CHIEF EDITOR DR. SYED MUBIN AKHTAR

KARACHI PSYCHIATRIC HOSPITAL

BULLETIN (Medical and General Articles) OCTOBER 2013

Regd. No. SS-237

Dr. Syed Mubin Akhtar talking to media persons about Suicide Prevention

Mehjabeen Akhtar talking to media persons about Suicide Prevention

Mahrukh Akhtar talking to media persons about Suicide Prevention

Dr. Syed Mubin Akhtar "Suicide Prevention" in a seminar organize by Karachi Psychiatric Hospital

Free Medical Camp at Essa Nagri was inaugurated by
notables of the area organized by KPH on 1st September 2013

Free Medical Camp at Molnabad Landhi was inaugurated by
Mr. Farzand Bukhari Secretory Traders Association, KPH organized on 8th September 2013

Karachi Psychiatric Hospital

Cordially invites you to celebrate

The World Mental Health Day

(Family Fun & Dinner)

On October 13th 2013, Sunday at 4:30 p.m.

At Karachi Expo Center (Hall-1)

Chief Guest

PROF. DR. MAZHAR MALIK

President Pakistan Psychiatric Society

13th Sunday October 2013

Celebrities + Comedians – Family Fun & Gala – Lucky Draws

(Entry by card only - valid for one person)

(Doctors can call and we will send them the cards)

For doctors and their families invitation cards can be had from any branch of the Karachi Psychiatric Hospital

Head Office:
B-1/14, Nazimabad No.3, Karachi-74600
Ph: 111-760-760 Fax: 021-36681610
Website: http://www.kph.org.pk
Email: support@kph.org.pk

LANDHI BRANCH
Al-Syed Center, Quaidabad Karachi.
Phs 36013633
36016532
36070426

HYDERABAD BRANCH
B-91, Block-A, Unit No. 4, Latifabad.
Phs 022-111-760-760
3912994
36185533
4140910

KARACHI ADDICTION HOSPITAL
Rimpa Plaza, M.A. Jinnah Road, Karachi.
Phs 32720414
32721604
36190639

KARACHI PSYCHIATRIC HOSPITAL

Vol.36 Issue No. XI | OCTOBER - 2013 | Regd. No. SS -237

MONTHLY BULLETIN

(Medical and General Articles)

جنت

[illegible]

Readers are requested to send their articles, comments & suggestions.
Doctors who desire to get the bulletin should send their address, contact number and email to:

Address: B-1/14, Nazimabad # 3, Karachi-74600
Phone:111-760-760
Fax: 36681610
Email: editor@kph.org.pk
Email: support@kph.org.pk

CONTENTS

MENTAL HEALTH: STRENGTHENING OUR RESPONSE

KEY FACTS

- More than 450 million people suffer from mental disorders. Many more have mental problems.
- Mental health is an integral part of health; indeed, there is no health without mental health.
- Mental health is more than the absence of mental disorders.
- Mental health is determined by socio-economic, biological and environmental factors.
- Cost-effective intersectoral strategies and interventions exist to promote mental health.

Mental health is an integral and essential component of health. The WHO constitution states: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." An important consequence of this definition is that mental health is described as more than the absence of mental disorders or disabilities.

Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community. In this positive sense, mental health is the foundation for individual well-being and the effective functioning of a community.

Determinants of mental health

Multiple social, psychological, and biological factors determine the level of mental health of a person at any point of time. For example, persistent socio-economic pressures are recognized risks to mental health for individuals and communities. The clearest evidence is associated with indicators of poverty, including low levels of education.

Poor mental health is also associated with rapid social change, stressful work conditions, gender discrimination, social exclusion, unhealthy lifestyle, risks of violence and physical ill-health and human rights violations.

There are also specific psychological and personality factors that make people vulnerable to mental disorders. Lastly, there are some biological causes of mental disorders including genetic factors and imbalances in chemicals in the brain.

Strategies and interventions

Mental health promotion involves actions to create living conditions and environments that support mental health and allow people to adopt and maintain healthy lifestyles. These include a range of actions to increase the chances of

more people experiencing better mental health. A climate that respects and protects basic civil, political, socio-economic and cultural rights is fundamental to mental health promotion. Without the security and freedom provided by these rights, it is very difficult to maintain a high level of mental health.

National mental health policies should not be solely concerned with mental disorders, but should also recognize and address the broader issues which promote mental health. This includes mainstreaming mental health promotion into policies and programmes in government and business sectors including education, labour, justice, transport, environment, housing, and welfare, as well as the health sector.

Promoting mental health depends largely on intersectoral strategies. Specific ways to promote mental health include:

- early childhood interventions (e.g. home visits for pregnant women, pre-school psycho-social activities, combined nutritional and psycho-social help for disadvantaged populations);
- support to children (e.g. skills building programmes, child and youth development programmes);
- socio-economic empowerment of women (e.g. improving access to education and microcredit schemes);
- social support for elderly populations (e.g. befriending initiatives, community and day centres for the aged);
- programmes targeted at vulnerable groups, including minorities, indigenous people, migrants and people affected by conflicts and disasters (e.g. psycho-social interventions after disasters);
- mental health promotional activities in schools (e.g. programmes supporting ecological changes in schools and child-friendly schools);
- mental health interventions at work (e.g. stress prevention programmes);
- housing policies (e.g. housing improvement);
- violence prevention programmes (e.g. community policing initiatives); and
- community development programmes (e.g. 'Communities That Care' initiatives, integrated rural development).

WHO response

WHO supports governments in the goal of strengthening and promoting mental health. WHO has evaluated evidence for promoting mental health and is working with governments to disseminate this information and to integrate the effective strategies into policies and plans.

More specifically, WHO's mental health Gap Action Programme (mhGAP) aims at scaling up services for mental, neurological and substance use disorders for countries especially with low- and middle-income. When adopted and implemented, tens of millions can be treated for depression, schizophrenia, and epilepsy, prevented from suicide and begin to lead normal lives - even where resources are scarce.

THE NATIONAL TASK GROUP ON INTELLECTUAL DISABILITIES AND DEMENTIA PRACTICES CONSENSUS RECOMMENDATIONS FOR THE EVALUATION AND MANAGEMENT OF DEMENTIA IN ADULTS WITH INTELLECTUAL DISABILITIES

Moran JA, et al "Mayo Clin Proc"

These patients have an increased risk of poorer outcomes, compared with the general population, in part because healthcare professionals often lack training and preparedness to adequately respond to their special needs, according to Julie A. Moran, DO and colleagues.

Even trying to establish a baseline decline in everyday abilities in adults with intellectual disabilities can be challenging because cognitive functioning is highly individualistic, and also because of external factors such as poor record-keeping and contact with numerous healthcare professionals who often "presume that [the patient's] current level of ability represents baseline level of functioning and, thus, miss signs of early decline.

It's a relatively new phenomenon to have a large number of people with intellectual disabilities living into their 70s, 80s and beyond. Primary care and other general physicians typically didn't receive medical training specific to the needs of this patient population, particularly in terms of assessing their cognitive function. They need to be educated.

To address the multiple needs of these patients and their caregivers, the National Task Group on Intellectual Disabilities and Dementia Practices was formed. Its

creation was a direct response to the National Alzheimer's Project Act that was signed into law in January 2011 by President Obama.

The recommendations for assessing patients with intellectual disabilities are intended to help provide healthcare professionals the information they need for the "detection of any cognitive impairment" -- a requirement that appears in the Medicare Annual Wellness Visit component of the Affordable Care Act.

Researchers recommend a nine-step approach for assessing health and function. These include:

- Taking thorough history, with particular attention to "red flags" that potentially indicate premature dementia such as history of cerebrovascular disease or head injury, sleep disorders, or vitamin B12 deficiency
- Documenting a historical baseline of function from family members of caregivers
- Comparing current functional level with baseline
- Noting dysfunctions that are common with age and also with possible emerging dementia
- Reviewing medications and noting those that could impair cognition
- Obtaining family history, with particular attention to a history of dementia in first-degree relative
- Noting other destabilizing influences in patient's life such as leaving family, death of a loved one, or constant turnover of caregivers, which could trigger mood disorders
- Reviewing the level of patient safety gleaned from social history, living environment, and outside support
- Continually "cross-referencing the information with the criteria for a dementia diagnosis"

Moran and colleagues pointed out that current memory screening methods for individuals with intellectual disabilities are not standardized.

They suggested consulting a study by Alzheimer's Association outlining a variety of cognitive screening tools that can be utilized in the primary care setting.

The National Task Group has plans in the pipeline to publish additional recommendations regarding screening techniques and how to provide addition support for these patients.

"There is no one-size-fits-all screening tool for this very heterogeneous group," Moran said. "Some adults with intellectual disabilities at baseline can't tie their shoes, while others can work and travel independently. It's very important to be able to detect longitudinal changes in cognitive function."

Has your practice seen an increase in the number of older adults with intellectual disabilities? Are you confident in the current knowledge and tools at your disposal regarding assessing them for cognitive decline?

---

www.medpagetoday.com/TheGuptaGuide/Neurology/41094?xid=nl_mpt_guptaguide

THE NEUROGENETICS OF NICE: RECEPTOR GENES FOR OXYTOCIN AND VASOPRESSIN INTERACT WITH THREAT TO PREDICT PROSOCIAL BEHAVIOR

M. J. Poulin, E. A. Holman, A. Buffone.. Psychological Science

It turns out that the milk of human kindness is evoked by something besides mom's good example. Research by psychologists has found that at least part of the reason some people are kind and generous is that their genes nudge them toward it.

Michel Poulin, PhD, assistant professor of psychology at UB, is the principal author of the study "The Neurogenics of Niceness".

The study, co-authored by Anneke Buffone of UB and E. Alison Holman of the University of California, Irvine, looked at the behavior of study subjects who have versions of receptor genes for two hormones that, in laboratory and close relationship research, are associated with niceness. Previous laboratory studies have linked the hormones oxytocin and vasopressin to the way we treat one another, Poulin says.

In fact, they are known to make us nicer people, at least in close relationships. Oxytocin promotes maternal behavior, for example, and in the lab, subjects

exposed to the hormone demonstrate greater sociability. An article in the usually staid Science magazine even used the terms "love drug" and "cuddle chemical" to describe oxytocin, Poulin points out.

Poulin says this study was an attempt to apply previous findings to social behaviors on a larger scale; to learn if these chemicals provoke in us other forms of pro-social behavior: urge to give to charity, for instance, or to more readily participate in such civic endeavors as paying taxes, reporting crime, giving blood or sitting on juries.

He explains that hormones work by binding to our cells through receptors that come in different forms. There are several genes that control the function of oxytocin and vasopressin receptors.

Subjects were surveyed as to their attitudes toward civic duty, other people and the world in general, and about their charitable activities. Study subjects took part in an Internet survey with questions about civic duty, such as whether people have a duty to report a crime or pay taxes; how they feel about the world, such as whether people are basically good or whether the world is more good than bad; and about their own charitable activities, like giving blood, working for charity or going to PTA meetings.

Of those surveyed, 711 subjects provided a sample of saliva for DNA analysis, which showed what form they had of the oxytocin and vasopressin receptors.

"The study found that these genes combined with people's perceptions of the world as a more or less threatening place to predict generosity," Poulin says. "Specifically, study participants who found the world threatening were less likely to help others -- unless they had versions of the receptor genes that are generally associated with niceness," he says.

These "nicer" versions of the genes, says Poulin, "allow you to overcome feelings of the world being threatening and help other people in spite of those fears.

"The fact that the genes predicted behavior only in combination with people's experiences and feelings about the world isn't surprising," Poulin says, "because most connections between DNA and social behavior are complex.

"So if one of your neighbors seems really generous, caring, civic-minded kind of person, while another seems more selfish, tight-fisted and not as interested in pitching in, their DNA may help explain why one of them is nicer than the other," he says.

