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KARACHI PSYCHIATRIC HOSPITAL

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”شریعت کے سنی طریقے اور راسخے کے ہیں۔ جب تم نے خدا کو حاکم مان لیا اور اس کی
ہدایت قبول کر لی اور یہ تسلیم کر لیا کہ رسول اسی کی طرف سے حاکم ہوا ہے، اور کتاب اسی کی
طرف سے ہے، تم تو دین میں داخل ہو گے۔ اس کے بعد تم کو جس طریقے سے خدا کی
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(خطبات - سید ابوالاعلیٰ مودودی)

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A DVD TO STRENGTHEN COUPLES' COMMUNICATION AND COPING

By Joel Yager, MD reviewing Bodenmann G et al. J Consult Clin Psychol

Couples who completed a 5-week DVD-based program had enhanced communication and coping, with reported improvements occurring largely in women.

Efforts to improve the quality of marital communication and coping are important from clinical and public health perspectives because of the numerous negative consequences of divorce. Traditional marriage enhancement programs use workshops and various types of counseling, and recently interactive Web- and DVD-based instructional formats have been attempted. A randomized, controlled study of one such preventive program involved 330 Swiss nonclinical couples recruited via advertisements.

The treatment arms were DVD alone; DVD-T, which added "technical" support (phone calls inquiring about execution of the chapters and providing reminders and motivation); or a waitlist control. The program, developed by one author, included five weekly, 90-minute sessions focusing on stress, individual coping, dyadic coping, communication, conflict resolution, and problem-solving.

Dropout rates were high for both DVD groups (25%). Overall, DVD completers achieved better outcomes than waitlist participants. Contrary to the hypothesis about men's use of DVDs, women benefited more than men, with mean effect sizes in the small-to-medium range for women's self-rated dyadic coping, positive communications, and conflict resolution. DVD-T yielded little added benefit. Among women, spending an additional 10 minutes per session increased the benefit, even 3 and 6 months later. Individuals whose initial scores were more than half a standard deviation below the mean benefited most: 10% to 16% improved to having scores at or above the mean on various measures.

COMMENT

Using an active placebo group might have helped to specify effective ingredients in this intervention, and modifying format, delivery systems, or dosing for busy couples might improve user-friendliness. How beneficial such programs might be for more clinically distressed couples remains unknown, but given the program's low cost and ease of administration, clinicians might want to explore using them adjunctively before evidence-based studies are completed.

<http://www.jwatch.org/na34149/2014/04/07>

DO SPECIFIC DSM DISORDERS INCREASE THE RISK FOR DIABETES?

Joel Yager, MD reviewing de Jonge P et al. Diabetologia

In a 19-country, community-based survey, adult-onset diabetes mellitus was associated with increased rates of prior depression, impulse control disorders, and two eating disorders. Patients with complications of diabetes mellitus have elevated rates of mood and cognitive disorders. Concomitantly, some psychiatric disorders might be associated with increased risk for subsequent diabetes. To study these relationships, investigators in a study with some industry funding used World Health Organization data from 19 countries based on household surveys assessing respondents for 16 DSM-IV diagnoses (mood, anxiety, impulse control, and substance use disorders); respondents also self-reported the presence of select physician-diagnosed chronic health conditions. Among 52,095 surveys, 2580 cases of adult-onset diabetes were identified (onset age, ≥ 21 years; mean, 50 years). Rates of all mental disorders studied, except obsessive-compulsive disorder and agoraphobia without panic, were elevated in respondents with self-reported diabetes (odds ratios for bivariate associations, 1.3–3.8). After adjustments for psychiatric comorbidity, age, sex, illness duration, and country, four psychiatric disorders remained associated with subsequent development of diabetes: binge-eating disorder (OR, 2.6), bulimia nervosa (OR, 2.1), intermittent explosive disorder (OR, 1.6), and major depression (OR, 1.3).

COMMENT

This study didn't differentiate between type I and type II diabetes and offered no data on lifestyle factors potentially linking psychiatric disorders, how individuals cope with them (e.g., dietary habits, body-mass index, psychiatric medications), and the subsequent development of diabetes. The strong association of binge-eating disorder (which commonly leads to obesity) with subsequent diabetes is unsurprising. Mechanisms linking other disorders to later diabetes are less evident, but might include common genetic predispositions or, more likely, other stress-related neurohumoral, inflammatory, or other psychosocial and lifestyle factors. Certainly, some psychiatric medications increase insulin resistance. Because associations between psychiatric disorders and diabetes are bidirectional, clinicians treating these psychiatric disorders should know that their patients are at increased risk for diabetes and require suitable monitoring and intervention.

<http://www.jwatch.org/na34247/2014/04/14>

IN COMBAT AMPUTEES WITH TBI, EARLY MORPHINE ADMINISTRATION REDUCES PSYCHIATRIC SEQUELAE

Joel Yager, MD reviewing Melcer T et al. J Trauma Stress

Intravenous morphine, with or without fentanyl, but not fentanyl alone, lowers the risk for PTSD and depression.

Rates of post-traumatic stress disorder (PTSD) after traumatic injury vary widely. Administering morphine soon after combat injury reportedly reduces PTSD rates by about 50%. Using several military databases, investigators retrospectively examined PTSD and other psychiatric disorders among 258 Iraq combat veterans who required limb amputation (typically lower limbs injured in blasts); 115 (45%) incurred a traumatic brain injury (TBI; rated as severe to moderate in 20).

The sample included 145 patients with medication records from resuscitation and hemorrhage control efforts before the patients were transferred to field hospitals for surgery. Among those with TBI who received intravenous morphine (either with or without fentanyl) in this early period, subsequent rates of PTSD and mood disorders were 6% and 16%. Among those who received only fentanyl, rates were 41% and 47%, respectively. No analgesia-related differences occurred in patients without TBI (around 20% for PTSD or depression). Early administration of any morphine versus fentanyl alone was not associated with differences in later rates of adjustment disorders, anxiety, substance abuse, or other mental health disorders.

