benefits per annum since 2008; state-owned enterprises like PSO, PIA, Pakistan Steel, Railways, SSGC, SNGC are eating away Rs150-300 billion per annum; tax to GDP ratio in 2008 was 11%, which in 2011 has reduced to 9.1% instead of being increased.**

Pakistan's Gross Domestic Product is worth \$175 billion and in the light of this the drop of 1.9% in the tax means annual loss of \$3.3 billion in the GDP. This confirms that the FBR is losing Rs300 million per annum, which is annual additional loss since 2008 and stands at Rs1,200 billion in four years.

**Editor's notes:** This was the reason that Jamaat e Islami and other allied parties in APDM (excluding Muslim League and PPP) sacrificed their provincial and national assembly seats (and subsequently senate seats too).

## **ECONOMY LOSES RS15 BILLION AS 'MOURNING' HALTS INDUSTRY, TRADE**

(From an articlele Salman Siddiqui in the News)

The country's economy suffered a loss of around Rs15 billion on Tuesday owing to a complete shutter down in markets and industrial estates across the port city, said representatives of industrialists and traders. The non-availability of cargo transport affected the country's exports and business in other parts of the country as well, businessmen said.

Khalid Tawab, vice president of Federation of Pakistan Chambers of Commerce & Industry, claimed that the closure caused an estimated loss of about Rs12 billion to industrialists. Atiq Mir, chairman of All Karachi Tajir Ittehad, claimed that one-day closure of markets cause a loss of over Rs3 billion in Ramazan. He said that traders closed their shops voluntarily to support MQM's call for the 'day of mourning'. "We, the traders, have also grave concerns about ongoing violence in the city. We also wanted to record our protest and put pressure on the government to take action against the culprits."

Tawab said that more than 80 percent industrial units were closed in the city, as workers failed to reach factories due to non-availability of public transport on roads. "The daily wage earners around 3.2 million in the city are the most affected people."

The national exchequer lost about Rs3 billion owing to the lack of production in factories and shutdown of markets on Tuesday. Siddique Memon, chairman of Karachi Traders Action Committee, said the losses could have been higher, "but malls and

especial Eid bazaars will open after 7pm".

MQM had announced 'day of mourning' following the killings of about 100 people in a week. "I have consulted political and other stakeholders of the city," Memon said, adding that they have given shopkeepers a green signal to resume businesses as normal after breaking their fast. "From seven in the evening to three in the night is our peak sales time during Ramazan."

There has been little activity in the markets of the city during the last one week because of the violence, he said. "Losses to traders owing to lack of sales has reached Rs12 billion this Ramazan."

Mir said that even in the days when markets did open sales were lower by around 50 percent. Abdul Wahab Lakhani, chairman of SITE Association of Industry, claimed that his industrial area observed complete shutdown, as the unrest in the city since the eve of Tuesday did not allow workers to leave home for factories. "All industrial units are closed."

No untoward incident was, however, reported from industrial estates and markets of Karachi, which is known as the hub of business activity in the country.

Mir and Tawab renewed their demand to call army in the city to bring law and order under control. They said that army will not tolerate any political pressure and catch the murderers. They added that all law enforcement agencies are under the control of political governments, and have failed to play their role.

## 62PC OF THIRD GRADERS CAN'T READ AN URDU SENTENCE

(By correspondent - The News)

A report has identified serious shortcomings in the quality of education, as it shows over 62 percent of Class-III children could not read a single sentence of Urdu/Sindhi of the Class-II level, while more than 85 percent of them failed to read a story text.

Details of the Annual Status of Education Report (ASER)-2011, a large scale citizen-led household survey conducted in Sindh, were presented at the Aga Khan Auditorium on Monday. The report assesses the results of education of school-going (5-16 years) children in 17 rural districts and Karachi. The survey collected information from 558 schools - of which 484 were government and the remaining 74 were private.

The children's learning levels in English reading and comprehension are, according to the report, even worse. A massive 94 percent of children enrolled in Class-III failed to pass the reading test for Class-II. "Of the six percent of children who could read sentences, some 32.1 percent children could do so without actually understanding what it is that they were reading," claims the report.

Student knowledge of arithmetic is also shockingly low, with almost 57 percent of Class-IV students being unable to complete Class-III level double-digit

subtractions, while a staggering 86 percent of the children unable to complete triple-digit divisions.

The survey has been conducted by the South Asia Forum for the Education Development (SAFED) managed by the Idara-e-Taleem-o-Aagahi (ITA), in collaboration with the Foundation Open Society Institute (FOSI), the Department for International Development (DFID), the National Commission for Human Development (NCHD) and Oxfam/Novib.

The ASER's trained volunteer citizens' teams have surveyed 10,016 households in 506 villages and collected detailed information on 31,934 children between the ages of three and 16 (59 percent male and 41 percent female). Additionally, children between the ages of 5-16 years of age were tested for competency in both language and arithmetic.

**Editor's notes:** The governments in power in the past and that at present have destroyed our education delivery system. Lack of education is the most important factor in the downfall of nations. It is time to get rid of all dishonest and inefficient parties and turn to the educated, committed and honest people of Jamaat e Islami.



# DRUG DEBACLE

**(From an article by Shahzada Irfan Ahmed in the News)**

Pakistan's pharmaceutical industry is currently under spotlight due to more than 150 deaths in Punjab province, caused by a drug produced by one of its member companies. A batch of the deadly drug, Isotab and manufactured by Efroze for heart patients, was found to be contaminated.

It has been revealed during tests carried out in a London laboratory that each Isotab tablet carried at least 14 times the weekly recommended dose of an anti-malarial substance.

While investigations are underway and responsibilities are yet to be fixed, the pharmaceutical industry is already feeling the heat. Its major players are raising concerns that finding faults with the whole industry on the basis of an isolated incident may undo achievements of the sector recorded over the past many years. Besides, it may take it a long time for the industry to regain its lost status.

The industry leaders say that they have upgraded themselves and follow good manufacturing practices (GMP).

Dr Riaz Ahmed, chairman of the Pakistan Pharmaceutical Manufacturers Association (PPMA) North Zone, says that the industry progressed fast and within 15 years it's share in the local market rose to 80 percent from a mere 20 percent. Out of the medicines supplied in the local market 60 percent come from the local companies

and the remaining 40 percent by multinational companies. Most of the times multinationals get their medicines manufactured by local companies and distribute them under their brand name.

Coming to the outlook of the industry which has a business volume of above \$2 billion, Dr Riaz puts the number of pharmaceutical companies at 650. This number includes all the companies manufacturing medicines for humans, veterinary medicines, syringes and medical equipments like bandages, surgical cotton and other items.

The industry provides direct employment to more than 70,000 and indirect employment to around 150,000 people across the country.

**The number of registered medicinal products, Dr Riaz says, is around 55,000 as compared to 1,800 in the US. This disparity is because in Pakistan brand names are registered where in the US only generics are registered. (1)**

The industry is regulated by the government which has a strict control over pricing. The prices of the medicines are fixed by the federal health department and the prices of same salt produced by different companies may be totally different.

Nadeem Iqbal, general secretary of the Pakistan Pharmacists' Association tells The News the pharmaceutical companies

are not even allowed to advertise their products. That's why medical representatives are employed by the companies to introduce medicines to doctors or conferences are arranged to brief them.

**On the other hand, Nadeem alleges the sellers of herbal, homoeopathic and ayurvedic medicines are free to advertise their products without even getting them tested by any authorised body. His point is that media does not criticize them as they are a huge revenue base for media houses. (2)**

The pharmaceutical industry is one of the biggest opponents of devolution of health ministries to provinces, especially its powers to regulate the pharmaceutical industry. They fear after devolution the prices of a same medicine will be different in all the four provinces and the cheaper medicines will be smuggled to the province where the price is the high. Similarly, they foresee disparity in quality control standards and enforcement mechanisms of all provinces. That's not all; the fear that two different medicines meant to cure different diseases will get registered in different provinces under the same name.

If that happens, the patients may end up using wrong medicines just because of the provinces' authority to register drugs under names already in use in other provinces.

Dr Riaz Ahmed says "if there can be one Federal Drug Agency (FDA) for the US comprising 52 states, one Medicines and Healthcare products Regulatory Agency

(MHRA) for the whole of United Kingdom and one European Medicines Evaluation Agency (EMA) for the whole of Europe, then why cannot we have one such regulatory authority at the center for the whole of Pakistan."

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#### Editors notes:

- 1) The registration of brand names, and not only the brand name but each and every strength of the brand name has no logic except that this is a source of illegal gratification by the registration authority i.e. the Federal Health Ministry . The WHO recommends a short list of generic names of drugs be allowed by each country and must do follow this rule. It's high time that we did the same.
- 2) Herbal, homeopathic, ayurvedic and other such 'medicines' should be allowed only after it can be proved that they are effective and safe as in the case of all modern medicines. Unfortunately the public is spending billions of rupees on buying so called 'medicines' when they are merely placebos and worth nothing. Moreover when these so called medicines are taken by seriously ill patients their illness progresses to the point of no return. Thus these 'medicines' and their prescribers are causing death and destruction and should be stopped. The 'registration' of Hakims and Homeopaths etc is against the interests of the people of Pakistan. Nowhere else in the world are these 'practitioners' registered as 'Medical Doctors'.