"We aren't saying we've found the niceness gene," he adds. "But we have found a gene that makes a contribution. What I find so interesting is the fact that it only makes a contribution in the presence of certain feelings people have about the world around them."

---

http://www.sciencedaily.com/releases/2012/04/120410093151.htm

TOP 10 DRUGS PRESCRIBED IN THE U.S

Omudhome Ogbru, PharmD

Medications are prescribed abundantly throughout the United States every day. Just go into any pharmacy and you can see how busy they are as they fill prescriptions as fast as they can. Here's a list of the top ten prescribed drugs in the U.S. How many of these do are you taking?

1. **Vicodin (hydrocodone/acetaminophen)**
Vicodin is a popular drug for treating acute or chronic moderate to moderately severe pain. Its most common side effects are lightheadedness, dizziness, sedation, nausea, and vomiting. Vicodin can reduce breathing, impair thinking, reduce physical abilities, and is habit forming.

2. **Simvastatin (Generic for Zocor)**
Simvastatin is one of the first "statins" (HMG-CoA reductase inhibitors) approved for treating high cholesterol and reducing the risk of stroke, death from heart disease, and risk of heart attacks. Its most common side effects are headache, nausea, vomiting, diarrhea, abdominal pain, and muscle pain. Like other statins it can cause muscle break down.

3. **Lisinopril (Generic for Prinivil or Zestril)**
Lisinopril is an angiotensin converting enzyme (ACE) inhibitor used for treating high blood pressure, congestive heart failure, and for preventing kidney failure caused by high blood pressure and diabetes. Lisinopril side effects include dizziness, nausea, headaches, drowsiness, and sexual dysfunction. ACE inhibitors may cause a dry cough that resolves when the drug is discontinued.

4. **Levothyroxine (generic for Synthroid)**
Levothryoxine is a man-made version of thyroid hormone. It is used for treating hypothyroidism. Its side effects are usually result from high levels of thyroid hormone. Excessive thyroid hormone can cause chest pain, increased heart rate, excessive sweating, heat intolerance, nervousness, headache, and weight loss.

5. **Azithromycin (generic for Zithromax, Z-PAK)**
Azithromycin is an antibiotic used for treating ear, throat, and sinus infections as well as pneumonia, bronchitis, and some sexually transmitted diseases. Its common side

effects include loose stools, nausea, stomach pain, and vomiting. Rare side effects include abnormal liver tests, allergic reactions, nervousness, and abnormal heart beats.

6. Metformin (generic for Glucophage)

Metformin is used alone or in combination with other drugs for treating type 2 diabetes in adults and children. The most common side effects of metformin are nausea, vomiting, gas, bloating, diarrhea, and loss of appetite.

7. Lipitor (atorvastatin)

Lipitor is a "statin" (HMG-CoA reductase inhibitors) approved for treating high cholesterol. It also prevents chest pain, stroke, heart attack in individuals with coronary artery disease. It causes minor side effects such as constipation, diarrhea, fatigue, gas, heartburn, and headache. Like other statins it can cause muscle pain and muscle break down.

8. Amlodipine (generic for Norvasc)

Amlodipine is a calcium channel blocker used for treating high blood pressure and for treatment and prevention of chest pain. Its most common side effects are headache and swelling of the lower extremities. Amlodipine can also cause dizziness, flushing, fatigue, nausea, and palpitations.

9. Amoxicillin

Amoxicillin is a penicillin type antibiotic used for treating several types of bacterial infections such as ear, tonsils, throat, larynx, urinary tract, and skin infections. Its side effects are diarrhea, heartburn, nausea, itching, vomiting, confusion, abdominal pain, rash, and allergic reactions.

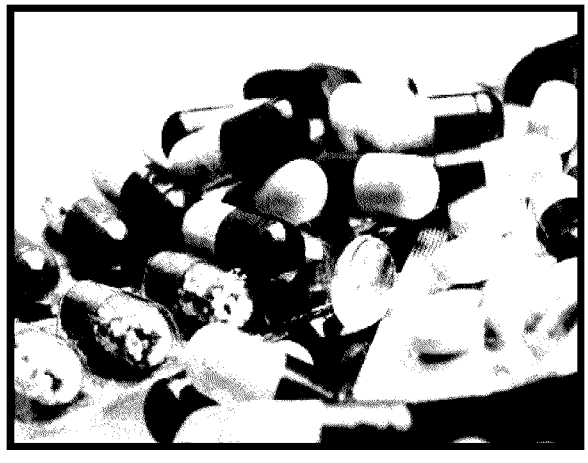
10. Hydrochlorothiazide

Hydrochlorothiazide is a diuretic (water pill) used alone or combined with other drugs for treating high blood pressure. Its side effects include weakness, low blood pressure, light sensitivity, impotence, nausea, abdominal pain, electrolyte disturbances, and rash.

FLUOROQUINOLONE ANTIBACTERIAL DRUGS: DRUG SAFETY COMMUNICATION - RISK FOR POSSIBLY PERMANENT NERVE DAMAGE

Drug Safety Information

The U.S. FDA is requiring that the labels of fluoroquinolone antibiotics warn that the drugs increase the risk for peripheral neuropathy. The risk has been observed with oral and injectable fluoroquinolones, but not topical agents. Patients could experience peripheral neuropathy any time during their treatment, and it could persist for months or years or be permanent. The FDA recommends that patients contact their healthcare providers if they develop symptoms consistent with peripheral neuropathy, including pain, burning, numbness, or weakness in the arms or legs; change in sensation to touch, pain, or temperature; or change in the sense of body position. Patients who develop these symptoms should stop taking the antibiotic and receive alternate therapies unless the benefit of the fluoroquinolone outweighs the risk.



Comment

Fluoroquinolone antibiotics are a frequently prescribed class of medications, and neurological symptoms are commonly recognized adverse events associated with their use. Central nervous system effects, including headache, seizures, dizziness, and psychosis, are perhaps the best-recognized. Fluoroquinolones also impair neuromuscular transmission and are relatively contraindicated in patients with myasthenia gravis. Less well known are the potential effects of fluoroquinolones on the peripheral nervous system. Both peripheral sensory and motor nerves may be affected, although sensory symptoms (e.g., numbness, paresthesia, and pain) appear more common. The risk for neuropathy cannot be estimated based on the available data, but heightened awareness of the association between fluoroquinolones and polyneuropathy is warranted.

www.jwatch.org/na32044/2013/08/29/fda-alert-fluoroquinolones-increase-risk-

VITAMIN D AND CARDIOVASCULAR DISEASE: IS THE EVIDENCE SOLID

Elizabeth A. Jackson, MD, F.A.C.C.
Al Mheid I, Patel RS, Tangpricha V, Quyyumi AA. Eur Heart

CONCLUSIONS:

The following are 10 points to remember about vitamin D and cardiovascular disease (CVD):

1. Vitamin D is a group of fat-soluble molecules similar to steroids. Several forms of vitamin D exist; cholecalciferol (or vitamin D3) is synthesized in response to ultraviolet (UV) irradiation of the skin. A second form of vitamin D, ergocalciferol (or vitamin D2), is produced by irradiation of ergosterol, a membrane sterol found in the Ergot fungus. Dietary sources of vitamin D include fish oils (D3), egg yolks (D3), and mushrooms (D2), as well as artificially fortified cereals and dairy products (D2 or D3). Following chronic, severe vitamin D deficiency, frank hypocalcemia ensues, but patients rarely present with acute symptoms (e.g., tingling or tetany), as this usually develops over an extended period of time. Rather, the most common presenting symptoms of vitamin D deficiency include vague, local, or diffuse musculoskeletal aches and pains.

2. Biologic effects of vitamin D result largely from its binding to the nuclear steroid hormone vitamin D receptor (VDR), which is foundin virtually all tissues and is also closely related to the thyroid, retinoid, and peroxisome proliferator-activator receptors. Although all vitamin D metabolites bind the VDR, most biological effects are likely mediated by calcitriol because of its greater receptor affinity. Both VDR and 1-a-hydroxylase that convert vitamin D into the hormonal 1, 25-OH D2(calcitriol) form are actively expressed in CV tissues, including cardiomyocytes, endothelial, and vascular smooth muscle cells.

3. Several areas of research suggest an active role for vitamin D in the pathogenesis of CV disorders and parallel results from clinical investigations. Endothelial cells express VDR and its activation affects the development of immature cells, partly by modulating response elements in the vascular endothelial growth factor promoter.
   While VDR is up-regulated under stress in endothelial cells, active vitamin D analogues decrease cytokine-induced expression of adhesion molecules and protect against advanced glycation products. Vitamin D metabolites

reduced endothelium-dependent vascular smooth muscle contractions and vascular tone in hypertensive models, an effect mediated by affecting calcium influx across endothelial cells. Renin expression was shown to be highly deregulated in VDR knockout murine models, despite maintenance of a normal electrolyte balance.

4. Vitamin D and blood pressure have been studied extensively. Studies in normotensive and hypertensive subjects reveal an inverserelationship between vitamin D metabolites and plasma renin activity, regardless of baseline renin levels or salt intake. Dietary salt loading results in blood pressure increases that are worse with vitamin deficiency, and are positively correlated with calcitriol synthesis. Cholecalciferol therapy (15,000 IU/day for 1 month) in obese, hypertensive patients increased renal plasma flow (RPF) and decreased mean arterial pressure. Moreover, infusion of angiotensin II following cholecalciferol therapy resulted in a greater RPF decline and higher aldosterone secretion when compared with pretreatment infusions.

5. The third National Health and Nutrition Examination Survey (NHANES III) looked at serum 25-OH D in relation to CVD risk factors in over 13,000 US adults. After multivariable adjustment, those with 25-OH D levels in the lowest quartile had a significantly higher prevalence of hypertension compared with those in the highest quartile, and sufficient levels attenuated the expected age-related increases in blood pressure. Other population studies, including the 1958 British Birth Cohort and the German National Health Survey and Examination, confirm this inverse relationship. In two prospective cohorts of health care professionals, the risk of incident hypertension was increased by three-fold in those with 25-OH D, 15 ng/ml compared with those with levels 0.30 ng/ml. In a study that estimated 25-OH D levels based on dietary surveys in over 110,000 health care professionals, those with low "predicted" 25-OH D levels had a higher incidence of hypertension during nearly 16 years of follow-up.

6. Trials reporting these measurements have either shown no blood pressure changes or small reductions in blood pressure; however, these were limited by small and heterogeneous study samples, widely variable osing strategies, and a short duration of follow-up. Several meta-analyses and systematic reviews have also arrived at conflicting conclusions; while a net significant hypotensive effect of vitamin D replacement was reported by some, others found either no change or only reductions in systolic blood pressure, which may be apparent in specific subgroups such as those with vitamin D deficiency at baseline.

7. Vitamin D deficiency is associated with disorders of insulin synthesis, secretion,

and sensitivity. Vitamin D may influence glycemic control via modulation of pancreatic renin-angiotensin system activity and regulation of calcium ion traffic across b-cells that directly affect insulin synthesis and secretion. Vitamin D deficiency results in aberrant immune responses that precipitate an inflammatory milieu and subsequent insulin resistance. Observational, case-control, and prospective evidence strongly suggests that supplementing infants with vitamin D may significantly reduce the future incidence of type 1 diabetes. The evidence for type 2 diabetes is weaker. Recent results from the Women's Health Initiative demonstrated no primary prevention benefit of vitamin therapy. Several smaller and nonrandomized clinical trials show promising improvements in glycemic control with vitamin D therapy. However, a recent Endocrine Society statement emphasized the lack of solid evidence supporting benefits of vitamin therapy in diabetes mellitus.