COMMENT

This study's retrospective design and small sample sizes restrain interpretation of the results. Still, these comport with reports that opiates administered after injury may interfere with consolidation of traumatic memories and reduce PTSD risk, perhaps by blocking pain memories and memories associated with other aversive stimuli in the amygdala. Morphine might outperform the shorter-acting fentanyl by reducing breakthrough pain. Because PTSD and major depression are so highly comorbid, lowering PTSD risk might correspondingly reduce depression risk. These findings may inform acute care and help account for differences in PTSD outcomes after traumatic injury and, perhaps, other surgical events.

<http://www.jwatch.org/na34248/2014/04/11>

HOW HIGH LEVELS OF CALLOUS-UNEMOTIONAL TRAITS WORSEN CONDUCT DISORDER

Barbara Geller, MD reviewing Lozier LM et al. JAMA Psychiatry

Low amygdala response to fear, callous-emotional traits, and proactive aggression are interconnected.

Adolescents with conduct disorder (CD) have poor long-term prognosis (NEJM JW Psychiatry Oct 15 2012), and treatment response is poor on teacher reports, an ecologically valid measure (NEJM JW Psychiatry Mar 27 2014).

To better understand how much of this grim prognosis can be attributed to the subgroup of CD patients who also have callous-unemotional (CU) traits, researchers conducted an imaging study among children ages 10 to 17 years. The 30 CD children (14 girls) with a range of CU traits and 16 non-CD control children (6 girls) underwent functional magnetic resonance imaging while identifying the gender of fearful, angry, and neutral faces (an implicit facial-recognition task).

Overall, amygdala activity did not differ between the CD and non-CD groups. In analyses of CD children grouped by high or low CU traits, the high-CU subgroup had lower right amygdala activity to fearful facial expressions only. Lower amygdala activity to fearful faces was inversely associated with CU severity and external proactive aggression.

COMMENT

This study underscores the need to parse the effects of callous-unemotional traits in interventions for and research approaches to children with conduct disorder. Further, the data add to the increasing literature on physiological differences between CD and CU traits (NEJM JW Psychiatry Oct 16 2006; and Oct 22 2012). For CD and high-CU patients with comorbid attention-deficit/hyperactivity disorder, clinicians should first try nonpharmacotherapy approaches or stimulants before prescribing medications with more-serious adverse effects (e.g., antipsychotics or valproate; NEJM JW Pediatr Adolesc Med Mar 13 2002). Monitoring these patients for abuse or diversion of prescribed stimulants is especially important (NEJM JW Psychiatry Apr 30 2007).

<http://www.jwatch.org/na34202/2014/04/08>

DEPRESSIVE SYMPTOMS, APOE4, AND COGNITIVE DECLINE

Joel Yager, MD reviewing Rajan KB et al. Psychosom Med

In an elderly population, depressive symptoms and the presence of the APOE4 risk allele interacted to hasten cognitive decline.

Clinical depression and the presence of the APOE4 risk allele independently add to risk for cognitive decline, but if and how they interact as contributing factors have not previously been examined. In a prospective, population-based study, researchers evaluated depressive symptoms and cognitive functioning in 4150 individuals every 3 years (mean follow-up, 9.2 years; mean baseline age, 72; 70% black; 63% female). Thirty-four percent of participants had at least one APOE4 allele.

At baseline, 43% of participants had no depressive symptoms; 35%, 16%, and 6% were rated, respectively, as mildly, moderately, and severely depressed. Both worse general health and mean baseline scores on the Mini-Mental State Examination (MMSE) were linearly associated with greater depression severity (MMSE scores: nondepressed group, 27.4; severely depressed group, 25.6).

After adjustments for demographics, body-mass index, and number of chronic health conditions, baseline depression level and the presence of an APOE4 allele independently correlated with lower cognitive function, both at baseline and over time. Over time, among individuals with one or two APOE4 alleles, each additional depressive symptom increased cognitive decline 1.5 times, compared with individuals with no APOE4 alleles. In sensitivity analyses, cognitive decline was more evident with lack of happiness and enjoyment and with feelings of sadness, loneliness, and depression than with other depressive symptoms.

COMMENT

Depressive symptoms, which correlated with general health indicators, interacted synergistically with cognitive decline. The interaction was more pronounced among individuals with APOE4 alleles and might result nonexclusively from iterative direct and indirect effects of mood on cognition and vice versa. Even in the absence of APOE4 data, clinicians will want to treat depression and improve general health to reduce cognitive decline in the elderly.

<http://www.jwatch.org/na34141/2014/04/08>

NO-COST CONTRACEPTION'S EFFECT ON SEXUAL ACTIVITY IN YOUNG AMERICAN WOMEN

Anna Wald, MD, MPH reviewing Secura GM et al. *Obstet Gynecol*

Provision of free contraception was associated with increased frequency of intercourse but not number of sex partners or incidence of chlamydia or gonorrhea.

Previous studies have shown that providing no-cost contraception reduces the likelihood of unintended pregnancies, abortions, and teen births (*NEJM JW Womens Health* Oct 22 2012). However, the direct effect of free contraception on sexual activity remains poorly defined. In a secondary analysis of the Contraceptive CHOICE Project (a prospective cohort study involving 9256 St. Louis women aged 14–45 years who received their choice of reversible contraception at no charge), investigators queried participants regarding the number of sexual partners and frequency of intercourse at baseline, 6 months, and 12 months of follow-up.

The proportion of women who reported more than one male sex partner within the past 30 days fell from 5.2% at baseline to 3.3% at 12 months ($P<0.01$). In all, 16% reported an increase in the number of sex partners — but of these, 80% had no partner at baseline and acquired only one partner. The number of sex partners decreased in 13% of participants, and the remaining 71% reported no change. Frequency of sex acts during the past 30 days increased from a median of four at baseline to six during follow-up, and those whose sexual frequency increased did not have a higher incidence of chlamydia or gonorrhea.

COMMENT

Having more sexual partners (especially if it reduces condom use) can result in higher rates of sexually transmitted infections (STIs). However, for participants in the CHOICE project, increased frequency of sexual activity did not lead to higher incidence of two common STIs. Thus, the findings further support the benefit of no-cost contraception for reducing unintended pregnancy rates without raising risk for contracting such infections.

<http://www.jwatch.org/na34172/2014/04/04>

ICU ADMISSIONS ARE ASSOCIATED WITH PERSISTENT COGNITIVE IMPAIRMENT

Patricia Anne Kritek, MD, Edm reviewing Pandharipande PP et al. N Engl J Med

At 1 year after intensive care unit admission, some patients had impairment equivalent to traumatic brain injury.