# HOW TOBACCO SMOKE CAUSES DISEASE

## A Report of the U.S. Surgeon General

**The scientific evidence supports the following conclusions:**

**There is no safe level of exposure to tobacco smoke. Any exposure to tobacco smoke - even an occasional cigarette or exposure to secondhand smoke - is harmful.**

- You don't have to be a heavy smoker or a long-time smoker to get a smoking-related disease or have a heart attack or asthma attack that is triggered by tobacco smoke.
- Low levels of smoke exposure, including exposures to secondhand tobacco smoke, lead to a rapid and sharp increase in dysfunction and inflammation of the lining of the blood vessels, which are implicated in heart attacks and stroke.
- Cigarette smoke contains more than 7,000 chemicals and compounds. Hundreds are toxic and more than 70 cause cancer. Tobacco smoke itself is a known human carcinogen.
- Chemicals in tobacco smoke interfere with the functioning of fallopian tubes, increasing risk for adverse pregnancy outcomes such as ectopic pregnancy, miscarriage, and low birth weight. They also damage the DNA in sperm which

might reduce fertility and harm fetal development.

**Damage from tobacco smoke is immediate.**

- The chemicals in tobacco smoke reach your lungs quickly every time you inhale. Your blood then carries the toxicants to every organ in your body.
- The chemicals and toxicants in tobacco smoke damage DNA, which can lead to cancer. Nearly one-third of all cancer deaths every year are directly linked to smoking. Smoking causes about 85% of lung cancers.
- Exposure to tobacco smoke quickly damages blood vessels throughout the body and makes blood more likely to clot. This damage can cause heart attacks, strokes, and even sudden death.
- The chemicals in tobacco smoke inflame the delicate lining of the lungs and can cause permanent damage that reduces the ability of the lungs to exchange air efficiently and leads to chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis.

### **Smoking longer means more damage.**

- Both the risk and the severity of many diseases caused by smoking are directly related to how long the smoker has smoked and the number of cigarettes smoked per day.
- Chemicals in tobacco smoke cause inflammation and cell damage, and can weaken the immune system. The body makes white blood cells to respond to injuries, infections, and cancers. White blood cell counts stay high while smoking continues, meaning the body is constantly fighting against the damage caused by smoking which can lead to disease in almost any part of the body.
- Smoking can cause cancer and weaken your body's ability to fight cancer. With any cancer - even those not related to tobacco use - smoking can decrease the benefits of chemotherapy and other cancer treatments. Exposure to tobacco smoke can help tumors
- The chemicals in tobacco smoke complicate the regulation of blood sugar levels, exacerbating the health issues resulting from diabetes. Smokers with diabetes have a higher risk of heart and kidney disease, amputation, eye disease causing blindness, nerve damage and poor circulation.

### **Cigarettes are designed for addiction.**

- The design and contents of tobacco products make them more attractive and addictive than ever before. Cigarettes today deliver nicotine more quickly from the lungs to the heart and brain.
- While nicotine is the key chemical compound that causes and sustains the powerful addicting effects of cigarettes, other ingredients and design features make them even more attractive and more addictive.
- The powerful addicting elements of tobacco products affect multiple types of nicotine receptors in the brain.
- Evidence suggests that psychosocial, biologic, and genetic factors may also play a role in nicotine addiction.
- Adolescents' bodies are more sensitive to nicotine, and adolescents are more easily addicted than adults. This helps explain why about 1,000 teenagers become smokers

### **There is no safe cigarette.**

- The evidence indicates that changing cigarette designs over the last five decades, including filtered, low-tar, and "light" variations, have NOT reduced overall disease risk among smokers and may have hindered prevention and cessation efforts.



- The overall health of the public could be harmed if the introduction of novel tobacco products encourages tobacco use among people who would otherwise be unlikely to use a tobacco product or delays cessation among persons who would otherwise quit using tobacco altogether.

**The only proven strategy for reducing the risk of tobacco-related disease and death is to never smoke, and if you do smoke to quit.**

- Quitting at any age and at any time is beneficial. It's never too late to quit, but the sooner the better.
- Quitting gives your body a chance to heal the damage caused by smoking.
- When smokers quit, the risk for a heart attack drops sharply after just 1 year; stroke risk can fall to about the same as a nonsmoker's after 2-5 years; risks for cancer of the mouth, throat, esophagus, and bladder are cut in half after 5 years; and the risk for dying of lung cancer drops by half after 10 years.
- Smokers often make several attempts before they are able to quit, but new strategies for cessation, including nicotine replacement and non-nicotine medications, can make it easier.
- Talk to your doctor or come to Karachi Psychiatric Hospital and get started on a quit plan today.

## **SMOKING CAUSES IMMEDIATE DAMAGE**

Cigarette smoke causes immediate damage to a person's lungs and their DNA even in small amounts, including from second-hand smoke, US federal officials said.

Taxes, bans and treatment must all be pursued to bring smoking rates down, US Surgeon-General Dr. Regina Benjamin said. "The chemicals in tobacco smoke reach your lungs quickly every time you inhale causing damage immediately," she said in a statement.

"Inhaling even the smallest amount of tobacco smoke can also damage your DNA, which can lead to cancer," she said. The report said tobacco companies deliberately designed cigarettes and other tobacco products to be addictive and that they released new products that are portrayed as safer but that are in fact just as dangerous and addictive. Benjamin said a third of people who ever try cigarettes become daily smokers. Sebelius listed measures taken by Obama since he took office two years ago, including "legislation to regulate tobacco products, investing in local tobacco control efforts and expanding access to insurance coverage for tobacco cessation."

The Food and Drug Administration has banned flavoured cigarettes and begun investigating menthol cigarettes. It issued rules requiring graphic images on cigarette packages.

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# HOW PSYCHOTHERAPY WORKS

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**Bruce Wampold, PhD - Psychology Today**

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**1. Q. How exactly does psychotherapy help people?**

**A.** Patients often come to psychotherapy with explanations for their difficulties that leave them feeling that the distress will continue indefinitely. Every treatment provides an explanation for the distress that is adaptive - that is, the patient understands that he or she can do something to improve his or her situation. This leads the patient into healthy actions in that the psychotherapy improves some aspect of their lives, whether it is thinking more positive thoughts, creating better relationships, more appropriately expressing emotions, or enacting other positive changes. The critical aspect is not which treatment a person receives but rather that the patient believes this particular treatment is effective and works collaboratively with the therapist.

**2. Q. You have studied the research data; are you any closer to understanding what makes psychotherapy work, and what might make one type of psychotherapy more effective than another?**

**A.** From my reading of the research evidence and my own research, it seems that the differences among treatments in terms of benefit to patients are small, if not negligible. This observation applies, however, to treatments that are intended to be therapeutic, are delivered by competent therapists, have a cogent

psychological rationale, and contain therapeutic actions that lead to healthy and helpful changes in the patient's life. When such treatments are compared in clinical trials, the typical finding is that these treatments are superior to no treatment or some type of psychological placebo (usually contact with a therapist who responds empathically but does not actively provide a treatment) but that there are few if any differences among the treatments.

However, there are common elements of effective psychotherapies. For example, there are hundreds of studies that show that a purposeful collaborative relationship between a therapist and the patient - what we call the therapeutic alliance - is related to therapeutic progress. This relationship holds for all types of therapy. The therapeutic alliance is critical even in medication treatments for mental disorders. The most important aspect of effective therapy is that the patient and the therapist work together to help the patient reach their goals in therapy.

**3. Q. Some therapists consistently produce better outcomes than others, regardless of treatment and patient characteristics. Can you explain why that is?**

**A.** The most effective therapists know the research and have a dynamic approach to treatment options. The research indicates that effective therapists

form a strong therapeutic alliance across the range of patients seen in therapy. They are able to form a bond with their patients, regardless of the patient's characteristics, and induce the patient to accept the treatment and work collaboratively with the therapist. Effective therapists have an ability to perceive, understand and communicate emotional and social messages with their patients. It also appears that effective therapists are cognizant of patient progress, either informally or through the use of outcome measures, and are willing to address issues that impede therapeutic progress, including the relationship between the therapist and the patient.

**4. Q. Clinical trials have shown that psychotherapy is as effective as psychiatric medications for depression and anxiety without the disagreeable side effects such as weight gain, sleep problems and loss of libido. So why is it that so many people are prescribed drugs first when they are exhibiting psychological distress and psychotherapy second, if at all?**

**A.** It is indeed disturbing to know that, despite the effectiveness and safety of psychotherapy, increasing numbers of patients are being treated with psychiatric medications. The explanation for this phenomenon is complex and intricately woven into the health care system. First, the pharmaceutical industry spends an inordinate amount of money advertising psychiatric medications to physicians and to the public, resulting in a perception that mental disorders are due to "chemical imbalances in the brain" that can be

remediated easily by medications. Second, increasing numbers of mental disorders are being treated in primary care settings and primary care physicians are not trained in or aware of effective psychotherapies, but they are trained to prescribe drugs. Third, psychotropic medications suggest that the problem is biological, which relieves the patient of responsibility for his or her actions. It is simpler to take a pill and go on with one's life than to accept that changing involves intentional and purposeful work.

Professional organizations and therapists need to promote psychotherapy as an effective healing practice. We have relied on word of mouth, to a large extent - patients who have benefited from psychotherapy are our best advertisement. But we have to be more deliberate and a good place to start is in the training of physicians, who need to understand the importance of behavioral health and psychotherapy.