8. Vitamin D deficiency has been implicated as an independent risk factor for incident CV events and all-cause mortality in several large prospective studies. A recent meta-analysis of prospective studies that assessed the relationship between vitamin D status and CVD risk from 1966 to 2012, revealed an inverse relationship between levels of 25-OH D and future risk of CVD endpoints, including coronary heart disease, stroke, and total CVD mortality. In contrast, the Women's Health Initiative observed after 7 years of follow-up that rates of incident CVD events did not differ between the treatment and placebo groups. An ongoing trial will determine the effects of cholecalciferol (2000 IU/day), with or without omega-3 fatty acids supplementation, on the incidence of CVD, stroke, and cancer in 20,000 healthy, middle-aged US adults. The mean treatment period in the VITAL (VITamin D and Omega-3 triAL) study is projected at 5 years, with a similar follow-up period. Baseline 25-OH D levels will be measured in the majority of subjects at baseline, allowing for subgroup analysis in deficient subjects. This and other studies will provide much needed evidence for determining the relationship between vitamin D and CVD.

9. In healthy individuals, prevention of vitamin D deficiency can be achieved by a combination of casual sunlight exposure, consumption of fatty fish or fish oils, in addition to fortified foods and/or supplements. While the current recommended dietary allowance of vitamin D in the United States ranges between 400 and 800 IU/day, as much as 2000 IU/day may be needed to maintain sufficient 25-OH D levels (greater than or equal to 30 ng/ml) in at-risk adults. Most diets generally provide less than the recommended daily allowance of vitamin D; thus pharmacological supplementation with vitamin D2 or D3 is often required.

10.For treatment of documented vitamin D deficiency, a recent practice guideline statement by the Endocrine Society recommends oral administration of 50,000 IU per week of either vitamin D2 or D3 for 8 weeks, followed by daily maintenance doses between 1500 and 2000 IU.

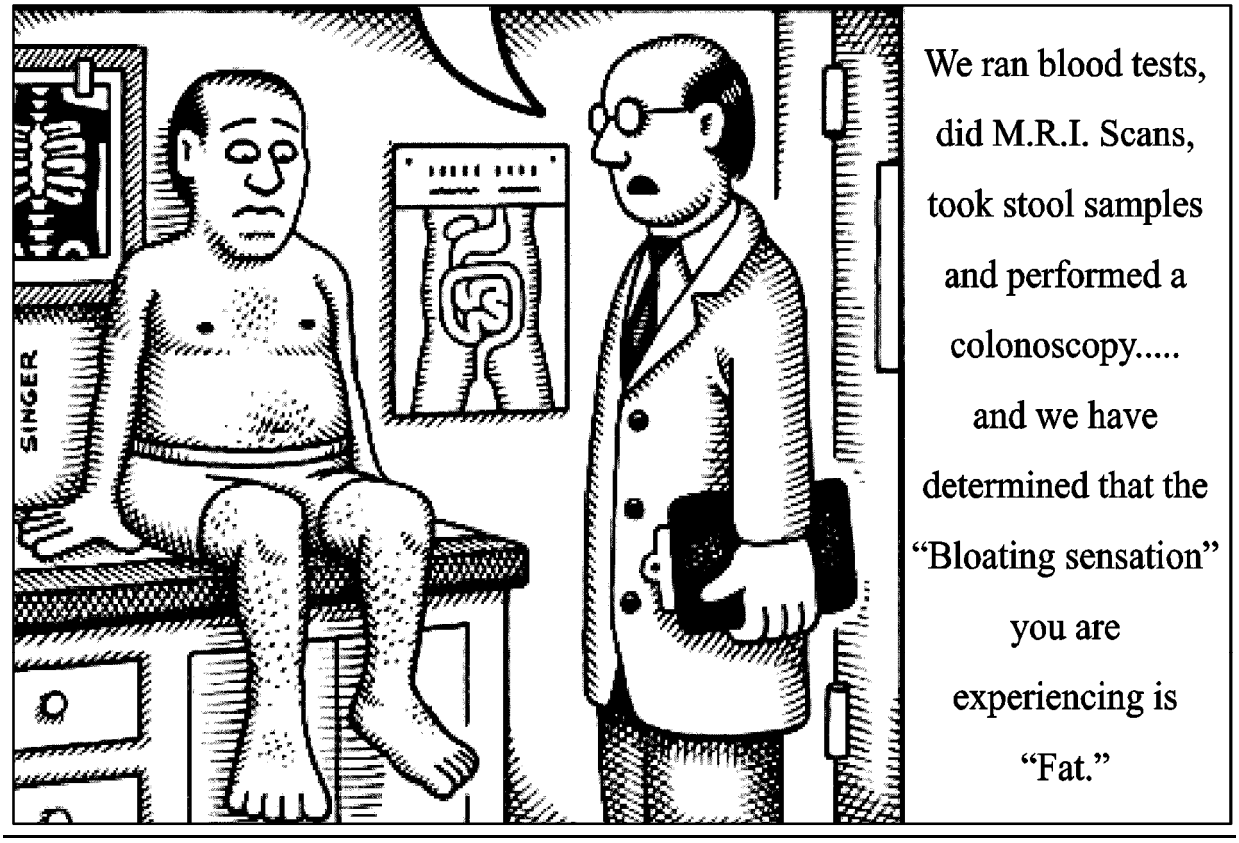
Both loading and maintenance doses may be significantly higher in those with increasing risks for the development or recurrence of vitamin D deficiency. Concurrent calcium supplementation is a key component of effective therapy. In addition to maintaining sufficient serum 25-OH D levels, patients with end-stage renal and/or hepatic disease impairing vitamin D activation and resulting in hypocalcemia, in addition to those with secondary hyperparathyroidism or hypoparathyroidism require activated vitamin D therapy (e.g., 1, 25-OH D2; 0.25-0.5 mg/day).

PERSPECTIVE:

As this excellent review points out, vitamin D deficiency is a highly prevalent condition. Given the evidence to date from experimental, cross-sectional, and prospective studies, the need for randomized trials of vitamin D therapy with CVD endpoints is warranted. Thus, we await the findings of the VITAL study.

---

http://www.cardiosource.org/Experts/J/Jackson-Elizabeth.aspx



HOW STRESS AFFECTS YOUR ORAL HEALTH

Excess stress may give you a headache, a stomachache, or just a feeling of being "on edge." But too much stress could also be doing a number on your mouth, teeth, gums, and overall health.

The potential fallout from stress and anxiety that can affect your oral health includes:

- Mouth sores, including canker sores and cold sores
- Clenching of teeth and teeth grinding (bruxism)
- Poor oral hygiene and unhealthy eating routines
- Periodontal (gum) disease or worsening of existing periodontal disease

So how can you prevent these oral health problems?

Mouth Sores

Canker sores -- small ulcers with a white or grayish base and bordered in red -- appear inside the mouth, sometimes in pairs or even greater numbers. Although experts aren't sure what causes them -- it could be immune system problems, bacteria, or viruses -- they do think that stress, as well as fatigue and allergies, can increase the risk of getting them. Canker sores are not contagious.

Most canker sores disappear in a week to 10 days. For relief from the irritation, try over-the-counter topical anesthetics. To reduce irritation, don't eat spicy, hot foods or foods with a high acid content, such as tomatoes or citrus fruits.

Cold sores, also called fever blisters, are caused by the herpes simplex virus and are contagious. Cold sores are fluid-filled blisters that often appear on or around the lips, but can also crop up under the nose or around the chin area.

Emotional upset can trigger an outbreak. So can a fever, a sunburn, or skin abrasion.

Like canker sores, fever blisters often heal on their own in a week or so. Treatment is available, including over-the-counter remedies and prescription antiviral drugs. Ask your doctor or dentist if you could benefit from either. It's important to start treatment as soon as you notice the cold sore forming.

Teeth Grinding

Stress may make you clench and grind your teeth -- during the day or at night, and often subconsciously. Teeth grinding is also known as bruxism.

If you already clench and grind your teeth, stress could make the habit worse. And, grinding your teeth can lead to problems with the temporomandibular joint (TMJ), located in front of the ear where the skull and lower jaw meet.

See your doctor and ask what can be done for the clenching and grinding. Your dentist may recommend a night guard, worn as you sleep, or another appliance to help you stop or minimize the actions.

---

http://www.webmd.com/oral health/healthy-teeth-2/stress-teeth

RISK OF INCIDENT DIABETES AMONG PATIENTS TREATED WITH STATINS: POPULATION BASED STUDY

Carter AA, Gomes T & Others - BMJ

ABSTRACT

OBJECTIVE:

To examine the risk of new onset diabetes among patients treated with different HMG-COA reductase inhibitors (statins).

DESIGN:

Population based cohort study with time to event analyses to estimate the relation between use of particular statins and incident diabetes. Hazard ratios were calculated to determine the effect of dose and type of statin on the risk of incident diabetes.

SETTING: Ontario, Canada.

PARTICIPANTS:

All patients aged 66 or older without diabetes who started treatment with statins from 1 August 1997 to 31 March 2010. The analysis was restricted to new users who had not been prescribed a statin in at least the preceding year. Patients with established diabetes before the start of treatment were excluded.

INTERVENTIONS: Treatment with statins.

MAIN OUTCOME MEASURE: Incident diabetes.

RESULTS: Compared with pravastatin (the reference drug in all analyses), there was an increased risk of incident diabetes with atorvastatin (adjusted hazard ratio 1.22, 95% confidence interval 1.15 to 1.29), rosuvastatin (1.18, 1.10 to 1.26), and simvastatin (1.10, 1.04 to 1.17). There was no significantly increased risk among people who received fluvastatin (0.95, 0.81 to 1.11) or lovastatin (0.99, 0.86 to 1.14). The absolute risk for incident diabetes was about 31 and 34 events per 1000 person years for atorvastatin and rosuvastatin, respectively. There was a slightly lower absolute risk with simvastatin (26 outcomes per 1000 person years) compared with pravastatin (23 outcomes per 1000 person years). Our findings were consistent regardless of whether statins were used for primary or secondary prevention of cardiovascular disease. Although similar results were observed when statins were grouped by potency, the risk of incident diabetes associated with use of rosuvastatin became non-significant (adjusted hazard ratio 1.01, 0.94 to 1.09) when dose was taken into account.

CONCLUSIONS:

Compared with pravastatin, treatment with higher potency statins, especially atorvastatin and simvastatin, might be associated with an increased risk of new onset diabetes.

http://www.ncbi.nlm.nih.gov/pubmed

METFORMIN FOR WEIGHT LOSS AND METABOLIC CONTROL IN OVERWEIGHT OUTPATIENTS WITH SCHIZOPHRENIA AND SCHIZOAFFECTIVE DISORDER

Jarskog LF et al.. Am J Psychiatry

Metformin was modestly helpful in reducing weight and triglycerides in typical outpatients with schizophrenia and schizoaffective psychosis.

Obesity and cardiovascular disease risks are elevated in patients with schizophrenia and contribute significantly to premature death in these patients. Previous studies of metformin in schizophrenia patients have involved highly selected populations and have yielded inconsistent results. In this first-ever, randomized, controlled trial of metformin added to ongoing psychiatric medication, 148 typical outpatients with schizophrenia or schizoaffective disorder (mean age, 43) were randomized to 16 weeks of metformin (increased as tolerated to 1000 mg twice daily) or placebo.

All patients were taking one or two antipsychotics and received diet and exercise counseling. Patients with diabetes mellitus were excluded. At entry, participants had a mean weight of 101.9 kg (mean body-mass index, 34.6) and averaged marginally high triglyceride levels (150.3 mg/dL). Mean total, low-density and high-density lipoprotein cholesterol, and hemoglobin A1C levels were within normal ranges.

Completers included 77% of metformin patients and 82% of placebo patients. Metformin was associated with greater weight loss (3.0 vs. 1.0 kg with placebo; reduction in weight, 2.8% vs. 1.0%) and improvement in triglyceride levels (-7.0 vs. +13.2 mg/dL). Adherence to metformin was excellent, with no major related adverse events.