In the past several years, we have become increasingly aware of prolonged physical recovery after intensive care unit (ICU) admission. Patients also often suffer from anxiety and depression, but do they experience long-lasting cognitive impairment?

Investigators from Vanderbilt studied 821 patients admitted to medical-surgical ICUs for respiratory failure, septic shock, or cardiogenic shock. Patients suspected to be at high risk for dementia were assessed further and were excluded if substantial pre-admission impairment was noted. Among enrolled patients, 74% were delirious (median duration, 4 days), and more than half were comatose at some point.

At 3 months, 31% of patients had died, and an additional 7% died within 12 months. Median scores at both 3 and 12 months on neuropsychological testing instruments were 1.5 standard deviations below the age-adjusted population averages. At 12 months, one third of surviving patients demonstrated impairment equivalent to moderate traumatic brain injury, and one quarter had scores similar to those of patients with mild Alzheimer disease. These levels of impairment were seen regardless of patients' age and comorbidities. Researchers noted a correlation between longer duration of delirium and lower cognitive scores but no association with specific analgesic or sedative medications.

COMMENT

As part of outpatient follow-up after an ICU admission, discussing and assessing a patient's cognitive function makes sense. Patients themselves might not appreciate (or might be embarrassed to discuss) these changes, but family members often notice them. Additionally, although causality with cognitive decline has not been established, continued efforts to prevent ICU delirium are warranted.

<http://www.jwatch.org/na32285/2014/02/11>

TRAGIC TRENDS IN THE TREATMENT OF ADDICTIVE ILLNESS

By Edward J. Khantzian, MD

Why do so many die as a consequence of addiction? Sadly—and in some cases disastrously—affected individuals are never offered alternative approaches after one option fails. More in this commentary.

Why do so many die as a consequence of addiction? Is it in the inexorable, “progressive” nature of the disease? Or might it be the result of entrenched treatment approaches that repeatedly and increasingly become misaligned with the needs of individuals suffering from addictive disorders? For example, some need, and don’t get:

- Safety, structure, and support
- Medications for symptom reduction and control
- Nurturance and comfort
- The company and “fellowship” of others
- Storytelling and group sharing to understand their “errant” ways

The list goes on, and every clinician could add what else might be needed or beneficial to address and provide for those suffering from addictive disorders.

There continues to be a need for professionals who treat addiction, as well as all health care providers, to continue to fine tune approaches that work best and to avoid approaches that are exclusive or doctrinaire.

I write this piece to reach an audience of those who suffer with addictive illness, those who witness it as caring friends and family, and to all clinicians who treat it. I do so to counter attitudes of stigma that diminish empathic concerns for the fate of addicted individuals, and attitudes of therapeutic despair that addictive disorders can engender. And finally, I write it to foster awareness of a problem in the addiction field, where parochial attitudes and practice can be harmful for individuals in need of treatment.

At any given time, we learn of the death of one more celebrity as the media blazons us with such tragic and unwelcome news, a most recent example being the death of Philip Seymour Hoffman. Their achievements and promise, and for some celebrities their notoriety, and the magnitude of such loss, bring us up short. We wonder what addiction is and why it results in

deadly consequences. We are left to worry whether it could have been prevented. Celebrity status succeeds in drawing media attention to the scourge of addiction, but we must not forget the countless incidents throughout society, among the rich or poor, gifted or ordinary, and promising or stuck individuals who unheralded and ignominiously suffer the same fate.

Clearly effective models and approaches for understanding and treating addictive illness exist. These include 12-step programs, relapse prevention, cognitive behavioral approaches, harm reduction therapy, motivational interviewing, medications, and dialectical behavioral therapy. In my clinical experience, modified psychodynamic individual and group treatments are also extremely effective in addressing and resolving the emotional and behavioral problems that drive addictive disorders. Shedler¹ has documented robust evidence that supports the efficacy of psychodynamic psychotherapy [See: PDF]. Few empirical studies show such approaches work for addicted populations, but Shedler's findings apply to treatment of addictive disorders, in my experience. Such application needs further empirical study.

One of the problems in treating addictive disorders is polemics. The debates and controversies go on and date back a half century: Is addiction a disease or a symptom? Do psychiatric disorders cause addiction or is it the other way around? Is it environment or heredity? That debates are rancorous and often bitter is bad enough, but worse, they play out tragically in treatment when adherents of one approach or another rigidly apply a particular model alone to the exclusion of others.

Sadly—and in some cases disastrously—affected individuals are never offered alternative approaches after one option fails. Too often in my own practice, a patient is referred for consultation by a psychotherapist who has adopted a symptom approach alone, trying to get to root causes of drug and alcohol abuse without considering first the need to get the addictive behavior under control; or on the other hand, the patient who has tried and failed 12-step work for decades is told that he or she hasn't bottomed out or "doesn't want" sobriety.

<http://www.apa.org/pubs/journals/releases/amp-65-2-98.pdf>

NETWORKING, PROFESSIONALISM, AND THE INTERNET

By Sandra M. Dejong, MD

In psychiatry, professional challenges are heightened by the importance of the psychiatrist-patient relationship.

The digital revolution has transformed society and forever altered the practice of psychiatry. Technology permeates our daily lives and poses new social and professional challenges. The speed, range, and permanence of digital communication magnify both its efficiency and the effects of breeches in professionalism. Few standards exist regarding the use of technology in medicine, and those that do exist can become quickly outdated as technology advances and patient expectations and standard-of-care practices continue to change.

In psychiatry, professional challenges are heightened by the importance of the psychiatrist-patient relationship. Because of its intimacy, the sensitivity of clinical content, and stigma about mental illness, the psychiatrist-patient relationship must be one of safety and trust. However, psychiatric patients deserve the same access to medical information and up-to-date clinical care practices that all medical patients merit and that technology may enhance. How can psychiatrists integrate technology professionally into clinical practice?

This article addresses key concerns that can arise with the use of technology. It then looks at promising technological opportunities that can be integrated into psychiatric practice while respecting professional boundaries. Finally, recommendations for use of technology in psychiatric practice are discussed.