**5. Q. How do you as a psychotherapist determine when psychiatric drugs are the correct course of action for a given patient? And what is the therapist's influence when treating a patient who is also on psychotropic medication?**

**A.** Health services are always more effective when care is coordinated. Therapists' collaboration with primary care physicians and psychiatrists is no exception. Of course, effective psychiatric consultation requires that the therapist be knowledgeable about the disorder and its treatment. There are instances in which psychiatric medication is an appropriate adjunct to psychotherapy -- for example, in

the treatment of severe and persistent depression, bipolar disorder and some anxiety disorders. There is evidence that effective psychotherapists are often the best judges of when their patients can benefit from a pharmaceutical treatment program and work collaboratively with the patient to get the best response to the medication. **Some psychologists are now trained and licensed to prescribe psychiatric medications as part of the treatment.**

For the most part, psychiatrists and primary care physicians are not trained to provide psychotherapy and psychotherapy does not fit well into the practices of physicians. However, there are many physicians who work collaboratively with psychologists so that patients can make use of effective psychological treatments. Physicians often are eager to make such referrals or encourage patients to seek psychological help when asked. Patients of primary care physicians who are not aware of the effectiveness of psychotherapy may also seek referrals from friends who have benefitted from psychotherapy or from other sources such as state psychological associations. In any event, from my perspective, behavioral interventions should be the first line of treatment and medications used only when response to the behavioral interventions are not sufficient. Far too many people are receiving psychiatric medications without attention to psychological treatments that might be effective.

**6. Q. If I were a client seeking therapy for the first time, how would I know if someone is an effective caregiver and**

**is offering appropriate treatment? How long should I expect to be in treatment for a given problem?**

**A.** Ideally, a patient would have evidence that the therapist is effective - has this therapist helped patients in the past? Because this evidence is rarely available, consumers often rely on word of mouth - the testimonial of friends who have benefited from treatment from a particular clinician. After therapy begins, the best cue is the patient's experience: Does this therapist understand me? Does the treatment plan make sense to me? Do I believe this therapist will help me? And most important - am I making progress? Patients typically experience a positive response to psychotherapy quite rapidly. If a patient is not making noticeable progress in several sessions, the patient should discuss this with the therapist (and similarly, the therapist should initiate this conversation with the patient if adequate progress is not being attained). Together, a patient and therapist determine when treatment should end and often, this happens relatively quickly. Of course, some problems require longer treatment. Treatment length depends on the problems or disorder, patient goals, patient history and characteristics, events occurring outside of therapy (e.g., divorce, change in employment status), and therapeutic progress. Evidence indicates that therapy typically is terminated when the patient is functioning adequately. Commonly, psychotherapy lasts six to 12 sessions, with more complex difficulties benefiting from longer treatment.

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<http://www.psychologytoday.com/node/37995>



# CHILDREN'S SCREEN VIEWING IS RELATED TO PSYCHOLOGICAL DIFFICULTIES IRRESPECTIVE OF PHYSICAL ACTIVITY

Page A, et al - Pediatrics

Children who watch too much TV or spend too much time staring at the computer appear to be at increased risk of psychological difficulties -- regardless of how physically active or sedentary they may be.

A study of more than 1,000 pre-teens found that those who spent more than two hours a day watching TV were 61% more likely than other kids to have increased psychological difficulties -- including hyperactivity, emotional, concentration and conduct problems, as well as difficulties with peers (OR 1.61, 95% CI 1.20 to 2.15). An equal amount of time spent using a computer for activities other than homework was associated with 59% greater likelihood of psychological problems (OR 1.59, 95% CI 1.32 to 1.91). The odds were elevated even more for children who did not meet the recommended target of at least 60 minutes of moderate to vigorous physical activity a day -- and were highest for those who spent more than two hours a day both watching TV and using a computer (OR 2.27, 95% CI 1.60 to 3.13).

Screen time may be a target for interventions aimed at improving the well-being of children.

These data support some restriction of screen entertainment use irrespective of levels of physical activity and indicate that guidelines for both sedentary and physical activity behavior are warranted.

All of the children self-reported the amount of TV they watched and the time spent using a computer and completed the Strengths and Difficulties Questionnaire (psychological difficulties).

Using accelerometers over one week, the researchers objectively measured sedentary time (minutes per day with less than 100 counts per minute) and moderate and vigorous physical activity (minutes per day with 2,000 counts per minute or more).

More than two-thirds of the children (69%) scored low on the psychological difficulties scale, 17.2% scored in the middle range, and 13.8% scored high.

Increasing TV and computer use was associated with higher psychological difficulty scores after adjustment for physical activity, sedentary time, and additional confounders in all models ( $P < 0.05$  for all).

[www.medpagetoday.com  
/tbprint.cfm?tbid=22653](http://www.medpagetoday.com/tbprint.cfm?tbid=22653)

# EFFECT OF LUBRICATING GEL ON PATIENT COMFORT DURING VAGINAL SPECULUM EXAMINATION

Hill DA and Lamvu G.. Obstet Gynecol

Concerns about discomfort associated with vaginal speculum examinations deter some women from seeking gynecologic care, including cervical cytology screening; however, some gel lubricants have been reported to compromise the quality of Pap smear results when liquid-based cytology is performed.

Investigators randomized 120 women (age range, 18-50; 80% white) who underwent speculum examinations (primarily for routine gynecologic care) at one practice to undergo exams in which 0.3 mL of carbomer-free gel lubricant or 3.0 mL of tap water was applied to a plastic speculum before insertion. Women were blinded to study group allocation and were asked to indicate their pain level on a 10-cm visual analog scale immediately after the speculum was opened (with 0 indicating no pain and 10 the worst pain imaginable).

Women randomized to the gel group reported significantly less pain than those in the water group (mean scores, 1.4 vs. 2.2). In addition, significantly more women in the gel group than in the water group reported scores of 0

(34% vs. 10%). Among women who underwent liquid-based cytology screening (35 women in the gel group and 38 in the water group), none had unsatisfactory cytology results.

**Comment:** Last year, an unacceptably high proportion of cervical cytologies from my office were deemed "inadequate," resulting in women returning for repeat cytology. Working with our cytology department, we learned that the lubricant we were using included carbomer, which interferes with analysis of liquid-based cytology (but apparently does not interfere with slide-based cytology). When we switched to carbomer-free lubricants (Surgilube, Astroglide, and Crystelle), our rate of inadequate Pap results declined noticeably. These results suggest that using gel lubricants that do not interfere with cytology analysis is the way to go for alleviating patient discomfort during speculum exams.

[http://womens-health.jwatch.org/cgi/content/full/2012/209/2?q=etoc\\_jwgenmed](http://womens-health.jwatch.org/cgi/content/full/2012/209/2?q=etoc_jwgenmed)

# NEURAL CORRELATES OF FOOD ADDICTION

Ashley N. Gearhardt, MS, MPhil and colleagues

## Arch Gen Psychiatry

**Context** Research has implicated an addictive process in the development and maintenance of obesity. Although parallels in neural functioning between obesity and substance dependence have been found, to our knowledge, no studies have examined the neural correlates of addictive-like eating behavior.

**Objective** To test the hypothesis that elevated "food addiction" scores are associated with similar patterns of neural activation as substance dependence.

**Design** Between-subjects functional magnetic resonance imaging study.

**Setting** A university neuroimaging center.

**Participants** Forty-eight healthy young women ranging from lean to obese recruited for a healthy weight maintenance trial.

**Main Outcome Measure** The relation between elevated food addiction scores and blood oxygen level-dependent functional magnetic resonance imaging



activation in response to receipt and anticipated receipt of palatable food (chocolate milkshake).

**Results** Food addiction scores ( $N = 39$ ) correlated with greater activation in the anterior cingulate cortex, medial orbitofrontal cortex, and amygdala in response to anticipated receipt of food ( $P < .05$ , false discovery rate corrected for multiple comparisons in small volumes).

Participants with higher ( $n = 15$ ) vs lower ( $n = 11$ ) food addiction scores showed greater activation in the dorsolateral prefrontal cortex and the caudate in response to anticipated receipt of food but less activation in the lateral orbitofrontal cortex in response to receipt of food (false discovery rate-corrected  $P < .05$ ).

**Conclusions** Similar patterns of neural activation are implicated in addictive-like eating behavior and substance dependence: elevated activation in reward circuitry in response to food cues and reduced activation of inhibitory regions in response to food intake.

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# BRAIN DRAIN

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By Ralph Nader

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The phrase "brain drain" used to mean, in the 1950s and '60s, the flight of professionally-trained people from dictatorships to find opportunity in the US and other Western countries. Now "brain drain" is used in American media to mean an active US government policy to attract foreign entrepreneurs, scientists, physicians, nurses and other skilled labourers in short supply to the US.

The arguments for a deliberate "magnet brain drain," are porcine. Our companies need these skills. The foreigners have these skills and we want them here where they can flourish, and create profits and jobs. Never mind that our country has plenty of people waiting to have the same opportunity. By reducing tuition barriers, overcoming historic discrimination (e.g. lack of women engineers), reducing the 40 percent dropout rate from colleges, and working with youngsters on a one-on-one basis so that they are not left behind or skewered by misguided multiple-choice standardized test regimens, are all great ways to reach out to Americans.