This study did not standardize diet or extent of exercise. Still, in this population, add-on metformin was associated with modestly improved weight and triglyceride levels. The differences in triglyceride levels seem particularly noteworthy. Other research suggests that patients taking metformin for longer periods are likely to experience even greater weight loss and metabolic improvement. In this study, the differences in triglyceride levels seem particularly noteworthy. How much these modest changes might improve health outcomes in the long run remains to be seen, but with few other options and metformin's few adverse effects, psychiatric practitioners should become comfortable in prescribing this medication.

http://www.jwatch.org/na31556/2013/07/15

CHRONIC ECZEMATOUS ERUPTIONS IN THE AGING: FURTHER SUPPORT OF AN ASSOCIATION WITH EXPOSURE TO CALCIUM CHANNEL BLOCKERS

Summers EM et al.. JAMA Dermatol

A previous epidemiologic study suggested that patients taking calcium-channel blockers (CCBs) were more likely to have chronic eczematous eruptions of the aged (CEEA) than were nonaffected patients.

To study the association between certain drug classes and CEEA in the U.S., investigators examined data from the University of Utah recorded between 2005 and 2011. Ninety-four patients older than 50 who had at least a 2-month history of a symmetric eruption, were taking at least one medication, and whose biopsy specimens demonstrated spongiotic dermatitis were included and matched for age and sex with 132 controls. Exclusion criteria were history of atopic dermatitis or alternate diagnoses (e.g., bullous pemphigoid, photosensitivity dermatitis, lichenoid dermatitis, contact dermatitis); positive direct immunofluorescence test; receipt of chemotherapy; and having an eruption that persisted 3 months after ceasing medication.

The researchers found a statistically significant difference in drug class use between cases and controls for CCBs (matched odds ratio = 4.21; P = 0.001) and thiazide diuretics (OR = 2.07; P = 0.03). In subgroup analysis in 30 patients with a spongiotic dermatitis and interface changes on histopathology, a trend for CCB use was noted, but not for thiazides. Neither result was statistically significant.

---

http://dermatology.jwatch.org/cgi/content/full/2013/517/2?q=topic_hypertension&eaf

THE HUMANITIES: A DEFENCE

By Mehreen Hasan

INTRODUCTION

What are the humanities? They're the study of languages, literature, history, philosophy, religion and the arts. Along with such social sciences as economics and psychology, understanding the humanities helps us grasp what we and our fellow humans are all about. The humanities remind us where we have been and help us envision where we are going.

The social sciences reveal patterns in our lives, over time and in the present moment. Employing the observational and experimental methods of the natural sciences, the social sciences - including anthropology, economics, political science and government, sociology, and psychology - examine and predict behavioural and organizational processes.

It is study in these fields that gives perspective and teaches adaptability, characteristics that are increasingly important in an ever-more complex world.

Some historical context

Before the advent of scientific education, classical education, consisting of subjects like grammar, rhetoric, history, literature, languages, and moral philosophy, had the upper hand. In the world's most highly regarded educational institutions; namely, the Oxford and Cambridge universities, the major areas of study were classics, mathematics and divinity.

All of this changed in 1847 when Yale College formed the School of Applied Chemistry. This became the Yale Scientific School and in 1861 it was renamed the Sheffield Scientific School. Sheffield's 3-year undergraduate programme focused on chemistry, engineering, and independent research. It offered the best scientific training in America. The "Sheffs" studied and lived apart from other undergraduates taking the classic curriculum and roomed together in the "college yard." The two groups did not mingle. The old truism that a classical education assured success was being challenged. Thus, science began its separation from the humanities.

Present-day scenario

At a time when the humanities are taking a beating at universities in the developed world - art programmes struggle to stave off closure as federal funding gets cut in the US; the Canadian Prime Minister is decrying college graduates' lack of 'job-worthy' skills; and the trend of early specialisation is still going strong in Europe - cultural giants continue to applaud the choice to major in the humanities by students, although their numbers may be diminishing.

"...For as long as we are thinking and feeling creatures, creatures who love and imagine and suffer and die, the humanities will never be dispensable. From this day forward, then, act as if you are indispensable to your society, because - whether it knows it or not - you are...," offers Leon Wisteltier, editor of New Republic, an American magazine on arts and politics. While this may be poetic, it is also self-aggrandising and a wishy-washy summation of not the kind of explanation you present to parents demanding to know why you, their child, wish to invest their millions in a university education infamous (although unjustly) for its limited job prospects.

The liberal arts and social sciences are losing favour with students (and their parents). University costs are rising and there are troubling signs of worsening economic distress, so an education not directly tied to an occupation is increasingly seen as a luxury. In this economic climate, it is natural to look for shortcuts to lucrative careers, the most popular of which is "major in a subject designed to get you a job". This is a dangerous and narrow-minded mindset, which ignores the fact that the humanities, although characterised as "soft", often lead to employment and success in the long run. Yet, students are pressurised to remain focused on narrow skills and job-training.

Five solid reasons for opting for a humanities degree:

1. A humanities degree CAN get you a job

Contrary to public opinion, employers do look for humanities majors when filling a position. An increasing number of employers complain about the myopic ignorance of graduates with specialised degrees and stress on the need for college students to diversify the range of subjects they study.

"Employers are saying to us `we don't want to hire people who have been locked into mental cubicles,"' one student advisor said. "The best way to be locked into a mental cubicle is to study only one subject and look at it only from a particular point of view."

The kind of broad-based learning opportunities afforded by a humanities degree expose candidates to a wide range of subjects. When studying a social sciences curriculum at Lahore University of Management Sciences, Lahore, for example, students will read and investigate topics as diverse as macroeconomics and art history, all in the same semester!

This enriches the mindset of students, encouraging them to look beyond the dominant narratives in society and view events or issues from multiple perspectives. They can evaluate a situation from a historical perspective, seeing how and why things came to be as they are; an aesthetic perspective, recognising visual, narrative, and musical structure and appeal; and cultural perspective, understanding societal and religious traditions other than their own.

An open-minded approach in the

workplace is conducive to innovation - the key to success in the rapidly evolving world of today - and employees who bring in atypical points of view in discussions are an asset in the group decision-making process.

2. A humanities degree equips you with an impressive skill set A recent employer survey by the Association of American Colleges and Universities found 93 percent reported that capacities to think critically, communicate clearly and solve complex problems were more important than undergraduate majors.
Humanities graduates can pride themselves on being 'soft skills'-savvy. Broad-based learning instils the ability to communicate, think critically and work with different people in students, all abilities demanded by employers nowadays. Moreover, humanities studies attracts people with a deep love of learning, a habit that graduates of conventional degrees conspicuously lack.

3. The humanities aren't just for writers, teachers, or social workers Due to the well-rounded education offered by a humanities degree, scholars of broad-based learning can turn up almost anywhere, in almost any career. Due to the rapid pace of change in today's world, even regular fields like insurance are evolving rapidly, and require job incumbents to have sharp and creative thinking.
James McNerney, the CEO of Boeing, for instance, says his most successful engineers are not only technically proficient, but are also able to communicate and interact with people from divergent backgrounds.

4. The humanities prepare you for the long run While specialised degrees provide you with the necessary knowledge and technical skills for immediate application in a job, a humanities degree equips you with the skills you need in an upper management position - not only clear writing and thinking skills and a willingness to learn and keep abreast with latest developments in the field, but also people skills, like empathy and sensitivity that will allow them to effectively manage their subordinates.
Throughout their climb up the career ladder, students will have to take on different responsibilities in different environments, and the ones who will fare the best are those who are flexible, who are able to use their diverse knowledge base to tackle problems and recognise opportunities for growth and improvement.

5. The humanities allow you to benefit from the great ideas that emerged outside of science Biography, literature, and history enable us to understand human nature and society in more depth. They introduce us to perspectives from outside our chosen specialist areas and can have relevance to finding new directions and

enhance creative thinking.

A classic case in point is Charles Darwin's development of the theory of evolution by natural selection. In his writings, Darwin revealed that his theory of evolution was mainly inspired by his knowledge of Malthus' population theory, which states that populations increase geometrically, while food supplies grow arithmetically. Robert Young, who carefully traced this link in his 1969 publication, Malthus and the Evolutionists: the Common Context of Biological and Social Theory, points out that assumptions in the humanities about human nature and society contribute fundamentally to approaches taken in the scientific study of nature.

ooooooo

As the developed world retracts from its progressive, liberal education, the developing world seeks to emulate its former educational glory. In Africa and the Middle East, institutes of higher education are more open to experimentation and are moving away from a persistently narrow education tradition. More close to home is China, which is making headlines for its educational reforms, where students are now being allowed to mix disciplines. These countries have recognised the need for broad-based learning as an economic necessity.

In Pakistan, the shift in mindset is much slower, in the case of both students and their future employers. A viable path can be that instead of a specialised degree from the beginning of higher studies, students can opt for a broad-based humanities degree to kick-start the thinking and learning process, and then a specialised postgraduate degree to learn the tricks of a specific trade.

For example, a medical school in Manhattan recently announced a medical programme specifically designed for humanities degree holders, because they recognise that doctors with humanities degrees may be better suited to dealing with patients because their "interpersonal skills to become well-rounded, caring, inquisitive healers," may better prepare them for the job.

Business schools in Pakistan do recognise the value of studying humanities subjects, and integrate them in their curriculum. The Institute of Business Administration, for example, offers their Bachelors in Business Administration students the choice of taking courses ranging from Sociology, Anthropology, History and International Relations to Media Studies, Creative Writing and Research Methods in Social Sciences. This gives them the opportunity to gain knowledge of topics and polish skills, which is not possible through a purely business-oriented education.

It is inadvisable for students to allow present-day narrow-mindedness to stunt their personal growth. The humanities offer the opportunity to enlighten students, not just train them. They help us understand what it means to be human and connect us with our global community.

TO MIAN NAWAZ SHARIEF SAHEB; ARE YOU READY TO

(From an article by Farrukh Saleem)

Sir, some fifteen million Pakistanis voted the best man back to power. Congratulations.

- Sir, are you now prepared to commit to three things: austerity, a Public Sector Enterprises Selection Board and fiscal consolidation?
- Sir, are you prepared to wash your hands of the Rs27 billion prime minister's discretionary fund (and the chief minister's discretionary fund especially in Punjab)?
- Sir, are you prepared to end the multi-billion rupee Ministry of Information secret fund?
- Sir, then there are the two major propaganda tools " Rs5 billion for Pakistan Broadcasting Corporation and Rs4 billion for Pakistan Television. What should their future be?
- Sir, that's a hefty Rs40 billion right there.
- Sir, the cabinet division is spending Rs8 million per day, every day of the year. The Prime Ministers Secretariat is spending Rs2 million a day, every day of the year. The presidency is spending Rs1.3 million a day, every day of the year.
- Sir, the budgetary allocation for the prime ministers foreign trips amounts to a whopping Rs5 million a day, every day of the year. That's a total of Rs6 billion right there.
- Sir, can you commit to slash all of these expenditures down to their bones?
- Sir, our public sector enterprises (PSEs) are falling like ninepins. Pakistan Railways, Pakistan International Airlines, Pakistan Steel Mills, Pakistan Electric Power Company (Pepco), Pakistan Agricultural Storage and Services Corporation (Passco) and the Utility Stores Corporation (USC) collectively end up loosing Rs360 billion a year "Rs100 crore a day, every day of the year.
- Sir, the MD of PIA is managing to lose Rs7 crore a day, every day of the year. Pakistan Railways is managing to lose Rs5 crore a day, every day of the year. PIAs half yearly report titled ˜Flying towards a prosperous future reports that liabilities went up from Rs62 billion in 2005 to Rs200 billion in 2009. PIAs annual report titled ˜We stand for national values reports that net losses at the PIA have gone up from Rs4.4 billion in 2005 to Rs35 billion in 2008.