Clinical care and liability

While technology offers opportunities for improving care, its use in clinical practice has potential pitfalls. Electronic communication largely lacks nonverbal cues such as affect and is easily misinterpreted. Visual and other diagnostic data are lacking. In the rapid back and forth of an electronic exchange, the physician may miss important information; a patient may be having a problem for which he or she needs to be seen. For example, a patient with bipolar disorder who takes lithium e-mails her psychiatrist because she is not feeling well—she attributes her symptoms to exercising in hot weather. Unless the psychiatrist recognizes the possibility of dehydration and resulting lithium toxicity and insists that the patient be evaluated in person, the patient may suffer harm, such as a fall and fracture due to ataxia, thus exposing the psychiatrist to liability.

If someone who is not a current patient contacts a psychiatrist seeking medical advice, the psychiatrist must avoid inadvertently establishing a physician-patient relationship by providing advice with the patient's implied consent. Patients have the right to know the source of medical information; anyone who provides medical information online should identify himself or herself and provide appropriate credentials.

Psychiatrists who post information online using a pseudonym should never assume anonymity. One example is the case of a Boston pediatrician, a defendant in malpractice litigation who was blogging under the pseudonym "The Flea" about a case. When his identity was revealed by the plaintiff's attorney, the case was quickly settled.

Finally, the psychiatrist who provides medical advice to patients online may be providing care across state lines if the patient is not physically within the psychiatrist's state; such situations occur when an adult patient has moved but wishes to continue treatment or when an adolescent has graduated high school and attends college away from home. If the care largely takes place electronically, the psychiatrist should ascertain the other state's medical board requirements.

Doctor-patient relationship and boundaries

Traditionally, psychiatry has insisted on the maintenance of a therapeutic frame for effective treatment. All psychiatric treatment—particularly psychotherapy—requires clear boundaries for patients to feel safe. By restricting treatment to time-limited, face-to-face encounters, patients receive the important message that the relationship is professional. When working through a patient's deeply personal thoughts and feelings, revealed verbally and nonverbally (eg, through affect and gesture), face-to-face sessions are key to successful treatment. Technology does not allow these types of physician-patient encounters and it can blur the boundary between personal and professional.

Because of easy access to the Internet, patients and psychiatrists can obtain personal information about each other. Communication can occur 24/7, and while the participants are invisible to each other, they may be communicating in their nightclothes. The disclosure of intimate feelings and thoughts in such a context invites boundary erosion, and the communication may become an unhealthy vehicle for meeting emotional needs of both psychiatrist and patient. Conversely, the impersonality of text on a screen may increase opportunities for countertransference. Psychiatrists need to remember that it is their job, not the patient's, to maintain the therapeutic frame. Avoid "friending" patients and other electronic interactions that blur professional boundaries.

<http://www.psychiatrictimes.com/career/networking-professionalism-and-internet?>

THE BRAVE NEW WORLD OF BEHAVIORAL THERAPIES FOR ALCOHOL USE DISORDERS

By Kathleen M Carroll, MD

In addition to the approval of novel medications for alcohol use disorders, the past several years have been marked by an emphasis on development, standardization, and dissemination of new behavioral therapies, including computer-based interventions.

The landmark 1990 report, *Broadening the Base of Treatment for Alcohol Problems*, called for a restructuring of treatment to address all levels of alcohol use disorders (AUDs) and to make effective treatments more broadly available. Since then, in addition to the approval of novel medications, the past 14 years were marked by an emphasis on development, standardization, and dissemination of new behavioral therapies.

For example, Project MATCH (Matching Alcoholism Treatments to Client Heterogeneity) introduced and made available clinician manuals for the 3 treatments evaluated. These included motivational enhancement therapy (a variant of Miller's Motivational Interviewing); cognitive behavioral therapy (CBT) (adapted from Monti); and a manualized version of 12-step facilitation. The efficacy of these and other approaches has been established through multiple systematic reviews and meta-analyses, and are included in multiple practice guidelines, including those of the APA.

However, established efficacy does not guarantee effective implementation in clinical practice, and hence research shifted to effective means of training clinicians in these approaches to bridge the research-practice gap. Multiple randomized training trials have established that workshops alone were ineffective in helping clinicians learn to implement behavioral therapies effectively.

Rather, effective implementation of behavioral therapies appears to require exposure through didactic seminar followed by supervisory review and feedback regarding treatment fidelity and skill, followed by ongoing monitoring. While these models have been implemented by some states and large health care systems, their relatively high cost in terms of clinician time, coupled with high rates of turnover of clinicians in many treatment settings, limits the extent to which these models, however effective, can be brought to scale.

Thus, a particularly exciting development has been computerized versions of these approaches. Computerization has multiple potential advantages for broadening the base of treatment for AUDs, including broad availability 24 hours a day; greater confidentiality and hence fewer concerns about stigma; lower cost; standardization; greater ability to reach rural and underserved populations; and many more. A clear advantage for psychiatry practice is that computer-based interventions can serve as a “clinician extender,” offering a means of delivering a high-quality, standardized version of screening, evaluation, and brief treatments, at relatively low cost, thus freeing up psychiatrists’ time for other critical functions.

First, it should be noted that both the quality of these programs and the level of rigor of the studies supporting them varies quite a bit, consistent with the relative recent development of these interventions. Hence, in the section below, approaches that have gone through at least preliminary validation in clinical trials will be highlighted; it is still imperative that the psychiatrist review the programs themselves for quality and appropriateness to the individual patient and that the clinician continue to carefully monitor each patient.

<http://www.psychiatrictimes.com/alcohol-abuse/brave-new-world-behavioral-therapies-alcohol-use-disorders?GUID=E21FA3C4-1588-4190-85DC-7408FE0917C6&rememberme=1&>

OMEGA-3 FATTY ACIDS IN THE PREVENTION OF INTERFERON-ALPHA-INDUCED DEPRESSION: RESULTS FROM A RANDOMIZED, CONTROLLED TRIAL

Biological Psychiatry, Clinical Article

A therapy for chronic hepatitis C virus infection is frequently associated with depression. The routine prophylaxis with antidepressants might expose patients to adverse effects, hence, the need for alternative preventive interventions. Omega-3 polyunsaturated fatty acids are safe and effective essential nutritional compounds used for the treatment of depression, putatively through an anti-inflammatory action. In addition, lower erythrocyte

levels of omega-3 polyunsaturated fatty acids have been associated with an increased risk of IFN-induced depression. EPA is effective in the prevention of depression in hepatitis C virus patients received IFN- α therapy. The study confirms the notion that anti-inflammatory strategies are effective antidepressants in the context of depression associated with inflammation.