We have an agency for International Development (USAID), economists and

politicians saying that developing countries desperately need these same skills or what they call "human capital." They need engineers for their transportation, hydraulic and soil systems, physicists for their universities and modern industries, physicians for their sick and injured, nurses for hospital care, public health specialists for eradicating systemic diseases, and entrepreneurs to jumpstart businesses that deal directly with the necessities of life.

The US is a major importer of physicians and nurses from places in South Asia, the Middle East and other regions. These are skills far more desperately needed outside the US than here, especially when you consider the undeveloped pool of talent that lies ignored in our country. Is it so much easier to have foreign workers educated in countries like Pakistan, being battered by our overflowing war in Afghanistan, than to rescue Americans from their battered high school and put them on a track toward excellence?

What if the American-made magnet brain drain took the young Mohammed Yunis away from Bangladesh to Wall Street? Would there have been the

micro-credit movement there that is currently spreading around the world? Silicon Valley companies are lobbying Congress to expand the H-1B visas, beyond the 65,000 new visas each year they already receive for various computer-related work.

Already a high percentage of PhDs in the sciences in US universities are granted to foreign students. Guarantee these students a job and more will deplete the ranks back in their developing country. Even fewer US students will be given the attention and care they need to fill US job openings.

We live in a society that is known for a deficit of empathy and visualisation about societies in other countries that are far below our standard of living. When, for example, medical and other science students from Africa are bid for by higher paying institutions in the US, is it any wonder that there are virtually no indigenous scientific laboratories in sub-Saharan Africa pioneering against infectious diseases such as AIDS, malaria and tuberculosis?

It is the edge of absurdity for the US to urge and modestly assist these societies to build their educational systems and their knowledge industries - for their own future - and then aggressively pull the cream of their crop into our own orchard, while so many of our Americans are neglected.

Courtesy: [www.counterpunch.org](http://www.counterpunch.org)

To achieve good  
To achieve good  
To achieve good

Reclaim your  
Reclaim your  
Reclaim your

Find the  
Find the  
Find the

Togal 25mg  
(Zinc Oxide)  
Sycozip  
(Zinc Oxide)  
FLUCATE  
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# STUDY IN PREMATURE EJACULATION (PE) PATIENTS IN THE U.S. AND EUROPE

Carson C, et al \_ AUA

**Men with primary premature ejaculation had significant improvement in latency when they used an investigational desensitizing agent before intercourse, data from two studies showed.**

Ejaculatory latency improved from less than a minute to more than two minutes during three months' use of PSD502 compared with no significant improvement in placebo-treated patients. The average latency score tripled during the first month of PSD502 use and continued to increase to the end of the study.

PSD502 resulted in clinically significant increases from baseline in the Intravaginal Ejaculatory Latency Time (IELT). There was early improvement in the IELT, which continued to increase over time.

Patient and partner assessments by the Premature Ejaculation Profile improved, and few adverse events were reported by the patients or their partners.

Other presentations showed that the topical agent's efficacy persisted and possibly increased during extended follow-up and that PSD502 led to improvement in both circumcised and uncircumcised men.

**PSD502 is a metered-dose aerosol compound containing lidocaine 7.5 mg and prilocaine 2.5 mg in a proprietary propellant.** Men applied the compound, three sprays per dose, to the glans penis before initiating sexual activity. Five minutes after application, any excess was wiped off. Carson reported findings from a phase III,

randomized, placebo-controlled study involving 249 men enrolled at 47 sites in the U.S., Canada, and Poland. Eligible men reported a latency of less than one minute in two of three attempts at intercourse within the previous 30 days. They were randomized 2:1 to PSD502 or placebo and followed monthly for three months.

Patients who completed the randomized phase could enter a nine-month, open-label extension phase.

Study participants met DSM-IV and International Society of Sexual Medicine definitions of primary premature ejaculation and had partners willing to participate in the study. Contraception was required, but the men could not use condoms.

The primary endpoints were the change from baseline to three months in the IELT time and in the Index of Premature Ejaculation (IPE), an evaluation of ejaculatory control, sexual satisfaction, and distress.

Baseline IELT averaged about 30 seconds in the PSD502 and placebo groups. At the three-month evaluation, the mean IELT had increased to 2.6 minutes with PSD502 compared with 0.8 minutes in the placebo group ( $P < 0.0001$ ).

A threefold increase in the IELT is considered clinically significant. Patients who used PSD502 had a 4.3-fold increase in IELT from baseline to three months.

Mean IELT had increased to two minutes at the one-month evaluation and to 2.3



minutes after two months. Men in the PSD502 group had significant improvement in mean scores for all three domains of the IPE compared with the placebo group:

- Control: 7.3 versus 2.3,  $P < 0.0001$
- Sexual satisfaction: 6.7 versus 2.2,  $P < 0.0001$
- Distress: 3.5 versus 1.0,  $P < 0.0001$

Study participants also completed the Premature Ejaculation Profile (PEP), which assesses four domains in patients and partners: personal distress, perceived control, satisfaction with intercourse, and interpersonal difficulty. Patients and their partners in the PSD502 group had significant improvement in all four domains compared with the placebo group ( $P < 0.0001$  for all comparisons). Between-group differences favored PSD502 at one and two months.

About 10% of patients and partners reported adverse events. Loss of erection and hypoesthesia accounted for most of the adverse events in men. Among partners, vulvovaginal burning and discomfort accounted for 90% of adverse events. Carson said the reason for the vulvovaginal discomfort remained unclear but is being evaluated.

Another analysis of the trial's data focused on the efficacy of PSD502 by circumcision status. Of the 249 men in the study, 130 were circumcised and 119 were not.

PSD502 improved ejaculatory latency regardless of circumcision status, however, uncircumcised men derived substantially greater benefit, as mean latency time increased almost sevenfold, compared with 3.2-fold in the circumcised men.

A similar pattern occurred with IPE scores, as uncircumcised men had improvement of

9.6 and 9.4 points for the control and satisfaction domains and 4.5 points for distress. Improvement averaged 4.3, 4.1, and 2.3 points, respectively, in the circumcised men.

Hellstrom said the findings are consistent with the mechanism of action of PSD502, whereby absorption is dependent on the amount of nonkeratinized surface area.

Long-term follow-up data from a previous randomized trial of PSD502 showed that the agent's efficacy is maintained for up to a year with no evidence of tolerance. Entry criteria in that trial were the same as in the study reported by Carson. After completing the three-month randomized phase of the study, all patients were eligible for open-label treatment with PSD502 during a nine-month extension phase.

After three months of randomized treatment, patients in the PSD502 group had a sixfold improvement in IELT, from 0.6 minutes at baseline to 3.7 minutes, which was significantly better than the 1.0-minute average in the placebo group ( $P < 0.0001$ ).

274 patients completed the double-blind phase and entered the open-label extension. Among men originally allocated to PSD502, mean IELT increased to 6.0 minutes at 12 months. Moreover, men originally treated with placebo had a mean IELT of 5.5 minutes at the end of the open-label extension phase.

Future research will investigate whether this progressive improvement was secondary to the initial improvements, resulting from increased sexual ability or confidence, and whether this hypothesized psychosocial effect might be enhanced further with the addition of counseling to the dosing instructions.

## VITAMIN D DEFICIENCY IS ASSOCIATED WITH INCREASED RISK OF FATAL STROKE AMONG WHITES BUT NOT BLACKS

Michos E, et al \_ AHA

Vitamin D deficiency does not appear to confer an increased risk of fatal stroke among blacks -- in contrast to findings among white populations.

Analysis of National Health and Nutrition Examination Survey (NHANES) data encompassing almost 8,000 people, showed that over a median of 14 years, whites with levels of 25-hydroxyvitamin D level below 15 ng/mL had double the risk of dying from stroke compared with those who had higher levels (HR 2.13, 95% CI 1.01 to 4.50).

However, no such association was found in black NHANES participants (HR 0.93, 95% CI 0.49 to 1.80) -- despite their lower overall vitamin D levels and greater fatal stroke risk compared with whites, she told the American Heart Association annual meeting here.

The finding was surprising because it was thought that vitamin D deficiency might explain the higher stroke rate observed in blacks.

African Americans might have developed an adaptive resistance to the adverse effects of low vitamin D levels -- an idea supported by their lower rates of fractures and osteoporosis compared with whites. Sources of vitamin D include exposure to ultraviolet B rays in sunlight, as well as fatty fish, egg yolks, and fortified foods

such as milk products and breakfast cereals.

Clinical trials are needed to definitively determine whether treating vitamin D deficiency with supplementation will prevent strokes, Michos said, noting that the ongoing Vitamin D and Omega-3 Trial (VITAL) will hopefully provide some answers about the potential benefits of vitamin D for preventing a number of health outcomes.

But that evidence from observational studies is compelling enough to recommend screening for and treating low vitamin D levels now -- and that a dose of 1,000 to 2,000 IU a day is probably safe and beneficial for most adults.

The current analysis were looked at NHANES III data that included a nationally representative sample of 7,981 black and white participants, who were at least 30 years old and free of coronary heart disease and stroke at baseline from 1988 to 1994.

Through a median follow-up of 14.1 years, there were 176 stroke deaths -- 116 in whites and 60 in blacks.

As expected, blacks had lower mean vitamin D levels (19.4 versus 30.8 ng/mL) and a higher prevalence of vitamin deficiency (32.3% versus 8.6%).

Also consistent with previous studies was the higher fatal stroke rate in blacks (1.47% versus 1.24%), which remained significant even after adjusting for demographics, cardiovascular risk factors, and vitamin D levels (HR 1.65, 95% CI 1.01 to 2.69).