At Pakistan Railways, the overdraft now stands at a tall Rs48 billion.

- Sir, are you ready to dilute the prime ministers authority to appoint the heads of the falling ninepins?
- Sir, are you prepared to commit to abide by the guiding principles of the UK commissioner for public appointments?
- Sir, are you ready to commit to just three principles of merit, fairness and openness?
- Sir, do you commit to undertake fiscal consolidation? The PML-N would have to come up with specific policy instruments and specific structural spending and revenue reforms. The PML-N would have to formulate specific policy measures within our tough economic environment and a challenging setup of patronage politics. The PML-N would have to stabilise debt and to succeed the PML-N would need multiple instruments of consolidation.
- Sir, are you ready to commit to the Nolan Committees seven principles of public life for all ministerial appointments?

These principles are: selflessness, integrity, objectivity, accountability, openness, honesty and leadership.

- Sir, are you ready to commit to end billion rupee dole-outs to Senators, MNAs and MPAs all in the name of development fund?
- Sir, are you ready to commit to the Fiscal Responsibility and Debt Limitations Law of 2005?

Dear Mian Sahib, unless a commitment is made, there are only promises and hopes...but no plans.
AND ARE YOU WILLING TO SET AN EXAMPLE FOR OTHER PAKISTANIS BY HONESTLY PAYING INCOME-TAX (Not the meager Rs 8000 per year which you pay now after fraudulently declaring low income)

WORLD MENTAL HEALTH DAY

10 October 2013

Every year on 10th of October, The World Health Organization joins in celebrating the World Mental Health Day. The day is celebrated at the initiative of the World Federation of Mental Health and WHO supports this initiative through raising awareness on mental health issues using its strong relationships with the Ministries of health and civil society organizations across the globe. WHO also develops technical and communication material and provides technical assistance to the countries for advocacy campaigns around the World Mental Health Day.
The theme of World Mental Health Day in 2013 is

"MENTAL HEALTH AND OLDER ADULTS"

WHO KILLED DR. IMRAN FAROOQ, HAJI JALAL AND LIAQUAT QURESHI

(From an article by Murtaza Ali Shah in the News)

The Metropolitan Police detectives investigating the killing of Dr Imran Farooq are also looking into the assassination of Haji Jalal and Liaquat Qureshi - veteran leaders of the Muttahidda Qaumi Movement who had made London their base but were killed during private visits to Karachi, their place of birth.The Counter Terrorism Command Unit (SO15) have asked several people about the life and activities of Jalal and Qureshi and the extent of their contact with Dr Imran Farooq, who was savagely killed on 16 September 2010 outside his home in Edgware.The News has learnt that Haji Jalal was quite close to Dr Imran Farooq and both spent time together in London. The two were seen in London together on many occasions and it is believed that both were upset over their suspension from the party over "disciplinary" issues.Haji Jalal, 60, and his sons Usman Jalal and Abdullah Jalal were killed on July 09, 2009 within the Landhi Police Station area by four armed men riding two motorbikes. Prior to his murder, Haji Jalal served as a councilor and was detained in the Central Jail Karachi for several years in connection with Major Kaleem's case. No one has been arrested or charged to this day in connection with these murders. A former member of the Sindh Assembly, Liaquat Qureshi was gunned down on April 29, 2011 in Karachi's Gulshan locality by unidentified gunmen. He was ambushed by armed assailants who opened fire while he was driving his car. His killers remain at large. The three former MQM leaders had one thing in common: all of them were suspended from the MQM at the time of their well-planned assassinations.Dr Imran Farooq had been sidelined in early 2008 from the party, for nearly three years at the time of his assassination. According to the police sources, he had developed differences with the MQM leadership and was in advance talks with his friends to set up his own party.Liaquat Qureshi became a frequent visitor to London from 2002 onwards and worked from the MQM's International Secretariat. It was during his frequent court visits in Karachi and the legal work that he fell in love with Shaila Bano - who worked as secretary to Judge Ahmed Brohi. They kept their relationship a secret and in 2006 Qureshi helped Shaila to secure a work permit, which enabled her to live and work in London.Qureshi started living in London as a dependent on Bano's visa and the couple married in London in 2008. Sources say that Qureshi's marriage did not have approval of his political party and soon after his marriage he was suspended from the party and a ban imposed on any kind of communication with him. Shaila Bano, now a British national, lives in London permanently, but her whereabouts are not known.Haji Jalal, former District East Karachi in charge of the MQM, claimed political asylum in Britain in or around 1998. One of the accused in the famous Major Kaleem kidnapping case, Jalal had told the Home Office that he will be assassinated if he was returned to Pakistan.

DHAKA HIGH COURT BARS JI FROM CONTESTING POLLS

A Bangladesh court has disqualified the country's largest Islamic party from taking part in the next general elections, saying it opposes secularism. The High Court panel ruled that the opposition Bangladesh Jamaat-e-Islami (JI) regulations violate the constitutional provision of secularism.

The JI's registration was declared illegal by the court. The ruling comes four years after a group of citizens filed a petition seeking to cancel JI's registration with the Election Commission, saying the party wants to introduce Islamic Shariah law in the Muslim-majority country.

The ruling came amid calls to ban the party for opposing the country's 1971 independence war against Pakistan. Four top party leaders have been tried and sentenced to either death or life imprisonment on charges of war crimes linked to the war. Several others, including the party's secretary general, Motiur Rahman Nizami, are still on trial.Jamaat is now an ally of former Prime Minister Khaleda Zia's main opposition Bangladesh Nationalist Party (BNP), the main rival of Prime Minister Sheikh Hasina.Jamaat was in Zia's government in 2001-2006.

Swadhin Malik, a senior lawyer, said Thursday's ruling does not ban JI as a political party. ``But it has disallowed the party from participating in the next general election,'' he said. He said the party can carry out political activities like holding rallies, but can't take part in any election.

Bangladesh's next general election is due early next year.The ruling that the registration of JI as a political party conflicted with the country's secular constitution immediately triggered violent protests by party supporters.

Hundreds of activists blocked a major road and smashed vehicles in Pabna district, police said. Further protests were anticipated. JI immediately appealed to the Supreme Court against the High Court verdict, senior defence lawyer Abdur Razzak told reporters. JI opposed Bangladeshi independence from Pakistan.

The ruling will further destabilise the country.More than 100 people have been killed in political violence since a tribunal hearing allegations of war crimes dating back to the 1971 civil war began handing down sentences at the start of the year, including against senior JI figures.

Three JI defendants have so far been sentenced to death and several other party leaders are still on trial.

About 90 percent of Bangladesh's 153 million strong population are Muslim and the constitution was changed in 1988 making Islam the nation's state religion.But the original constitution, drafted by the main secular party after independence, bars the use of religion in politics. . (Agencies)

Editor's notes: Persecution of the leaders of Jamaat e Islami is proof that it fought tooth and nail for the preservation of Pakistan.

91 YEAR OLD, EX-JI CHIEF JAILED FOR 90 YEARS IN BD FORSUPPORTING PAKISTAN

A 91-year-old former chief of Jamaat e Islami in Bangladesh was sentenced to 90 years in jail for "crimes against humanity" during the country's 1971 independence war.

Azam had openly campaigned against the creation of Bangladesh and toured the Middle East to get support in favor of Pakistan. He routinely met with Pakistan authorities during the war. A mouthpiece of the party routinely published statements by Azam and his associates calling for crushing the fighters who fought against the Pakistani military in 1971.

A special tribunal of three judges announced the decision against GhulamAzam in a packed courtroom in Dhaka, the capital. The panel said the former leader of the Jamaat-e-Islami party deserved capital punishment, but received a jail sentence instead because of his advanced age and poor health.

Azam led Jamaat-e-Islami in then-east Pakistan in 1971 when Bangladesh became independent through a bloody war. He is among several Jamaat-e-Islami leaders convicted by a tribunal formed in 2010 by the government of Prime Minister Sheikh Hasina to try those accused of collaborating with the Pakistani army in the war.

Azam led the party until 2000 and is still considered to be its spiritual leader.

He and his party were accused of forming citizens' brigades to commit genocide and other serious crimes against the pro-independence fighters during the war. The prosecution in the trial said Azam must take "command responsibility" for months of atrocities perpetrated by his supporters.

The main opposition Bangladesh Nationalist Party, led by former Prime Minister Khaleda Zia, has criticized the tribunal, saying it is intended to weaken the opposition. Jamaat-e-Islami is the main political ally of Zia's party. (AP)

Editor's notes: TheJamaat e Islami stood with Pakistan when India and their stooges were committing genocide to break up Pakistan.

The Jamaat e Islami people are the only ones who fought alongside the Pakistan army to prevent the breakup of their beloved country and they are still suffering for their loyality.

SC UNEARTHED CORRUPTION OF OVER A TRIL LION:TIP

"Never ever in any country, Supreme Court exposed and proved mega corruption of the magnitude which has been done by this Supreme Court in 4 years, and also recovered over Rs25 billion of the lost money", says Transparency International.

To implement the zero tolerance policy against corruption, since April 2009, high profile corruption case involving over Rs1,000 billion were taken up on suo moto basis. Those included Steel Mills, NICL, RPPs, Punjab Bank, PIA, Pakistan Railways, Interior Ministry Safe City, Haj Corruption, Ephedrine Case, EOBI and DHA Islamabad, TDAP, Media corruption, CDA etc.

Who gave justice to government servants when BPS-22 officers were wrongly promoted; who got aggrieved officers due promotion to BPS-22, who took up mega land corruption cases in Sindh; who brought missing person back home; who got removed illegal appointed of FBR, NBP, PIA, OGDCL? It certainly was not the government. It was the Supreme Court of Pakistan," Adil Gilani said.

"Transparency International Pakistan fully supports all actions taken by the Supreme Court of Pakistan against corruption.

PSYCHIATRIC CONSULTATION BY PHONE, E-MAIL AND SKYPE

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

Patients can also contact us directly for consultation and advice.

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

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

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

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

The patients can choose the doctor according to the fees they can afford. The phone operators can guide in this matter.

Phone : 111-760-760

Skype ID : kph.vip

For further details please contact C.E.O,

Karachi Psychiatric Hospital

(Tell:021-36603244, 021-36684503,111-760-760)

WANTED

(For Quaidabad & Nazimabad Branches)

❶ **DOCTORS**

Male / Female

Morning / Evening shift

❷ **PSYCHIATRISTS**

Full time / Part time

Post graduate degree compulsory.

Male / Female

CONTACT

Dr. Syed Mubin Akhtar

M.D. Karachi Psychiatric Hospital,

Nazimabad # 3, Karachi

Cell # 03332129177

E-mail: jobs@kph.org.pk

LETTERS TO EDITOR
KARACHI PSYCHIATRIC HOSPITAL BULLETIN

QUESTION

Dr. Momin Mujeeb &
Dr. Noreen Mujeeb
Family Clinic, Orangi Town.

1 Sometimes young girls feel some vulgar or cheap feelings about self.
2 Actually addiction produces different type of problems in the family.
3 Excellent magazine

1. This is due to the inferiority complex parents and teachers create in our youngsters, especially girls, by criticizing every little mistake and not rewarding or encouraging the good points.
   Moreover when puberty is reached sexual thoughts are a natural phenomenon but our society frowns upon them as bad per se, then guilt appears in the youngsters, although this is not their fault.
2. Addiction to any substance is bad, be it tea, coffee, cola drinks, tobacco or the hard stuff like alcohol, charas, heroin etc. it is bad for the individual because a person's health is affected adversely and one's capacity to function is impaired, which affects the whole family.

QUESTION

Dr. Majid
North Karachi.