Methods

The authors conducted a 2-week, double-blind, placebo-controlled trial comparing eicosapentaenoic acid (EPA), docosahexaenoic acid (DHA), and placebo for the prevention of IFN- α -induced depression.

A total of 162 patients consented to participate and were randomized to the study.

All of the patients completed the 2-week trial; 152 participants were followed throughout the 24 weeks of IFN- α treatment and were included in the analysis.

Results

Compared with placebo, the incident rates of IFN- α -induced depression were significantly lower in EPA treated but not in DHA-treated patients (10% and 28%, respectively, versus 30% for placebo, $p = .037$).

Both EPA and DHA significantly delayed the onset of IFN-induced depression (week of onset: 12.0 and 11.7, respectively, versus 5.3 for placebo, $p = .002$).

EPA and DHA were both well tolerated in this population.

EPA treatment increased both EPA and DHA erythrocyte levels, but DHA only increased DHA erythrocyte levels.

<http://www.mdlinx.com/psychiatry/news-article.cfm/5190614/chronic-hepatitis-c-virus-hcv-clinical-trial-omega-3-polyunsaturated-fatty-acids-n-3-pufas-inflammation-interferon-alpha-ifn-major-depressive-disorder-mdd->

ALCOHOL USE DISORDERS AND PSYCHIATRIC COMORBIDITY: PHARMACOLOGIC MANAGEMENT

By Ismene L. Petrakis, MD

There is increasing evidence and support for medications for alcohol use disorders to be used in regular clinical practice, and not to be limited to specialty substance abuse settings. Here, special considerations for pharmacologic management.

Alcohol misuse and alcohol use disorders (AUD) continue to be an ongoing problem in the US. An estimated 52% of the population reports current alcohol use, and while many people use alcohol responsibly, a significant number transition to heavy drinking, which is associated with an increase in health risk and some develop alcohol use disorders. Based on a large epidemiologic study (National Epidemiologic Survey of Alcohol and Related Conditions, or NESARC), it is estimated that 17.6 million Americans suffer from an AUD.

Individuals with an AUD are more likely than the general population to suffer from other psychiatric disorders. Based on the NESARC data, psychiatric disorders, independent of acute intoxication and withdrawal, but associated with AUD, are found to be among the most prevalent disorders in the US. This has important clinical implications, and suggests that screening and treatment of comorbid conditions should be a national priority.

What conditions are the most frequent to co-occur? Comorbid conditions have been examined by evaluating those conditions that occur in patients with AUD and conversely the rates of AUD's among psychiatric patients. Mood and anxiety disorders are the most common disorders found in patients with AUD. There are also high rates of comorbid AUDs among psychiatric patients as well, with the highest prevalence occurring among those with bipolar disorder.

Higher rates than those found in the general population also occur among the seriously mentally ill, and among military veterans with PTSD. Clearly this suggests that adequate screening for psychiatric disorders among those presenting for treatment of AUD and screening for AUD among psychiatric patients is of high clinical importance in all clinical settings.

Pharmacologic management

An important tool in the treatment of psychiatric and substance use disorders (SUDs), pharmacotherapy is the first line of treatment for most psychiatric disorders. Pharmacotherapy to treat AUD, while far from standard, should be available to patients who want it. Pharmacologic management is often available in settings where psychotherapy is

not available, and pharmacotherapy can be incorporated easily into a comprehensive treatment plan, one that includes psychosocial interventions.

There are special clinical considerations that are important when treating comorbidity. Use of medications to treat AUD is not widespread and some clinicians, particularly those without an addiction background, may be reluctant to prescribe these medications in psychiatric patients. Clinicians may often be concerned about the safety of prescribing medications that may interact with alcohol or with the medications to treat psychiatric disorders. Fortunately, there is a growing body of literature as well as medication guidelines that may help guide clinicians in incorporating medications for AUD into their practice.

There are 4 medications approved by the Food and Drug Administration (FDA) to treat AUDs. These include disulfiram (Antabuse), naltrexone (Revia), acamprosate (Campral) and naltrexone long acting formulation (Vivitrol). Although not formally approved by the FDA, the anticonvulsant topiramate should also be mentioned as the medication with the most promise in treating AUD.

While the research into treatments designed to treat AUDs have historically excluded those with psychiatric comorbidity, in “real world” clinical settings, comorbidity is often the norm rather than the exception. Most of the studies carried out in individuals with psychiatric comorbidity have been conducted with naltrexone. Naltrexone is an opioid antagonist and was approved by the FDA in 1994 to treat AUD in patients. Naltrexone is thought to decrease the reinforcing aspects of alcohol and perhaps to decrease craving. Its efficacy has been confirmed in several meta-analyses, which support its modest efficacy in reducing excessive drinking. Well-designed studies have confirmed the safety and efficacy of naltrexone in patients who have depression, PTSD and even serious mental illness.

Intramuscular naltrexone may be particularly useful in serious mental illness, where medication compliance may be an issue, and there is at least some evidence of its usefulness in this population (personal correspondence). In these aforementioned studies, patients were able to be safely prescribed naltrexone concurrently with psychiatric medications. There even is some evidence among depressed patients with AUD to suggest that adequately treating both the psychiatric disorder and the AUD with naltrexone is a more effective strategy than treating each disorder alone.

<http://www.psychiatrictimes.com/alcohol-use-disorders-and-psychiatric-comorbidity-pharmacologic-management?GUID=E21FA3C4-1588-4190-85DC-7408FE0917C6&rememberme=1&ts=18042014>

GENETIC PREDICTOR OF RESPONSE TO MEDICATION IN SOCIAL ANXIETY DISORDER

Peter Roy-Byrne, MD reviewing Stein MB et al. Neuropsychopharmacology

SSRI response in social anxiety disorder is poor in individuals with a low-functioning variant of a gene moderating second-messenger response to serotonin.