In multivariate models adjusted for age, sex, season, income, education, body mass index, smoking, physical activity, alcohol consumption, C-reactive protein, diabetes, hypertension, and hypercholesterolemia, vitamin D deficiency was associated with a higher fatal stroke risk in whites, but not blacks. The study was limited by the use of

vitamin D levels measured once at baseline, which precludes the assessment of lifetime patterns of vitamin D status and exposure.

In addition, the study may have been underpowered because the number of fatal strokes among blacks was low.

Although only fatal strokes were examined in the current study, future studies will explore the relationship between low vitamin D levels and nonfatal stroke and transient ischemic attack.

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<http://www.medpagetoday.com/tbprint.cfm?tbid=23354>

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## RISE IN US MLY SEX ASSAULT CASES

The number of sexual assault cases reported to US military authorities edged up last year, with most involving a member of the armed forces attacking another, the Pentagon said in an annual report. The 3,192 cases in 2011 amounted to a 1 percent increase over the 3,158 reported in 2010.

Some 56 percent of the cases involved one service member attacking another, 26 percent a member of the military attacking a civilian, 6 percent a civilian attacking a service member and 12 percent an unidentified person attacking a service member, the report said.

"This report shows that prevention classes and sensitivity training are not enough to solve the problem of rape and sexual assault in the military," said Jackie Spear, US representative.

Of the 2439 reports of sexual assault, 31 per cent were charges of rape, 30 per cent charges of aggravated sexual assault and 25 per cent allegations of wrongful sexual contact. The remaining allegations involved a range of other sexual crimes.

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**Editor's notes:** This rape and assault in a society which encourages consensual sex and almost all take full advantage of this. Even women soldiers in the so called most "advanced" and "civilized" country of the world cannot protect themselves from rape and other sexual assaults and this proves that women need the form of protection that Islam advises i.e. separate facilities, exclusion of women from departments where their presence is not essential and the accompaniment of a 'Mehrum' wherever possible.

## ASSOCIATION BETWEEN SOFT DRINK CONSUMPTION AND ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE AMONG ADULTS IN AUSTRALIA

Shi Z, et al "" Respirol

More bad news for soda lovers: in addition to obesity and heart disease, the sugary drinks may be tied to asthma and chronic obstructive pulmonary disease (COPD), Australian researchers found.

People who consumed at least a half a liter of soft drinks a day were more than twice as likely to develop either lung condition compared with those who didn't partake at all (OR 2.33, 95% CI 1.51 to 3.60).

The cross-sectional study, however, couldn't prove causality, and researchers not involved in the study suspect an overall unhealthy diet effect might be at play.

High soda intake is a good marker for poor overall diet, and poor overall attention to health. It likely suggests greater exposure to everything from tobacco smoke to air pollution.

Sugar-sweetened beverages have long been linked to a host of poor health outcomes, including stroke and heart disease, but no study has yet assessed potential ties to asthma or COPD.

There are many potential explanations for the increased burden of asthma in Western countries -- less exposure to indoor allergens, improved hygiene, and use of antibiotics (the "hygiene

hypothesis"), as well as poor diet and increased obesity -- but fewer noted risk factors for COPD.

Smoking, of course, is a major one, but up to 50% of airway obstruction can't be explained away by cigarette use, they wrote, thus the need to identify novel risk factors.

The group looked at data from the South Australian Monitoring and Surveillance System on 16,907 adults, mean age 46.7, who responded to phone interviews from March 2008 to June 2010.

The prevalence of asthma and COPD, based on self-reported doctor diagnosis, was 12.5% and 4.4%, respectively.

Though the vast majority (72%) said they didn't drink any soda at all, 11.4% reported taking down more than a half a liter of soft drinks every day. In addition to carbonated brand-name soft drinks, lemonade, flavored mineral water, and sports drinks were consumed.

Shi and colleagues found that folks who drank this level of soda had a higher prevalence of asthma and COPD than those who didn't drink any (14.7% versus 11.9% and 6% versus 4.2%, respectively). In multivariate analyses adjusting for sociodemographic factors, intake of fruit and vegetables, and other life style factors,

drinking half a liter of soda a day was associated with an odds ratio of 1.26 for asthma (95% CI 1.01 to 1.58) and an OR of 1.79 for COPD (95% CI 1.32 to 2.43) compared with never drinking soda.

The researchers also saw combined effects for drinking soda and smoking. Consuming more than half a liter a day and being a current smoker carried a 6.6-fold greater risk of COPD and a 1.5-fold higher risk of asthma than not smoking and drinking soda, they reported. The combined effect of soft drink consumption and smoking on asthma/COPD emphasizes the importance of lifestyle factor clustering in the etiology of asthma/COPD.

Promoting a healthy lifestyle should be encouraged as one means of preventing asthma/COPD.

The mechanisms behind the relationships, however, are unclear. Both asthma and COPD are associated with inflammation, and it could be that foods promoting oxidative stress and inflammation could affect the pathogenesis of these diseases, they wrote.

Drinking soda has also been tied to a higher risk of obesity, which in turn leads to a greater likelihood of developing both lung diseases, they said.

And studies have shown that chemicals such as phthalates from plastic bottles, as well as allergies to preservatives such as nitrites and sulphites, may be linked to asthma.

In addition to not being able to prove causality, the study was limited by its reliance on self-reported data.

Still, Shi and colleagues concluded that

"regardless of whether there is a cause-and-effect relationship, the public health implications of consumption of large volumes of soft drink are substantial."

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## AUSTRIAN CHRISTIAN CHURCH AWARDS \$10.5M TO ABUSE SEX VICTIMS

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A commission investigating sexual and physical abuse in Austrian Christian Catholic institutions announced that it had so far allocated eight million Euros (\$10.5 million) in damages to the victims.

**Up until April 3, a total 1,244 complaints were filed with the commission and 702 cases resolved.** Apart from financial damages -- to be paid from a compensation fund set up by the Austrian Christian Catholic Church -- the commission also awarded over 23,000 hours of therapy to abuse victims.

**The great majority -- over 75 per cent -- of claimants were men, with half suffering abuse between the ages of 10 and 13, and a further 31 per cent at a younger age. On average, the abuse went on for four years, and two thirds of cases involved sexual abuse. (AFP)**

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**Editor's notes:** Homosexuality and sex abuse is rife in such Christian communities who claim it is more religious to avoid marriage. Moreover these so called "priests" are highly immoral and yet the media does not highlight these deviations.

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## POSTMENOPAUSAL HORMONE THERAPY: AN ENDOCRINE SOCIETY SCIENTIFIC STATEMENT

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Lam L, et al - Arch Pediatr Adolesc Med

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**The risks and benefits of initiating postmenopausal hormone therapy may vary depending on the age of the patient and the length of time since menopause.**

**New data indicate that women ages 50 to 59 who start hormone therapy respond differently than women who begin taking hormones after age 60.**

And the length of time since menopause plays a role too, said Santen, who chaired the task force that developed the statement. "If you start a short time after menopause, the risks are different than if you start a long time after menopause."

In recent years, many physicians had stopped recommending hormone therapy to postmenopausal women based on data from the Women's Health Initiative (WHI) showing increased risks of heart disease, stroke, and breast cancer for women taking hormone therapy.

However, Santen said, the average age of the women in the WHI was 63. Only 3.4% of women in the study were ages 50 and 55, "the usual time when women would decide to take hormone therapy," he said.

To develop the statement, the 12-member task force recruited 25 experts to review literature in their areas of expertise. They each prepared a summary of the evidence, which was peer-reviewed by

another expert and then by the task force as well as other reviewers.

**One interesting finding, Santen said, was that women who start hormone therapy within 10 years of menopause have a 30% to 40% reduction in total mortality. In addition, in the 50 to 55 age group the task force concluded that hormone therapy reduced hot flashes and overactive bladder and that vaginal estrogen reduced recurrent urinary tract infections. The evidence also showed that hormone therapy reduced pain on intercourse and improved quality of life.**

**In terms of prevention, the task force found that in the 50 to 55 age group there were five fewer deaths per 1,000 women taking hormone therapy for five years, as well as 10 fewer diagnoses of diabetes, four fewer cases of heart disease, five fewer fractures, and two fewer cases of colon cancer.**

Despite these benefits in the younger population, hormone therapy does still carry some risks for this group. These included stroke (an increase of two cases per thousand women taking hormone therapy for five years), blood clots in the legs and lungs (five more cases per thousand), gall bladder disease (10 more cases per thousand), and breast cancer

(seven more cases per thousand). Regarding the breast cancer cases, however, Santen noted that the task force reached an unusual preliminary consensus. **"Our conclusion is that [the estrogen/progestin hormone combination] didn't cause breast cancer -- it caused preexisting tumors to grow to a size where they became detectable."**

That conclusion is based on eight studies involving autopsies of women ages 40 to 80 to see how many were found to have had breast cancers too small to have been diagnosed. The studies found that about 7% of the women had undiagnosed breast cancer. Using that data and extrapolating to the patients in the WHI who developed breast cancer while taking the estrogen/progestin combination hormone therapy, the task force arrived at the figure of seven women per thousand, Santen said.