Please write about E C T, its merits and demerits.

E.C.T (electro convulsive therapy) is very effective in severe depression, specially if a person is suicidal. It is also effective, when combined with medicine, in the following illnesses.

i) Schizophrenia - specially catatonic and acute.
ii) Bipolar Affective Disorder-both in the manic and depressive states.

ECT can be given with anesthesia (and muscle relaxants) or without. ECT under anesthesia is expensive and most people in Pakistan cannot afford it, however without it there is the danger of fracture in an occasional patient.

Loss of memory sometimes occurs temporarily and death has also been reported in oneout of fifty thousand patients, whether anesthesia is given or not.

LETTER FROM AMERICA

جناب ڈاکٹر سید مبین اختر صاحب!

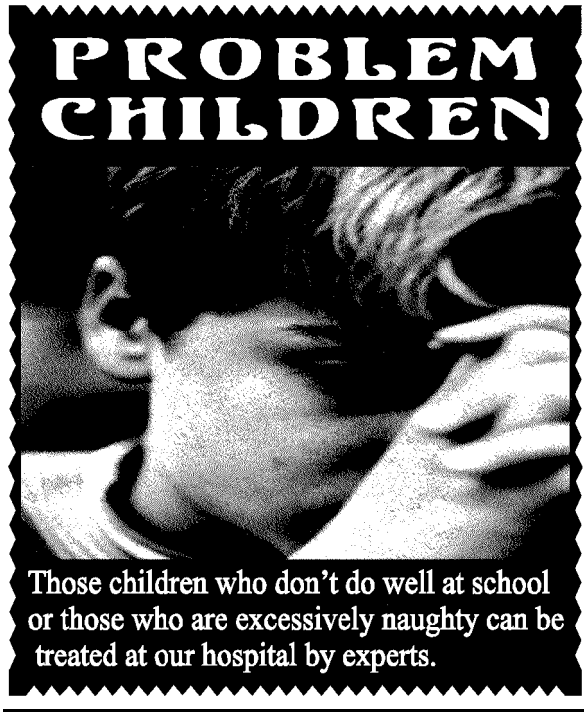
اسلام علیکم.....!

دیر سے جواب لکھنے کی معافی چاہتا ہوں۔ کچھ ایسی الجھنوں کا شکار ہوں جس کیلئے دعاوں کی درخواست ہے۔ آج یہاں ساتواں روز ہے یہاں روزہ کے اوقات پاکستان کے نسبت زیادہ ہیں، یہاں سحری کا وقت صبح 3:40 اور افطار کا وقت شام 8:30 بجے ہے۔ رمضان شروع ہونے سے پہلے لگ رہا تھا کے پتہ نہیں اتنے لمبے روزے کیسے گزریں گے، لیکن اللہ کا شکر ہے کے ان روزوں کے گزرنے کا پتہ بھی نہیں چلا۔ یہاں روزے لوگ بہت منظم طریقے سے مناتے ہیں کیونکہ یہاں زیادہ تر بلکہ تمام مساجد میں خواتین اور مردوں کا ساتھ ساتھ انتظام ہوتا ہے۔ اس لیے لوگوں کی ایک بڑی تعداد اور ان کی فیملی مسجد میں روزہ کھولتی ہے۔ پہلے لوگ اپنے اپنے گھر سے کچھ نہ کچھ بنا کے لے آیا کرتے تھے پھر یہ طے پایا کے لوگ پیسے دے دیا کریں اور مسجد کمیٹی افطار کا انتظام کر دیا کرے گی۔ اس طرح کافی طرح کے مسائل سے بچت ہوگئی۔

افطار اور عشاء کی نماز کے درمیان کافی کم وقت ہوتا ہے عشاء کی اذان رات 10 بجے ہوتی ہے جس کے بعد 10:30 بجے تراویح ہوتی ہے اور رات 12:00 تک چلتی ہے اگرچہ لوگوں کو صبح چھ یا سات بجے آفس جانا ہوتا ہے لیکن ایک بڑی تعداد لوگوں کی تراویح میں شریک ہوتی ہے۔

یہاں آنے کے بعد اندازہ ہوا کہ الحمدللہ یہاں مذہبی علوم اور اس طرح کے ادارے بہت منظم طریقے سے کام کر رہے ہیں۔ نیویارک کے صرف ایک دارالعلوم سے 65 حفاظ تیار ہوئے۔ ناظرہ پڑھنے والوں کی تو ایک بڑی تعداد ہے۔ تراویح کے بعد کا ماحول بھی دیکھنے والا ہوتا ہے، کوئی لوگوں کو چائے پلا رہا ہوتا ہے تو کوئی کافی، کوئی ڈونٹ کھلا رہا ہوتا ہے تو کوئی دوسری طرح کی چیزیں پیش کر رہا ہوتا ہے۔ غرض ایک رحمت و برکت کا سماء ہوتا ہے۔ دُعاوں کی درخواست ہے کہ اللہ تعالی ہم سب کو اس بابرکت مہینہ سے پورا پورا فائدہ اٹھانے کی توفیق نصیب فرمائے۔ آمین!

آپکا شاگرد جاوید



الخدمت کراچی کی طبی سرگرمیاں 6 ماہ میں 41 لاکھ افراد مستفید ہوئے

کلینک سے 11 لاکھ 86 ہزار افراد ،اسپتالوں سے 2 لاکھ 13 ہزار سے زائد افراد کو طبی سہولت فراہم کی گئی

فارمیسی سے 26 لاکھ سے زائد افراد کو 15 فیصد تک رعایت فراہم کی گئی، کوالٹی پر سمجھوتا نہ کیا جائے عوام کا بڑی تعداد میں طبی مراکز سے رجوع اعتماد کا مظہر ہے، ششماہی جائزہ اجلاس میں معراج الہدیٰ ، حسین محنتی و دیگر کی شرکت

الخدمت کراچی کے شعبہ صحت کے تحت چلنے والے اسپتالوں سے گزشتہ 6 ماہ کے دوران 1 لاکھ 13 ہزار سے زائد افراد نے استفادہ کیا، میت بس سروس کے ذریعے 3240 میتوں کی تدفین میں ورثا کو سہولت فراہم کی گئی، سے مدراس سے 51 طلبہ نے قرآن حفظ کیا جبکہ آرفن کیئر پروگرام کے سلسلے میں لیاری اور ڈالمیا میں کلسٹر بنادیے گئے ہیں جس میں 455 یتیم بچوں کی رجسٹریشن مکمل کرلی گئی ہے، یہ بریفنگ الخدمت ویلفیئر سوسائٹی کراچی کے ششماہی جائزہ اجلاس میں امیر جماعت اسلامی سندھ ڈاکٹر معراج الہدی صدیقی الخدمت کراچی کے صدر اور امیر جماعت اسلامی کراچی محمد حسین محنتی کو دی گئی۔

اجلاس میں الخدمت کراچی کے جنرل سیکریٹر انجینئر عبدالعزیز سابق ٹاون ناظم گلشن اقبال عبدالوہاب ، ضلع بن قاسم کے امیر محمد اسلام ، منظر عالم، ڈاکٹر راو نعیم، ڈاکٹر کلیم، ڈاکٹر طالب، ڈاکٹر آصف علیم، مولانا قاسم رشید اور دیگر نے شرکت کی ۔تفصیلات کے مطابق گزشتہ 6 ماہ کے دوران الخدمت اسپتال شاہ فیصل کالونی سے 32778 افراد، الخدمت اسپتال ملیر کھوکھراپار سے 37685 افراد، الخدمت اسپتال کورنگی سے 54496 افراد، الہدی میڈیکل سینٹر سے 47957 افراد، اور ناظم آباد اسپتال سے 24525 ا، سخی حسن میڈیکل سینٹر سے 15643 فراد نے استفادہ کیا، جبکہ الخدمت فارمیسی سے 2680929 افراد کو 15 فیصد تک رعایت پر ادویات فراہم کی گئی، ڈائیگنوسٹک سینٹر سے 50974 افراد نے استفادہ حاصل کیا۔ الخدمت کے شعبہ پرائمری کے تحت چلنے والے الخدمت کلینک سے 1186385 افراد مستفید ہوئے جبکہ ہومیو کلینک سے 14518 افراد کو طبی سہولیات فراہم کی گئیں۔

اس موقع پر الخدمت کے شعبہ جات کے ذمہ داران سے خطاب کرتے ہوئے الخدمت کراچی کے صدر اور امیر جماعت اسلامی کراچی نے کہا کہ ہم عوام کی خدمت کے لیے میدان عمل ہیں انہیں بہترین سہولیات کی فراہمی کے لیے کوئی کسر اٹھا نہ رکھی جائے انہوں نے ہدایت کی کہ شعبہ صحت میں کوالٹی پر کوئی سمجھوتا نہ کیا جائے ،عوام کا بڑی تعداد میں الخدمت کے طبی مراکز سے رجوع ہم پر اعتماد کا مظہر ہے، اسے نہ صرف برقرار رہنا چاہیے بلکہ اس میں اضافہ بھی ہونا چاہیے، اجلاس میں الخدمت کی کارکردگی کا جائزہ لیا گیا اور سہولیات کی بہترین اور اسپتالوں کے توسیعی منصوبوں پر غور وغوض کیا گیا۔

☆ لوگوں کے لیے بہتر نفسیاتی سہولتوں کی فراہمی جس میں مستند نفسیاتی معالج اور نفسیاتی ہسپتالوں کا قیام

☆ High Risk لوگوں پر خصوصی توجہ خاص کر وہ جو کہ ابھی نفسیاتی ہسپتال سے فارغ ہوئے ہوں یا پھر جنہوں نے ابھی اپنے آپ کو نقصان پہنچایا ہو۔

دواؤں کا مسلسل استعمال

اینٹی ڈیپریشن دواؤں کا ڈیپریشن کی علامتیں ختم ہونے کے بعد لمبے عرصے تک استعمال بھی ڈیپریشن کو کم کرتا ہے۔Lithium کے استعمال سے خودکشی کا تناسب کم دیکھا گیا ہے اور Clozapine سے شیزوفرینیا کے مریضوں میں خودکشی کے تناسب میں کمی پائی گئی ہے۔

کم سائیڈ ایفیکٹ والی دواؤں کا استعمال

Tricyclic Antidepressants کی زیادہ دوائی کے پیش نظر جو کہ خطرناک ثابت ہوسکتا ہے ،SSRI کا استعمال ایسے مریضوں کے لیے بہتر ہے۔

Counseling Services کا قیام

جہاں نہایت پریشان (Depressed) افراد خون کر سکتے اور تربیت یافتہ سٹاف ان کی بات دل جمعی کے ساتھ سن سکیں۔

فارمیسی سے بغیر ڈاکٹر کے نسخے کے دوائیں نا دی جائیں۔

ریلوے پھاٹک اور دوسری خطرناک جگہوں پر حفاظتی باڑیں لگائی جائیں۔

میڈیا خودکشی کی خبر ذمہ داری سے نشر کرے اور خودکشی کے طریقے کے بارے میں تفصیل سے گریز کرے کیونکہ لوگ طریقے کو Follow کرتے ہیں۔

بے روزگاری میں کمی کی جائے

ڈاکٹر مراد موسیٰ جو کہ آغا خان ہسپتال سائیکاٹرسٹ ڈپارٹمنٹ میں سربراہ ہیں۔ان کی ایک تحقیق پاکستان میں خودکشی کے حوالے سے اچھی ہے، جس کی باتیں کچھ یوں ہیں:

☆ پاکستان میں خودکشی کا سالانہ تناسب چھ سے آٹھ ہزار افراد کا ہے۔

☆ جبکہ سالانہ ساٹھ ہزار سے ایک لاکھ ساٹھ ہزار افراد خودکشی کی کوشش کرتے ہیں اور چھ لاکھ سے آٹھ لاکھ افراد سالانہ خودکشی کے بارے میں سوچتے ہیں۔