Clinicians have little beyond diagnosis to guide their prescription of medication for psychiatric disorders; finding genetic predictors of response to treatment would substantially improve clinical practice. Using data from a large clinical trial of patients with social anxiety disorder (known to have low rates of response and remission to initial treatment with selective serotonin reuptake inhibitors [SSRIs]), researchers examined variants in four genes linked either to anxious temperament (RGS2 and genes for the serotonin 2A receptor and the norepinephrine transporter) or to SSRI treatment response (serotonin transporter promoter [5-HTTLPR]).

The 346 participants with genotyping data received 10 weeks of open-label, manufacturer-supplied sertraline treatment. In analyses adjusting for genetic ancestral variation and nongenetic predictors of response, four variants of RGS2 that reduce production of the RGS2 protein were associated with fewer effects on social-anxiety symptoms. A low remission rate was significantly associated with one variant; the link to another variant showed a trend toward significance.

COMMENT

In this study, individuals with low-functioning RGS2 variants responded poorly to SSRIs. This finding makes mechanistic sense because RGS2 both codes for a protein that reduces G protein response to serotonin and is associated with anxious temperament and enhanced amygdala response to emotional stimuli. Before a clinical test becomes available, the finding would need to be replicated. An ideal test would provide predictions for multiple different medications, enhancing the clinician's ability to choose wisely rather than being forced into a trial-and-error procedure.

<http://www.jwatch.org/na34035/2014/03/24/genetic-predictor-response-medication-social-anxiety#sthash.zaec3NQL.dpuf>

ADVANCED PATERNAL AGE AT CHILDBEARING IS ASSOCIATED WITH PSYCHIATRIC AND ACADEMIC MORBIDITY

Mary Wu Chang, MD reviewing D'Onofrio BM et al. JAMA Psychiatry

A dose-response relationship was noted.

Advanced paternal age (APA) is associated with increased genetic mutations during spermatogenesis, which has recently been suggested to increase psychiatric morbidity in the offspring. However, inconsistent epidemiological findings and confounding factors have left the effects of paternal age unclear.

Researchers performed a population-based epidemiological cohort study of all 2,615,081 individuals born in Sweden from 1973 to 2001 to estimate risks for APA-associated psychiatric morbidity and academic dysfunction. The analysis included multiple quasi-experimental designs (e.g., comparison of differentially exposed siblings, comparison of cousins, and comparison of first-born cousins) to control, as well as possible, for genetic and environmental factors. Multiple national registries were mined for data on psychiatric status and academic function. In overall comparisons, APA was associated with increased risk for autism, psychosis, and bipolar disorder but with decreased risk for other morbidity. In contrast, sibling comparison and other quasi-experimental analyses demonstrated a dose-response relationship with every index of morbidity. In sibling-comparison analysis, offspring of fathers 45 years and older were at significantly higher risk for autism (hazard ratio, 3.5), attention-deficit/hyperactivity disorder (HR, 13), psychosis (HR, 2.1), bipolar disorder (HR, 24.7), suicide attempts (HR, 2.7), substance abuse (HR, 2.4), failing grades (HR, 1.6), and low educational attainment (HR, 1.7) than offspring of fathers aged 20 to 24 years.

COMMENT

Advanced maternal age has long been a classic risk factor fundamental to obstetrics, pediatrics, and genetics practice and associated with certain disorders (e.g., Down syndrome). I would not be surprised to see advanced paternal age emerge as a similar consideration. To determine associated conditions, we need to pay attention in the clinic and in the lab. The authors recognize that advanced paternal age can bring benefits, such as increased parental maturity and conscientiousness and increased “social and cultural capital.” However, the results of this massive and careful study demonstrate that, on an epidemiologic level, APA is associated with increased risk for psychiatric and academic morbidity, causally associated with new genetic mutations affecting spermatogenesis. The analyses did not demonstrate a critical paternal age; the effect of increasing age showed a “dose-response relationship.” These findings are important for research and for clinical assessment of children, as well as for personal childbearing decisions.

<http://www.jwatch.org>

PREHYPERTENSION INCREASES STROKE RISK

Hooman Kamel, MD reviewing Huang Y et al. *Neurology*

A meta-analysis of prospective studies shows a clear association between blood pressure $\geq 120/80$ mm Hg and stroke, with significantly increased risk even in the 120–129/80–84 mm Hg range.

Hypertension, defined as blood pressure (BP) $\geq 140/90$ mm Hg, has long been established as a common and treatable risk factor for stroke. The association between lower BP ranges and stroke is less well-established. Investigators have now performed a meta-analysis of prospective, observational studies on the association between baseline prehypertension (BP 120–139/80–89 mm Hg) and subsequent stroke. To be eligible, studies had to follow patients for at least 1 year and report relative risks (RRs) adjusted for potential confounders, such as diabetes and smoking.

Of 19 eligible studies, 14 were judged to have good quality using standard criteria, and there was no evidence of publication bias. Prehypertension was present in 25% to 54% of participants and was associated with a significantly increased risk for stroke (relative risk, 1.66). Compared with normotension, stroke risk was increased for both low-range (BP 120–129/80–84 mm Hg) prehypertension (RR, 1.44) and high-range (BP 130–139/85–89 mm Hg) prehypertension (RR, 1.95), although the association was significantly stronger for high-versus low-range groups. These associations were largely unchanged across various subgroups.

COMMENT

This meta-analysis of mostly high-quality studies convincingly establishes prehypertension as a common stroke risk factor. In the absence of randomized trials comparing pharmacologic treatment to a BP target of $<120/80$ versus $<140/90$ mm Hg, current guidelines call for only lifestyle changes to treat prehypertension. In fact, the recent JNC-8 guidelines softened prior recommendations for pharmacologic treatment, calling for a higher BP threshold (150/90 mm Hg) in patients ≥ 60 years of age. Given the enormous burden of stroke worldwide, we have a critical need for large, randomized trials to address whether pharmacologic treatment of prehypertension lowers stroke risk. In the meantime, clinicians should advise prehypertensive patients about their increased stroke risk, strongly urge lifestyle changes, and discuss the option of pharmacologic therapy if lifestyle changes fail to reduce BP.

<http://www.jwatch.org/na34101/2014/03/28/prehypertension-increases>

SMOKING CESSATION IS ASSOCIATED WITH IMPROVEMENTS IN MENTAL HEALTH

Paul S. Mueller, MD, MPH, FACP reviewing Taylor G et al. BMJ

The effect size is similar to that of antidepressant treatment.