In older women, and in those who had had menopause more than 10 years earlier, the news was not as good. While women who initiated hormone therapy with only conjugated equine estrogen between the ages of 50 and 59 saw their risk of coronary heart disease events decrease by 37%, women ages 60 to 69 saw only a 6% drop, and women ages 70 to 79 saw a 13% increased risk.

Similarly, women who started estrogen-only hormone therapy less than 10 years after menopause had a 52% reduced risk of a coronary heart disease event, while those starting therapy 10 to 19 years after menopause had a 4% decreased risk, and those starting it 20 or

more years after menopause had a 12% increased risk.

None of those numbers were statistically significant, but they did point to a general trend.

The take-home message, he concluded, is that "physicians and patients need to rethink the use of menopausal hormone therapy based on these new data."

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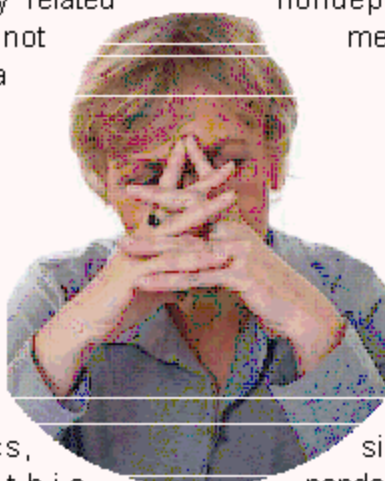
## DEPRESSION IN PREMENOPAUSAL WOMEN WITH HYPOSEXUAL DESIRE DISORDER

### Psychosom Med

Hyposexual desire disorder (HSDD) affects approximately 27% of premenopausal women. It is diagnosed by deficient desire for sexual activity plus sexually related

personal distress, which are not better accounted for by a nonsexual Axis I disorder or by direct physiological effects of a substance or medical condition. Using HSDD Registry for Women data on 1088 premenopausal women enrolled primarily from sexual medicine and obstetrics-gynecology clinics, investigators in this

industry-supported study examined relationships among depression, antidepressant use, alcohol and substance abuse, and general health and well-being. Overall, 714 women (66%) were classified as not currently depressed on the Patient Health Questionnaire-9. Of the 374 women (34%) classified as having depression, 32% had not been diagnosed with depression before study entry. Depressed patients were more likely than nondepressed patients to screen positive for alcohol or substance abuse (12% vs. 5%) and to report binge drinking (27% vs. 19%), relationship difficulties, lower frequency of sex, lower general well-being



(ratings lower than "good," 11% vs. 4%), and difficulties in forming and maintaining relationships. Depressed and nondepressed women showed no

meaningful differences in sexual desire or self-assessed HSDD severity. Among women using antidepressants, those with continuing depressive symptoms had significantly lower sexual desire than those without current depressive symptoms. Ratings of desire or sexual functioning were not significantly different between nondepressed, unmedicated women and antidepressant users without continued depressive symptoms.

Comment: These findings underscore the complex, multidirectional associations among low sexual desire, depression, and antidepressant medications. Ongoing depression may be more important than antidepressants in contributing to ongoing low sexual desire, and many women with low sexual desire are not and have never been depressed. Screening for depression is essential when assessing women with hyposexual desire.

[http://psychiatry.jwatch.org/cgi/content/full/2012/409/1?q=etoc\\_jwpsych](http://psychiatry.jwatch.org/cgi/content/full/2012/409/1?q=etoc_jwpsych)



## TELEMEDICINE VIA IPHONE

By SHADOWFAX

I was seeing a youngster on a recent Sunday morning, an aspiring linebacker, playing the local Pop Warner football league who had injured his right fourth finger in a tackle gone awry. It was kind of an ugly fracture -- angulated, rotated, and involving the growth plate. (Salter-Harris II, for those keeping score at home.) Looking at it, and knowing that it was the young fellow's dominant hand, I was a little apprehensive about reducing it myself. It's not too complex to reduce a finger, but you really want it done right, and you hate to subject the kid to multiple attempts. Since we have a hand surgeon on call, I decided to give her a buzz and get her take on the injury and whether she wanted to do it herself.

When she called back, I could hear that she was breathing hard. I explained the situation and asked if she was in a place where she could review the films. Almost all of our orthopods have the ability to look at x-rays from home, but she explained that she was at the gym in the middle of a work-out, so there was no luck there. I tried to describe the images, but either I wasn't being clear or she just wasn't able to visualize what I was describing. Finally, an inspiration born of frustration hit me and I asked her what sort of phone she used. "iPhone," she replied, and I quickly got her number and told her to stand by. Hanging up, I blew up the images as big as I could on the monitor and took photos of the screen with my iPhone and sent it to her via MMS: No, they're not really diagnostic-quality, but they are more than good enough for the surgeon to assess. She assured me that there was no reason I

should not reduce it myself, and talked me through how she would approach the reduction. I did, and it went fine. And yes, I sent her the post reduction images too, with an editorial comment about how awesome I am...

While I was in Vegas I was relating this story to a friend of mine who is a corporate compliance officer (cause compliance guys are never-ending party types), and she was just horrified. "You sent patient information out over an unencrypted network?!?" In her eyes, this is only a slightly less grievous sin than pederasty. But I showed her the images, still on my phone, and pointed out that (unintentionally) I had framed the images so there was no identifying information visible. No PHI, no HIPAA violation! That made it OK, she agreed. This may be something of the wave of the future, as smartphones with high-resolution screens become more ubiquitous among physicians. It's a clumsy hack, to be sure, in that there is inevitable image degradation in taking a photo of a video monitor. Next time I may take a moment to save as JPG, crop and email the x-ray at higher resolution, but it was so quick to snap the pic and hit "send." It's all the more frustrating because this sort of thing is just begging for a technological solution that already exists -- OsiriX. But of course, this is dependent on people downloading specialized software and going to great effort to configure it. With most hospital networks locked down as tight as a rat's anal sphincter, I'm reasonably sure that they won't allow sending images outside their controlled domain. So for the foreseeable future, it'll be quasi-legal work-arounds, so long as our IT departments are ruled by Mordac, Preventer of Information Services.

<http://www.medpagetoday.com/22614>

## 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, and we will work out a system of sharing of fees between Karachi psychiatric hospital and the cooperating doctors.

**Patients can also contact us directly for consultation and advice.**

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مرگرمیوں کا انعقاد کیا جاتا ہے۔ اس وقت تین سو سے زائد لیڈی ڈاکٹرز پیا کی ممبر ہیں۔ گزشتہ سیشن کے دوران پیا خواتین برانچ سے وابستہ ۳۴ لیڈی ڈاکٹرز سیلاب زدہ علاقوں نوشہرہ، مظفر گڑھ، کراچی، ٹھٹھہ اور نواحی علاقوں میں میڈیکل کیسپس کے ذریعے ساڑھے تین ہزار مریضوں کو طبی امداد فراہم کی۔ پیا خواتین برانچ کی ممبرز نے ۷۷ لاکھ کی ڈونیشن ملڈ ریلیف فنڈ میں جمع کروائی۔ پیا خواتین برانچ کے تحت کراچی میں پیا ویلفیئر کلینک قائم ہے جہاں روزانہ مریضوں کا علاج کیا جاتا ہے۔

اس کے علاوہ ملک کے مختلف شہروں کی پسماندہ آبادیوں میں ۲۰ فزی میڈیکل کیسپس لگائے گئے جہاں ڈاکٹرز نے مریضوں کا مفت معائنہ کر کے انہیں ادویات دیں۔

☆ خواتین میں سینے کا سرطان کے بڑھتے ہوئے مرض کے پیش نظر پیا خواتین برانچ نے معلوماتی پروگرام کا آغاز کیا اور ۲۵ لیڈی ڈاکٹرز نے سینے کے معائنے کی ٹریننگ حاصل کی ملک میں ۳۶ مقامات پر سینے کے سرطان کی معلومات کے پروگرامات کا انعقاد کیا گیا جن میں ۳۶۰۰ خواتین نے شرکت کی۔ خواتین میں سینے کے سرطان کی تشخیص کے لئے دو مقامات پر کیمپ (Camps) لگائے گئے جہاں ۶۰ خواتین کا معائنہ کیا گیا اور ۶ خواتین میں سینے کے سرطان کی علامات پائی گئیں جنہیں متعلقہ ڈاکٹرز کے پاس بھجوا دیا گیا۔

☆ خواتین میں بہتر صفائی ستھرائی کے لئے مختلف شہروں میں پروگرامات کئے گئے۔ پیا کی ڈاکٹرز نے قرآن و حدیث کی روشنی میں صحت و صفائی کی اہمیت بیان کی۔

☆ لیڈی ڈاکٹرز کے لئے سہولت کے اوقات (Flexible hours) کی سہولت کے حصول کے لئے سینٹ کی ہیلتھ کمیٹی کی پیڑ پر پن سے ملاقات کی گئی۔

پیا خواتین برانچ کی مرکزی صدر ڈاکٹر کوثر فردوس انٹرنیشنل مسلم ویمن یونین کی مرکزی صدر منتخب ہو گئی ہیں۔ جو کہ IMWU، ۶۷ ممالک کی نمائندہ عالمی تنظیم ہے۔