☆ سب سے زیادہ خودکشی کے کیس سندھ میں ۵۲ فیصد رکارڈ کیے گئے۔

☆ پنجاب میں ۳۸ فیصد جبکہ خیبر پختون خواہ اور بلوچستان میں ۵ فیصد ہیں۔

☆ پاکستان میں جن وجوہات کی وجہ سے لوگ زیادہ تر خودکشی کرتے ہیں ان میں خاندانی جھگڑے ۴۵ فیصد، معاشی پریشانی اور بے روزگاری ۳۷ فیصد، محبت میں ناکامی ۷ فیصد، نفسیاتی بیماری ٦ فیصد، جسمانی بیماری 0.8 فیصد اور امتحان میں ناکامی 0.5 فیصد ہے۔

☆ پاکستان میں بھی مرد عورتوں کے مقابلے میں زیادہ خودکشی کرتے ہیں۔

☆ مردوں میں 51 فیصد شادی شدہ، 44 فیصد غیر شادی شدہ اور 5 فیصد طلاق یافتہ یا رنڈوں کی ہے۔ جبکہ خواتین میں 60 فیصد شادی شدہ، 35 فیصد غیر شادی شدہ ہے۔

☆ پاکستان میں خودکشی کرنے کے جو طریقے لوگ اپناتے ہیں ان میں 39 فیصد پھانسی لگا کر، 25 فیصد کیڑے مار دوا پی کر، 14 فیصد گولی مار کر، 10 فیصد ڈوب کر جبکہ 4 فیصد اونچائی سے چھلانگ لگا کر شامل ہے۔

☆ پاکستان میں خودکشی کی کوشش ایک خلاف قانون عمل ہے اس لیے بہت سے لوگ پولیس کے ڈر اور بدنامی کے خوف سے اسے رپورٹ نہیں کرتے ہیں۔

☆ پاکستان کی 34 فیصد عوام Common Mental Disorder کا شکار ہے اور خودکشی کرنے والے 90 فیصد افراد کو Depression ہوتا ہے۔

☆ Preblemsolving Deficit یعنی مشکلات اور پریشانیوں کو حل کرنے کا فقدان۔

پانچ سے چودہ سال کے بچوں میں خودکشی بہت نایاب ہے:

☆ ایسے بچے جو بہت ذہین ہوں، جن کے والدین کم پڑھے لکھے ہوں اور مائیں کسی طرح کی ذہنی بیماری کا شکار ہوں۔

☆ یا پھر ایسے بچے جو جلدی تشدد پر اُتر آئیں اور ذرا سی تنقید برداشت نہ کرسکیں۔

☆ خودکشی کرنے سے پہلے بچے پریشان دکھائی دیتے ہیں اور اسکول جانا چھوڑ دیتے ہیں۔

پندرہ سے اُنیس سال کے بچوں میں
(Adolescent) خودکشی کا تناسب بہت بڑھ گیا ہے

☆ ان میں ستّر فیصد لوگ کسی طرح کی ذہنی بیماری میں مبتلا ہوتے ہیں۔

Rational Suicide:

مختلف مغربی ممالک مثلاً Switzerland, Netherland اور Belgium نے اپنے قوانین میں یہ تبدیلی کردی ہے کہ خودکشی ایک ذہنی طور پر تندرست انسان کا ایک منطقی اور ذی عقل فیصلہ بھی ہوسکتا ہے جس کے بعد جو لوگ بہت لمبی اور Chronic بیماری میں مبتلا ہے وہ اپنے دوستوں، گھر والوں اور میڈیکل سے منسلک لوگوں کی مدد سے اپنی جان لے سکتے ہیں مگر اس کے لیے ان میں یہ فیصلہ کرنے کی قابلیت اور سمجھ بوجھ ہو اور انگلینڈ کا قانون بھی اس سمت پر گامزن ہے۔ یہاں میں ایک بات کہنا چاہتا ہوں کہ مغرب اپنے مفادات اور فائدوں کے لیے اپنے قوانین میں تبدیلیاں لاتا رہا ہے۔ اب بیماروں اور بوڑھے لوگوں کو خودکشی پر آمادہ کیا جارہا ہے بالکل اسی طرح جس طرح مغرب نے کچھ سالوں پہلے ہم جنس پرستوں کے درمیان شادی کا قانون نافذ کردیا تھا۔

خودکشی کے مریضوں کی مینجمنٹ

☆ جو مریض خودکشی کے خیالات کا اظہار کر رہے ہوں انہیں فوراً سائیکاٹرسٹ کو دکھانا چاہئے اور High Risk مریضوں کو ہسپتال میں داخل کرکے علاج کی ضرورت ہوتی ہے۔

☆ ECT یعنی مشینی علاج خودکشی والے مریضوں کے لیے بہت اہم اور مؤثر علاج ہے۔ جس کو FDA امریکہ (Nice Guidlines) اور انگلینڈ نے بھی Approve کیا ہے۔

☆ وارڈ میں خاص احتیاط ہونی چاہئے مثلاً مریض کو کوئی بلیڈ، شیشہ یا تیز دھار والی چیز نہ دی جائیں۔

☆ کوئی ایسی جگہ نہ ہو جہاں پر پھندا لگایا جاسکے۔

☆ نرسنگ سٹاف کی مسلسل نگرانی بہت اہم ہے۔

ہسپتال سے ڈسچارج ہونے کے بعد

☆ گھر والوں کی مکمل سپورٹ اور کیئر

☆ دواؤں کا مسلسل استعمال

☆ چند دنوں میں OPD میں سائیکاٹرسٹ سے Follow up بہت اہم ہے۔

اگر کوئی شخص خودکشی کرلے

ایسے شخص کے گھر والوں میں غصہ، ندامت اور شرمندگی کے جذبات نمودار ہوجاتے ہیں کہ وہ اسے بچا نہیں سکے ایسے افراد کو کاؤنسلنگ کی ضرورت ہوتی ہے۔

معاشرے میں خودکشی کو کس طرح کم کیا جاسکتا ہے

☆ جنرل فزیشن کو Educate کیا جائے کہ وہ ڈیپریشن کو پہلے مرحلے میں تشخص کرکے اس کا علاج شروع کردیں۔

خودکشی کرنے سے پہلے لوگ منصوبہ بناتے ہیں اور اس بات کا خیال رکھتے ہیں کہ ایسے وقت اور جگہ کا تعین کیا جائے کہ ان کو بچایا نا جاسکے۔

امریکہ کی ایک تحقیق کے مطابق

☆ دوتہائی افراد خودکشی کرنے سے پہلے خودکشی کرنے کے خیالات کا اظہار کرتے ہیں۔

☆ جبکہ ایک تہائی افراد بالکل واضح طور پر اپنے آپ کو ختم کردینے کی دھمکی دیتے ہیں۔عموماً یہ دھمکی ایک سے زیادہ افراد کو دی جاتی ہے۔

کن لوگوں میں خودکشی کا تناسب زیادہ ہے:

☆ مرد حضرات عورتوں کے مقابلے میں تین گناہ زیادہ خودکشی کرتے ہیں

☆ غیر شادی شدہ اور طلاق یافتہ افراد

☆ بے روزگار افراد

☆ مجرم خصوصاً جو ''ریمانڈ'' پر ہوں

☆ غیر ہنرمند افراد

پروفیشن کے اعتبار سے:

☆ جانوروں کے ڈاکٹرز

☆ فارماسسٹ

☆ کسان

☆ ڈاکٹرز خصوصاً خواتین ڈاکٹرز

خودکشی کی وجوہات

☆ عموماً خودکشی کرنے والے افراد کسی نا کسی نفسیاتی مرض میں مبتلا ہوتے ہیں۔ان میں اضطراری طبیعت اور غصہ خودکشی کرنے کی بڑی وجہ ہوتی ہے۔

☆ یاسیت میں مبتلا چھ فیصد افراد خودکشی کرلیتے ہیں ان مریضوں میں جو Risk Factors ہیں ان میں پہلے خودکشی کی کوشش، Sense of Helplessness یعنی مایوسی اور نا اُمیدی Depression کا علاج نا کرانا یا علاج چھوڑ دینا شامل ہے۔

☆ شراب اور مختلف نشہ کرنے والوں میں خودکشی کا تناسب زیادہ ہے۔ شراب پینے والوں میں لائف ٹائم رسک سات فیصد ہے۔

☆ شیزوفرینیا میں لائف ٹائم رسک پانچ فیصد ہے۔شیزوفرینیا میں عموماً جوان افراد بیماری کی شروعات میں خودکشی کرتے ہیں جب ان کے اندر بیماری کے بارے میں Insight آتی ہے یا جب ڈیپریشن کی علامات نمودار ہوں یا دوا چھوڑنے پر بیماری دوبارہ ہوجائے یا پھر Command Hallucinations کے اثر پر جب غیبی آوازیں انہیں خودکشی کرنے پر اکسائیں۔

خودکشی کی معاشرتی وجوہات

☆ بے روزگاری

☆ غربت

☆ طلاق

☆ معاشرے کی اکائی میں دراڑ

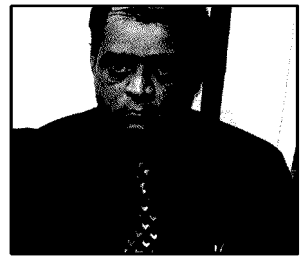
ایک معاشرتی وجہ میڈیا پر خودکشی کی کوریج بھی ہے خودکشی اور خودکشی کی کوشش ایسے ٹی وی پروگرامز کے بعد بڑھ جاتی ہے جس میں خودکشی کے سین دکھائے جاتے ہیں۔''جینٹیک اسٹیڈیز'' بتاتی ہے کہ اگر خاندان میں پہلے کسی نے خودکشی کی ہے تو پھر خاندان کے دوسرے افراد میں خودکشی کرنے کا رجحان زیادہ ہوجاتا ہے۔

خودکشی کی نفسیاتی وجوہات میں جو چیزیں شامل ہیں ان میں:

☆ اضطراری طبیعت کا ہونا

☆ Two Dichotomous Thinking یعنی Coloured یا دورنگی سوچ

☆ Cognitive Constriction یعنی معاملے کو Tunnel Vision کے طور پر دیکھنا تا کہ حالات کا وسیع فطری ہر پہلو اور زاویے سے پرکھنا۔



خودکشی
SUICIDE

ڈاکٹر اختر فرید صدیقی
سینئر ماہر نفسیاتی امراض
کراچی نفسیاتی ہسپتال

صحیح بخاری شریف کا مطالعہ کرتے ہوئے ایک واقعہ پڑھا جو کچھ یوں تھا کہ آنحضرت ﷺ اور مشرکوں کا ایک جنگ میں مقابلہ ہو رہا تھا جس میں ایک صحابی جن مشرکوں کو اکیلے دو کیلے پاتے اس کا پیچھا کرتے اور تلوار کا وار لگاتے۔ ایک دوسرے صحابی نے حضور پاک ﷺ سے کہا کہ آج تو ہمارے کام کوئی اتنا نہیں آیا جتنا یہ آیا ہے تو آنحضرت ﷺ نے فرمایا کہ وہ دوزخی ہے جان لو۔ یہ سن کر صحابہؓ میں سے ایک شخص نے کہا کہ میں اس کے ساتھ ساتھ رہتا ہوں کہ دیکھوں وہ دوزخ کا کونسا کام کرتا ہے تو انہوں نے دیکھا کہ وہ لڑتے لڑتے بہت زخمی ہو گیا اور جلدی مرنے کے لیے اس نے اپنی تلوار کو اپنے سینے کے درمیان اتار لیا اور اپنے آپ کو ہلاک کر لیا۔ وہ صحابی واپس حضور پاک ﷺ کے پاس آئے اور کہا کہ میں گواہی دیتا ہوں کہ آپ اللہ کے سچے پیغمبر ہیں۔ اسلام نے خودکشی کو حرام قرار دیا ہے اور اللہ کی ذات سے مایوسی گناہ ہے۔