Many smokers cite relief of psychological symptoms as a reason for continued smoking. However, the relation between smoking and mental health is unclear. In this meta-analysis of 26 prospective, observational studies conducted in various countries worldwide, investigators compared changes in mental health (anxiety, depression, mixed anxiety and depression, quality of life, positive affect, and stress) at ≥ 6 weeks' post-smoking cessation with changes after the same amount of time among people who continued to smoke.

After a median follow-up of 6 to 12 months, smoking cessation, compared with continued smoking, was associated with significant decreases in anxiety, depression, mixed anxiety and depression, and stress and significant increases in psychological quality of life and positive affect (all measured via questionnaires). The effect size was similar between participants from general populations and those with physical or psychiatric illnesses.

COMMENT

In this study, smoking cessation was associated with improved mental health outcomes. Although these observational associations do not prove causality, they do challenge widely held beliefs that smoking relieves psychological symptoms and that trying to quit smoking aggravates such symptoms. As the authors note, if the associations are causal, the effect size of smoking cessation is similar to that of drug treatment for depression or generalized anxiety disorder. At least, these results should inspire us to be more proactive in encouraging smoking cessation among patients with anxiety and depression.

<http://www.jwatch.org/na33710/2014/03/06>

BE MINDFUL OF RELAPSE IN SUBSTANCE ABUSE

Steven Dubovsky, MD reviewing Bowen S et al. JAMA Psychiatry

A mindfulness-based therapy shows superiority to two other approaches at 1 year. Relapse at 1 year in substance use disorders (SUDs) is estimated at 40% to 60% and is thought to result from an interaction between personal motivation and coping skills, peer influences, and substance availability. Relapse prevention therapy involves identifying these situations and enhancing skills to avoid substance use. To examine different prevention approaches, researchers conducted a randomized trial involving 286 patients with SUDs (70% male; 49% minority ethnicity; mean age, 38) who had completed 28 days of inpatient or 90 days of intensive outpatient treatment. The three treatment arms were 8 weekly group sessions of mindfulness-based relapse prevention (MBRP), cognitive-behavioral relapse prevention therapy (RPT), or treatment as usual (TAU; including a 12-step program). Three months after treatment, groups showed no differences. After 6 months, both RPT and MBRP were associated with significantly less relapse to substance use than TAU. After 12 months, MBRP was associated with significantly fewer days of drug use and, if relapse did occur, a greater probability of not drinking heavily than RPT and TAU.

COMMENT

Whereas relapse prevention therapy and treatment as usual emphasize avoidance of high-risk situations and minimizing dysphoria that could lead to substance use through external support and cognitive restructuring, mindfulness-based relapse prevention teaches tolerance of dysphoria and life's inevitable setbacks, decreasing the need to alleviate distress immediately with substance use. Enhancing emotional flexibility and means of accepting daily problems and urges may build greater resilience in the face of unavoidable cues that once led to substance use. Although mindfulness-based therapies may take a little longer to master, they can provide substantial long-term benefit to patients with substance use disorders and other impulse-ridden conditions.

<http://www.jwatch.org/na34123/2014/03/31/be-mindful-relapse-substance-abuse#sthash.DPAhTI0B.dpuf>

FDA WARNS OF POSSIBLE MORPHINE OVERDOSE IN CHILDREN WHO RECEIVE POST-OP CODEINE

Taking postoperative codeine may cause serious adverse reactions — including death — in certain children, the FDA cautioned on Wednesday. The warning follows reports that three children died and one experienced serious breathing problems after taking codeine for pain relief following surgery to remove their tonsils and/or adenoids for obstructive sleep apnea syndrome.

According to the agency, all of the children, aged 2 to 5 years, were given typical doses of the painkiller but were "ultra-rapid metabolizers," meaning they had a genetic mutation that caused their bodies to convert the codeine into morphine unusually quickly and more completely. The prevalence of ultra-rapid metabolizers may be as low as 1% in people of North European and Asian descent and as high as 29% in those of African descent.

Codeine-containing drugs should be given to children on an as-needed basis only, at the lowest effective dose. Signs of overdose include confusion, difficult or noisy breathing, and unusual sleepiness.

<http://www.jwatch.org/fw20120816000003/2012/08/16/>

META-ANALYSIS FINDS NO CAUSAL RELATION BETWEEN VITAMIN D STATUS AND HEALTH

By Amy Orciari Herman

Vitamin D's frequently observed association with health conditions is not causal, according to a meta-analysis in the *Lancet Diabetes & Endocrinology*.

Researchers analyzed data from 290 prospective cohort studies and 172 randomized trials examining the relation between serum concentrations of 25-hydroxyvitamin D and nonskeletal health conditions. In the cohort studies, higher 25 (OH)D concentrations generally were associated with lower likelihood of cardiovascular disease, lipid disorders, glucose metabolism disorders, infectious diseases, multiple sclerosis, mood disorders, and total mortality. However, the randomized trials showed no effect of vitamin D supplementation on these outcomes.

The authors conclude that low serum vitamin D may simply be a marker of poor health. They speculate that low concentrations "could be the result of inflammatory processes involved in the occurrence and progression of disease."

<http://www.jwatch.org/fw108231/2013/12/06/meta-analysis-finds-no-causal-relation-between-vitamin-d#sthash.3vUV5DNQ.dpuf>

COLLABORATIVE CARE MIGHT BENEFIT CARDIAC PATIENTS WITH DEPRESSION AND ANXIETY

Thomas L. Schwenk, MD reviewing Huffman JC et al. JAMA Intern

Integrated mental health and primary care improved overall function.

Collaborative care is effective for treating patients with anxiety and depression (NEJM JW Gen Med May 27 2010 and NEJM JW Gen Med Mar 10 2006). In this study, researchers examined the effects of collaborative care in 183 patients discharged from the hospital with acute coronary syndrome, heart failure, or arrhythmia and clinical diagnoses of depression, generalized anxiety, or panic disorder. Patients with unstable psychiatric disease, suicidal ideation, or substance abuse were excluded.