اس سال فیما کے ۲۸ واں سالانہ اجلاس و سائینٹیفک کانفرنس میں پیا کے ۷ رکنی وفد نے شرکت کی۔ اس موقع پر پاکستان اسلامک میڈیکل ایسوسی ایشن کے نمائندے کو آئندہ دو سال کے لئے جنرل کے لئے جنرل سیکریٹری کے عہدے کے لئے منتخب کر لیا گیا۔ پیا کے نمائندے ڈاکٹر تنویر الحسن زہیری سال ۱۳-۲۰۱۱ء تک فیما کے مرکزی جنرل سیکریٹری کے طور پر ذمہ داری انجام دیں گے۔ اس کے ساتھ ساتھ فیما کے نمایاں شعبے فیما سیوڈن اور کنسورٹیم آف اسلامک میڈیکل کالجز کی سربراہی بھی پیا ممبران کے سپرد کی گئیں۔ جس کے مطابق پروفیسر حفیظ الرحمن اور پروفیسر محمد اقبال خان بالترتیب ان شعبہ جات کے ڈائریکٹرز ہوں گے۔ مزید برآں پروفیسر محمد اقبال خان فیما سیوڈن اور ڈاکٹر تنویر الحسن زہیری فیما سوبائل مدرائنڈ چائلڈ کلینک کے بھی انچارج مقرر کئے گئے ہیں۔

### ڈاکٹرز مسائل و دیگر مسائل میڈیکل اداروں کے ساتھ تعلقات:

ڈاکٹرز کے عمومی مسائل اور ان کے حل کے لئے یہ شعبہ قائم کیا گیا ہے۔ پاکستانی عوام کی ضرورتوں کے مطابق ملک میں صحت پالیسی کے لئے پیا، انسٹی ٹیوٹ آف پالیسی اسٹڈیز کے ساتھ مل کر کام کر رہی ہے اور اب تک اس ضمن میں قابل قدر سفارشات پیش کی گئی ہیں۔

گزشتہ سیشن کے دوران ایک ڈاکٹرز کے مطالبات اور ڈاکٹرز کی مختلف بے بنیاد مقدمات کے اندراج پر ڈاکٹر تنظیموں کی حمایت کی گئی۔ PMDC ریگولیشن کو بہتر (Update) کرنے کے لئے تجاویز بھجوائی گئیں۔

### خواتین برانچ:

لیڈی ڈاکٹرز میں پیا کے کام کو منظم کرنے کے لئے خواتین برانچ قائم کی گئی ہے جس کے تحت ملک بھر میں اخلاقی و پیشہ ورانہ تربیت کے حوالے سے ورکشاپس کے انعقاد کے ساتھ ساتھ ریلیف کے میدان میں بھی

کیمپ“ اور ”اسٹوڈنٹس عمرہ پروگرام“ میں ایسوی ایمٹ ممبرز کو شریک کروایا جاتا ہے۔ اس وقت تین سو سے زائد میڈیکل اسٹوڈنٹس بطور ایسوی ایمٹ ممبرز پنا کے ساتھ منسلک ہیں۔

### پنا پبلی کیشنز:

اس شعبہ کے تحت میڈیکل پروفیشن کے لیے طبی، اخلاقی، تاریخی اور طبی و فنی نقطہ نظر سے لٹریچر تیار کیا جاتا ہے۔ اب تک ۲۴ سے زائد گراں قدر کتب شائع ہو چکی ہیں۔ جن میں اسلامی طبی اخلاقیات، مبارک ہو صیام رمضان، پنا دستور، واتوازلز کوۃ، وٹو لولانس حسنا، ایک تعارف، ماہ رمضان اور اتفاق فی سبیل اللہ، شفاء اور دعا، صحت مند زندگی کیسے، میڈیکل کمپنیوں سے مالی تعاون کا حصول، پنا تعارف، اللھم لبیک، حیا کیا ہے، آؤ رب کو منائیں، Islamic Viewpoint on Contemporary Medical Issues، پنا دستور رائٹنگس، آؤ قرآن کی طرف شامل ہیں۔ گزشتہ سیشن کے دوران ۳ نئی کتب شائع کی گئیں جب کہ تمام کتب کی از سر نو پرنٹنگ کی گئی۔

### شعبہ بین الاقوامی امور و فیما (FIMA):

فیڈریشن آف اسلامک میڈیکل ایسوسی ایشنز (Federation of Islamic Medical Association) اور امریکہ کے تین سے زائد ممالک کی اسلامک میڈیکل ایسوسی ایشنز پر مشتمل ایک بڑی تنظیم ہے۔ پنا اس فیڈریشن کی بانی ممبر ہے۔ فیما انٹر نیشنل ریلیف ایجنسی کے طور پر سوڈان، یوگنڈا، مالی، چاڈ، انڈونیشیا اور دیگر کئی ممالک میں گرانقدر خدمات سرانجام دے رہی ہے۔ جدید میڈیکل ریسرچ پر مشتمل ”فیما آرک“ باقاعدگی سے شائع ہو رہی ہے۔ میڈیکل اسٹوڈنٹس اور ٹیچرز کو بین الاقوامی طور پر متعارف کروائی جانے والی میڈیکل ریسرچ سے مستفید ہونے کے لئے فیما ایک بہترین پلیٹ فارم ہے۔

اس مہم کے دوران ملک بھر میں اس استقبال رمضان، افطار پارٹیز، شب بیداریاں اور دروس قرآن کے پروگرامات منعقد کئے گئے۔ استقبال رمضان کے پروگرامات ۷ مقامات پر، افطار پارٹیاں ۱۲ مقامات پر جبکہ شب بیداریاں ۱۱ مقامات پر منعقد ہوئیں۔ ان مقامات میں ملتان، سکرات، سیالکوٹ، راولپنڈی، فیصل آباد، شکار پور، سکھر، جیکب آباد، کراچی، میر پور خاص، سوات، پشاور، کوہاٹ، ہری پور، ایبٹ آباد، یونیر، کوئٹہ اور مظفر آباد شامل ہیں۔ ان پروگرامات میں ہزاروں ڈاکٹرز نے شرکت کی۔

### شعبہ طبی تعلیم و تربیت:

اس شعبہ کے قیام کا مقصد ڈاکٹرز کی پیشہ ورانہ صلاحیتوں کو جدید تقاضوں اور بین الاقوامی معیار سے ہم آہنگ کرنا ہے۔ گزشتہ سیشن کے دوران ان تمام یونٹس بالخصوص کراچی، شکار پور، سکھر، فیصل آباد، ملتان، پشاور، سوات، مظفر آباد، میر پور، جھمر، کوئٹہ اور دیگر شہروں میں ۳۴ سے زائد CME کے پروگرامات ہوئے جن میں ڈاکٹرز کی کثیر تعداد نے شرکت کی۔

### صحت کی تعلیم (Health Awareness):

گزشتہ سیشن کے دوران اس شعبے کے تحت ڈینٹری سے بچاؤ کی تدابیر تشخیص، ہاجین پروموشن اور دیگر مصنوعات پر مختلف سیمینار شائع کئے گئے۔

### شعبہ ایسوی ایمٹ ممبرز:

اس شعبہ کے تحت ایم بی بی ایس اور بی ڈی ایس کے اسٹوڈنٹس کو پنا کا ایسوی ایمٹ ممبر بنایا جاتا ہے جب کہ دینی، اخلاقی اور پروفیشنل تربیت کے ساتھ ساتھ کیریئر پلاننگ کے حوالے سے بھی ان کی رہنمائی کی جاتی ہے۔ ڈاکٹرز بننے کے بعد ایسوی ایمٹ ممبرز از خود پنا کے ممبر بن جاتے ہیں۔ اسٹوڈنٹس کے تربیت اور رہنمائی کے لئے ہر سال ”فیما اسٹوڈنٹس

فنانس مینجر اور آفس بوائے شامل ہیں۔

پنپا مرکز کے تحت سیلاب ۲۰۱۱ء کے دوران ملک بھر میں ہونے والے کام آرگنائز کیا گیا، فیما کی مختلف تنظیموں سے رابطہ کیا گیا۔ غزہ میں ۳ لاکھ ڈالر کا سامان ہر کی زلزلہ ریلیف میں ۱۰ ہزار ڈالر بھجوائے گئے، دستور کی تدوین کے لئے قانون دان اور اردو کے پروفیسرز سے میٹنگز کی گئیں۔ مرکزی صدر پنپا نے ۱۷ مختلف شہروں کے ۳۳ دورے کئے اور مختلف اجتماعات و میٹنگز میں شرکت کی، سیلاب زدہ علاقوں کا دورہ کیا اور ریلیف ورک کا جائزہ لیا۔

### شعبہ دعوت و تربیت:

پنپا کے شعبہ دعوت و تربیت کے تحت قرآن و سنت کے پیغام کو عام کرنے اور ڈاکٹرز کی اخلاقی تربیت اور طب کے میدان میں اسلامی اصولوں کی آگہی کے لئے پروگرام منعقد کیے جاتے ہیں۔ جن میں قرآن کلام، تربیتی نشستیں، شب بیداریاں، اسٹڈی سرکولر، اجتماعی اعتکاف، اجتماعی مطالعہ، گروپ ڈسکشنز وغیرہ شامل ہیں۔ علاوہ ازیں مرکزی، صوبائی اور ڈسٹرکٹ سطح پر الگ الگ ٹریننگ ورکشاپس کا اہتمام کیا جاتا ہے جن میں معروف اسکالر اسلامی تعلیمات اور اخلاقی تربیت کے حوالے سے لیکچرز دیتے ہیں۔ بڑے شہروں میں قرآن ہاؤسز قائم کیے گئے ہیں۔ دعوتی اور تربیتی لٹریچر کے ذریعے سے بھی ڈاکٹرز کو راہنمائی مہیا کی جاتی ہے۔ جس کے لئے متعدد کتابچے بھی طبع کیے جا چکے ہیں۔