لفظ Suicide لاطینی زبان سے مختص ہے جس کے معنی ہیں Self Murder یعنی اپنے آپ کو قتل کرنا۔ خودکشی یا Suicide ہیں۔ انسان جانتے بوجھتے اور پوری آگاہی کے ساتھ ایسا قدم اٹھاتا ہے جس میں اس کی موت واقع ہو جائے اور اپنے آپ کو مارنا ہی اس کی اولین ترجیح ہوتی ہے۔

دنیا میں خودکشی کے اعداد و شمار کچھ یوں ہیں

☆ خودکشی دنیا بھر میں اموات کی دس بڑی وجوہات میں سے ایک ہے۔

☆ Soviet Union کے ٹوٹنے کے بعد وہاں خودکشی کا تناسب بہت زیادہ بڑھ گیا ہے جو سالانہ تقریباً ایک لاکھ میں 54 افراد ہے۔

☆ دوسرے ممالک میں جرمنی، سوئٹزلینڈ، مشرقی یورپی ممالک (So called suicide belt) اور جاپان ہے۔ جہاں تناسب ایک لاکھ میں 25 افراد ہیں۔

☆ اسلامی ممالک میں خودکشی کا تناسب دوسرے ممالک کے مقابلے میں بہت کم ہے۔

☆ خودکشی کی سب سے اہم جگہ دنیا بھر میں سان فرانسکو کا گولڈن گیٹ برج ہے جہاں پر اب تک 800 سے زیادہ افراد خودکشی کر چکے ہیں۔

☆ ایسے افراد جو خودکشی کی نیت کے بغیر اپنے آپ کو کسی بھی طرح کا نقصان پہنچاتے ہیں جسے Deliberated Self Harm کہا جاتا ہے ان میں اگلے سال خودکشی کر لینے کا تناسب عام لوگوں کے مقابلے میں ساٹھ سے سو گنا زیادہ ہوتا ہے۔

خودکشی کرنے کا طریقہ کار

مرد حضرات:

☆ سب سے زیادہ گلے میں پھندہ لگا کر پھانسی دینا

☆ زیادہ مقدار میں نشہ آور اشیا/ادویات کا استعمال کرنا

☆ اونچی جگہ سے چھلانگ لگانا

☆ سمندر میں ڈوب کر

☆ اپنے آپ کو گولی مار کر

خواتین:

☆ زیادہ مقدار میں نشہ آور اشیا/ادویات کا استعمال کرنا

4.3 فیصد، مالیخولیا (Schizophrenia) کے 15 فیصد اور جنسی نفسیاتی امراض کے 13.1 فیصد مریض علاج کے لئے آتے ہیں۔

ڈاکٹر سید مبین اختر نے کہا کہ کچھ جنسی بیماریاں ایسی ہوتی ہیں جن کی وجوہات نفسیاتی ہوتی ہیں۔ ہمارے ملک میں معلومات کی کمی اور حکیموں اور عطائیوں کے پروپیگنڈے کے وجہ سے اکثر نوجوان پریشان رہتے ہیں، یاسیت کا شکار ہوکر کھانا پینا چھوڑ دیتے ہیں، پڑھائی پر توجہ نہیں دیتے اور خودکشی کے منصوبے بنانے لگتے ہے۔ عطائی انہیں یقین دلاتے ہیں کہ وہ جنسی طور پر بیمار ہیں اور شادی کے قابل نہیں ہیں حالانکہ وہ جسمانی تبدیلیاں فطری ہوتی ہیں جو نوجوانوں کے جسم میں آتی ہیں۔ عطائی ان سے علاج کی آڑ میں خوب پیسہ لوٹتے ہیں۔

ڈاکٹر سید مبین اختر نے کہا ذہنی ونفسیاتی مریض کو علاج کے لئے ماہر ذہنی امراض کے پاس لایا جائے۔ مرض جتنا پرانا ہوتا جائے گا علاج میں مشکلات ہوں گی، ڈکٹر سید مبین اختر نے کہا کہ کراچی نفسیاتی ہسپتال کے تحت 13 اکتوبر کو کراچی ایکسپو سینٹر ہال نمبر 1 میں عالمی یوم ذہنی صحت کے موقع پر ہر سال کی طرح اس سال بھی تقریب ہوگی جس میں تقریباً ایک ہزار ڈاکٹرز اپنے اہل خانہ کے ساتھ شرکت کرتے ہیں۔ انہوں نے کہا اس تقریب میں ذہنی صحت پر کام کرنے والے الیکٹرانک و پرنٹ ومیڈیا کے صحافیوں کو مجموعی طور پر 50 ہزار روپے کے انعامات دیئے جائیں گے، جبکہ دو مشہور ڈاکٹروں یعنی ڈاکٹر منظور زیدی اور ڈاکٹر اعجاز وُہرہ کو ان کی خدمات پر ایوارڈ دیئے جائینگے یعنی نشان اعلیٰ کارکردگی

(Lifetime Achievement Award)

انہوں نے کہا کہ ملک میں اس وقت 300 سے 400 ماہر ذہنی امراض ہیں جو ملک کے 17 کروڑ عوام کے لئے ناکافی ہیں۔ انہوں نے کہا کہ ہم عوام تک علاج کی بہترین سہولیات پہنچانے کی کوشش کر رہے ہیں۔ اس سلسلہ میں کراچی کے کئی اضلاع اور حیدرآباد میں بھی شاخیں کام کررہی ہیں۔ کراچی نفسیاتی ہسپتال کسی بھی مریض کو فیس نہ ہونے کی وجہ سے واپس نہیں کرتا۔ جو شخص جتنی فیس ادا کرسکتا ہے اس کے مطابق علاج کیا جاتا ہے اور جو بالکل نہیں دے سکتا اس کا مفت معائنہ کرتے ہیں۔ انہوں نے صحافیوں سے اپیل کی کہ وہ اپنے قلم وآواز کے ذریعہ ذہنی ونفسیاتی امراض کے حوالہ سے لوگوں میں شعور و آگہی کے لئے اپنا کردار ادا کریں۔

ذہنی امراض

ڈاکٹر سید مبین اختر (کراچی نفسیاتی ہسپتال)

کراچی نفسیاتی ہسپتال کے منتظم اعلیٰ ڈاکٹر سید مبین اختر نے ایک پریس کانفرس کے دوران کہا کہ ماضی میں یہ بات بہت عام تھی کہ ذہنی امراض پریشانیوں سے پیدا ہوتے ہیں مگر آج یہ تبدیل ہو چکا ہے۔ ذہنی امراض دماغ میں کیمیائی تبدیلیوں اور خاندانی اثرات کی وجہ سے پیدا ہوتے ہیں۔ 25 فیصد آبادی ذہنی امراض سے متاثر ہے۔ یہ اعداد و شمار بیرونی ممالک کے بھی ہیں اور لاہور میں ایک تحقیق سے ثابت ہوئے ہیں۔ یعنی ہر 4 میں سے ایک شخص ذہنی بیمار ہوتا ہے۔ ان خیالات کا اظہار انہوں نے جمعہ کو عالمی یوم ذہنی صحت کے موقع پر کراچی پریس کلب میں پریس کانفرنس سے خطاب کرتے ہوئے کیا۔

ڈاکٹر سید مبین اختر نے کہا کہ معاشرتی مسائل کا نشانہ ہم سب بنتے ہیں تاہم اپنی ذمہ داریاں پوری کرتے ہیں، کام پر جاتے ہیں، گھر سنبھالتے ہیں اور معاشرے میں اپنا کردار ادا کرتے ہیں۔ البتہ 20-25 فیصد افراد ایسے ہیں جن کا ذہن اتنا متاثر ہوتا ہے کہ معمول کے کام انجام نہیں دے سکتے۔ طالب علم ہے تو پڑھنا چھوڑ دیتا ہے، گھریلو خاتون ہے تو گھر کے کام کاج نہیں کر سکتی۔ باہر کے کام کرنے والوں سے وہ کام نہیں ہو پاتے، خاندانوں اور معاشرہ سے کٹ کر رہ جاتے ہیں۔ ایسے لوگوں کو ہی مریض کہا جاتا ہے۔ ڈاکٹروں کے پاس ایسے مریض بھی آتے ہیں جن کا عمل اور سوچ قابو سے باہر ہوتی ہے، ایسے مریضوں کی تعداد 0.5 فیصد سے بھی کم ہوتی ہے، باقی 99.5 ذہنی مریضوں کے بارے میں بعض اوقات گھر والوں کو بھی پتہ بھی نہیں چلتا۔ ذہنی اور نفسیاتی امراض ایسے امراض ہیں جن میں ایک فرد کی سوچ، گفتگو، مزاج اور رویہ میں تبدیلیاں واقع ہوتی ہیں جن سے خاندان اور معاشرہ مشکلات کا شکار ہوتا ہے۔

پاکستان میں 30-25 فیصد آبادی یعنی 3 سے 4 کروڑ افراد ذہنی مرض میں مبتلا ہیں۔ 2.0-1.5 فیصد افراد کو فوری علاج کی شدید ضرورت ہے۔ ڈاکٹر سید مبین اختر نے کہا کہ پاکستان میں صورتحال سنگین ہے اس لئے کہ ان امراض کے بارے میں مناسب شعور نہیں ہے۔ ایک اندازے کے مطابق 70 فیصد کسی بھی معالج کے پاس نہیں جاتے۔ کم علمی، جہالت، معاشرتی بدنامی کے خوف سے لوگ حکیم، ہومیو پیتھ، پیر فقیر یا باباؤں کے مزاروں پر چکر لگاتے رہتے ہیں۔ ایسے مریضوں کے جسمانی امراض کے شرح بھی بڑھ جاتی ہے اور ان کی عمومی صحت خطرہ سے دوچار رہتی ہے۔ انہوں نے کہا کہ جو افراد ذہنی مرض میں مبتلا ہیں اور ہمارے پاس علاج کیلئے آتے ہیں ان میں یاسیت (Depression) کے 26.2 فیصد، جنون و یاسیت (Bipolar Affective Disorder) کے 13 فیصد، شدید گھبراہٹ (Panic Anxiety) اور خوف (Phobia) کے 5 فیصد، خیالات کا تسلط اور تکرار عمل (Obsessive Compulsive Illness) کے

Question on addiction, sex, psychiatry or the possession syndromes

First fold here

Second fold here

Remarks about the bulletin

Third fold here

Remarks about the bulletin

_____

_____

_____

_____

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

_____

_____

_____

_____

From

Stamp not necessary if mailed in Pakistan Postage will be paid by addressee

THE EDITOR

KARACHI PSYCHIATRIC HOSPITAL

B-1/14, NAZIMABAD # 3,

KARACHI, PAKISTAN-74600

Staple or stick with tape

On the occasion of monthly Research Planing Program organized by KPH, Dr. Syed Mubin Akhtar Dr. Iqbal Afridi, (below) Ms. Mahrukh Akhtar, Dr. Shehnaz, Dr. Akhtar Fareed & Dr. Masood Ashfaq involved in discussion

Ms. Mahrukh Akhtar speaking to guest and nurses of Valika Hospital in connection with monthly Public Awareness program organized by Kph

EID MILAN

Dr. Syed Mubin Akhtar, Ms. Mehjabeen Akhtar, Ms. Mahrukh Akhtar, Mr. Abdur Rehman, Mr. Rashid Hassan, Dr. Akhtar Fareed, Dr. Salahuddin, Mr. Izhar Ahmed speaking on the occasion of Eid Milan Party organized by Karachi Psychiatric Hospital