مرکزی سطح پر اسلام آباد میں پنپا نے ذمہ داران کے لئے ۲ ٹریننگ ورکشاپس، کراچی میں ۲، سکھر میں ۲ اور ایسوی ایٹ ممبرز کے لئے اسلام آباد میں ایک ٹریننگ ورکشاپ کا انعقاد کیا گیا، لاہور، فیصل آباد اور سیالکوٹ میں ڈسٹرکٹ ورکشاپس منعقد ہوئیں۔ سوات میں صوبائی شعبہ تربیت کے ماسٹر ٹرینرز کے لئے ایک روزہ ورکشاپ کا انعقاد کیا گیا۔

ماہ اگست، ستمبر اور اکتوبر ۲۰۱۱ء میں ملک گیر توسیع دعوت مہم چلائی گئی جس کا سلوگن قولو لناس حسنا اور قولو انفسکم و اہلکم ناراحتھا۔

۵۔ ملک میں صحت پالیسی اور طبی تعلیم کو اسلامی خطوط پر استوار کرنے کی کوشش کرنا۔

۲۔ میڈیکل پروفیشن سے متعلق خدمت خلق کے امور سرانجام دینے کے لئے پروگرام وضع کرنا اور اس کے ذریعے عوام الناس کی خدمت کرنا۔

### مرکزی ذمہ داران:

☆ ڈاکٹر شفقت جاوید (مرکزی صدر پنپا)

☆ پروفیسر ڈاکٹر محمد اقبال خان (جنرل سیکریٹری پنپا)

### مرکزی شعبہ جات:

”پنپا“ کے کام کو منظم انداز سے وسعت دینے کے لئے ۲۳ مختلف شعبہ جات قائم کئے گئے ہیں۔ جن میں دعوت و تربیت، پنپا ریلیف، انسدادِ جہا پن (Prevention of Blindness)، فیما سیمورژن (Federation of Islamic Medical Association Save Vision)، فیما خود اعتمادی (FIMA Save Dignity)، فیما پھیلاؤ خوشیاں (FIMA Smile)، شعبہ بین الاقوامی امور و فیما، اسلامک ہسپتال کنٹینیم (Islamic Hospital Consortium)، تنظیم آف اسلامک میڈیکل کالجز (CIMCO)، شعبہ طبی تعلیم (CME)، پشاور میڈیکل کالج (PMC)، پنپا سیکرٹریٹ، خواتین برانچ، ایسوی ایٹ ممبرز، ہیلتھ آویئرنس (Health Awareness)، پنپا نیوز (PIMA News)، پنپا پبلی کیشنز (PIMA Publications)، طبی فقہی بورڈ، میڈیا سیل (Media Cell)، پنپا ویب سائٹ (PIMA Website)، ڈاکٹرز مسائل و دیگر میڈیکل اداروں کے ساتھ تعلقات، پنپا ممبر شپ و انتخابات، شعبہ مالیات (Finance)۔

پنپا کے کل ممبران کی تعداد ۳۴۸۵ ہے، مرکزی آفس میں ۵ افراد پر مشتمل سٹاف ہے جن میں آفس سیکریٹری، ریلیف مینجر، میڈیا کوآرڈینیٹر،

# پاکستان اسلامک میڈیکل ایسوسی ایشن (پیا)

(زیر سرپرستی جماعت اسلامی پاکستان)

مرکزی رپورٹ 2010-2012

کام کا مسلسل جائزہ لیتی ہے۔ چاروں صوبوں بشمول آزاد کشمیر، مردوخواتین ڈاکٹرز کے علیحدہ علیحدہ یونٹس قائم ہیں جن کے ذمہ داران بھی اپنی اپنی سطح پر دوسالوں کے لئے منتخب ہوتے ہیں۔ پیا کے دستور کے مطابق کسی کو ایک سے زائد دفعہ صدر منتخب نہیں کیا جاسکتا۔ پاکستان میڈیکل اینڈ ڈینٹل کونسل (PM&DC) سے رجسٹرڈ ڈاکٹرز اور ڈینٹل مرچنٹز جو پیا کے نصب العین اور پروگرام سے متفق ہوں، پیا کے ممبر بن سکتے ہیں۔ میڈیکل اسٹوڈنٹس کو پیا کا ایسوسی ایٹ ممبر بنایا جاتا ہے، جو اپنی تعلیمی تعلیم کی تکمیل کے بعد از خود پیا کے ممبر بن جاتے ہیں۔

## اغراض و مقاصد:

- ۱۔ ڈاکٹرز کو اسلام کے عملی تقاضوں کی تکمیل کی طرف راغب کرنا اور اس تنظیم کے نصب العین سے اتفاق رکھنے والے ڈاکٹرز کو ایک پلیٹ فارم پر منظم کرنا۔
- ۲۔ ڈاکٹرز کو عوام سے براہ راست تعلق کو دین کی دعوت کے لئے استعمال کرنا۔
- ۳۔ اس تنظیم سے وابستہ ڈاکٹرز کی فکری، اخلاقی اور پیشہ ورانہ تربیت کا موثر انتظام کرنا۔
- ۴۔ پیشہ ورانہ میڈیکل تنظیموں کو صحیح اور تعمیری خطوط پر استوار کرنا اور پیشہ طب سے متعلق افراد کے جائز مسائل کو مثبت انداز میں حل کرنے کی کوشش کرنا۔

اسلامی تعلیمات کی روشنی میں ڈاکٹرز کی زندگی کا مقصد انسانیت کے بے لوث خدمت ہے۔ ڈاکٹرز کو اس باب میں ایک نمونہ کے طور پر معاشرے میں نمایاں ہونا چاہئے۔ کیونکہ یہ شعبہ ہی مراد خدمت سے معنون ہے۔ اسلام میں انفرادی کوششوں کے ساتھ ساتھ اجتماعی کوششوں کی جو اہمیت ہے، وہ ہر ایک پر واضح ہے۔ اجتماعیت کی اسی اہمیت کے پیش نظر ۱۹۷۹ء میں پاکستان اسلامک میڈیکل ایسوسی ایشن (پیا) کی بنیاد رکھی گئی۔

پچاس ڈاکٹرز کی تعداد سے اس تنظیم کا آغاز کیا گیا۔ اس وقت ملک کے تمام بڑے اضلاع میں اس کے ۸۰ مقامی یونٹس قائم ہیں اور تقریباً چار ہزار ڈاکٹرز پیا کے ممبر ہیں۔ مزید برآں خواتین ڈاکٹرز اور میڈیکل اسٹوڈنٹس بھی پیا کے ساتھ منسلک ہیں۔ ممبر ڈاکٹرز کی اسلامی خطوط پر راہنمائی و تربیت اور پیشہ ورانہ شخصیات ارتقاء کے لئے متعدد پروگرام تواتر کے ساتھ جاری رہتے ہیں مثلاً تربیتی پروگرام، طبی و فنی مسائل کی تفہیم و تشریح، قرآن ہاؤسز کا قیام، ٹریننگ ورکشاپس (CME)، ریسرچ سیمینارز، جدید میڈیکل ریسرچ سے آگاہی وغیرہ۔

ہر دو سال بعد پیا کا ”مرکزی کنونشن“ منعقد ہوتا ہے جس میں آئندہ دو سالوں کے لئے مرکزی صدر اور مرکزی مجلس شوریٰ کا انتخاب کیا جاتا ہے۔ ”مرکزی کنونشن“ کو ”ہنرل باڈی میٹنگ“ کی حیثیت بھی حاصل ہے۔ مرکزی مجلس شوریٰ، پلاننگ اور پالیسی ساز ادارہ ہے جبکہ سینٹرل ورکنگ کمیٹی اس پلاننگ اور پالیسیوں پر عمل درآمد کو یقینی بنانے کے علاوہ مجموعی

Remarks about the bulletin

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**THE EDITOR**  
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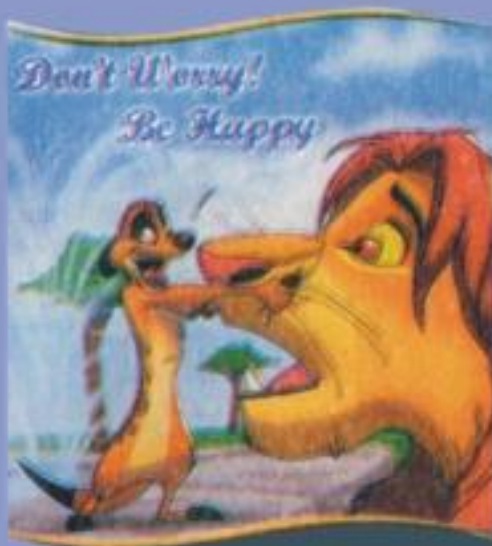
Dr. Syed Mubin Akhtar speaking on the occasion of workshop on Phobia in connection CME program organized by Karachi Psychiatric Hospital.



Dr. Syed Mubin Akhtar presenting certificates to participating doctors.



Masood Ahmed Barkati editor of "Hamdard Sehat" and "Hamdard Naunehal" was facilitated on receiving the Pride of Performance Medal from the President in Sham-e-Urdu.



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