Participants were randomized to one of two groups. The collaborative care group received structured assessment and follow-up contact with a social worker plus either pharmacotherapy (citalopram, sertraline, buspirone, or clonazepam, depending on clinical situation) or telephone-based cognitive behavioral therapy (CBT; minimum planned 50-minute sessions, 6) delivered by the social worker. The control group received usual care from primary care clinicians who received reports from the social worker about ongoing depression or anxiety symptoms. Participants were assessed with validated mental health measures every 6 weeks.

At 24 weeks, collaborative-care participants had significantly greater improvements in mean mental health–related quality-of-life scores, depressive symptoms, and general function than did usual-care participants. No differences were observed in anxiety symptoms or cardiac readmission rates.

COMMENT

This study adds to our understanding of new approaches to integrating medical and mental health care, although we still lack robust cost-effectiveness analyses. Editorialists note that this study is unusual, perhaps unique, in showing some value in lumping together patients with several different cardiac diseases and psychiatric diagnoses and treating them with a fairly limited set of interventions delivered by a generalist social worker.

<http://www.jwatch.org/na34403/2014/04/22>

STRESS IN TEENAGERS AFFECTS THEIR BRAINS

Barbara Geller, MD reviewing van der Knaap LJ et al. Transl Psychiatry

High levels of stressful life events in adolescence, not just in childhood, increase methylation in the hypothalamic-pituitary-adrenal axis.

In studies of animals (NEJM JW Psychiatry Sep 23 2004) and humans (NEJM JW Psychiatry Mar 30 2009), early-life stress or trauma affected the hypothalamic-pituitary-adrenal axis, including increased methylation, which reduces glucocorticoid receptor (GR) functioning. Whether stress during adolescence is associated with methylation has not been studied. To fill this knowledge gap, researchers genotyped GR methylation at three sites on the NR3C1 gene in 468 teenagers (mean age, 16; 50% female) who were participating in a larger longitudinal study. Participants with higher risk for psychopathology were oversampled.

Methylation of NR3C1 was significantly greater in individuals with trauma histories from birth to age 16 (e.g., sexual or severe physical abuse) or with elevated rates of stressful life events during the teenage years (e.g., family divorce). Neither childhood nor perinatal stress was associated with greater methylation.

COMMENT

Unlike this study, earlier investigations (e.g., NEJM JW Psychiatry Jul 9 2013) found that childhood or perinatal stresses affected methylation. The current findings might represent a reversal of earlier methylation (NEJM JW Psychiatry Mar 26 2012). Although this study concentrated largely on tangible events, clinicians should inquire about chronic stresses that parents and offspring may be less aware of, such as when adolescents' capabilities do not fit their academic and extracurricular activities. Almost all of the "poor fits" will be teens with IQs not commensurate with getting A's in families that expect no less or adolescents with poor athletic ability who are expected to make the team. Psychotherapy should be used to address these producers of environmental stress.

<http://www.jwatch.org/na34375/2014/04/23/stress-teenagers-affects-their-brains#sthash.41fEh4mR.dpuf>

DIRECT-TO-PATIENT EDUCATION LIMITS BENZODIAZEPINE USE IN OLDER ADULTS

Thomas L. Schwenk, MD reviewing Tannenbaum C et al. JAMA Intern Med

The same approach used by pharmaceutical companies to promote medication use also can be used to limit inappropriate use.

Although medical professional organizations have recommended against benzodiazepine use in older adults because of an association with excess risk for cognitive decline, falls, and hip fractures, physicians continue to write and refill prescriptions at a high rate. To test the effectiveness of direct-to-patient education on discontinuation of benzodiazepines, investigators in Canada randomized 30 pharmacies to provide a patient-education intervention or usual care to older adults for whom they refilled benzodiazepine prescriptions. About 300 participants (mean age, 75; 70% women; mean duration of benzodiazepine use, 10 years) were involved. The intervention group received booklets containing detailed assessments of their benzodiazepine use, information on benzodiazepines' risks, testimonials about successful quitting, alternative approaches to treating insomnia and anxiety, tapering recommendations, and instructions to discuss discontinuation with their physicians or pharmacists.

About 85% of participants completed follow-up. At 6 months, 27% of intervention participants versus 5% of controls had discontinued benzodiazepines. An additional 10% to 12% of each group had tapered use. In follow-up interviews, one third of the intervention participants who did not attempt to taper use cited “discouragement” by their physician or pharmacist as the reason.

COMMENT

This important proof-of-concept study shows that going directly to patients can be effective in reducing use of potentially dangerous medications. The direct-to-consumer approach employed by pharmaceutical companies to promote medications might be equally effective in limiting inappropriate use. Why physicians would actually “discourage” tapering of benzodiazepines — as reported by some patients in this study — is unclear.

[Http://www.jwatch.org/na34449/2014/04/24/direct-patient-education-limits-benzodiazepine-use-older#sthash.HUqia3eU.dpuf](http://www.jwatch.org/na34449/2014/04/24/direct-patient-education-limits-benzodiazepine-use-older#sthash.HUqia3eU.dpuf)

ANXIOLYTICS AND HYPNOTICS ARE ASSOCIATED WITH EXCESS MORTALITY

Paul S. Mueller, MD, MPH, FACP reviewing Weich S et al. BMJ

Even 1 year of use elevates risk.

Use of anxiolytic and hypnotic drugs such as benzodiazepines and Z-drugs (e.g., zolpidem [Ambien and generics], zaleplon [Sonata and generics]) is associated with adverse effects, including daytime fatigue, accidents, and falls (NEJM JW Gen Med Mar 28 2013). To determine whether people taking anxiolytic or hypnotic drugs are at elevated risk for death, investigators in the U.K. conducted a retrospective cohort study in which 35,000 primary care patients (age, ≥ 16) who were first prescribed anxiolytics, hypnotics, or both between 1998 and 2001 were matched by age, sex, and practice site with almost 70,000 patients for whom these drugs were not prescribed. Mean follow-up was 7.6 years.

After adjustment for age and multiple potential confounders, excess mortality was noted among users of benzodiazepines (hazard ratio, 3.7), Z-drugs (HR, 3.7) and other anxiolytic or hypnotic drugs (HR, 2.1) during the first year after they were prescribed. For all three drug classes, higher drug doses were associated with higher risk for death in a dose–response pattern.

COMMENT

In this study, use of benzodiazepines, Z-drugs, and other anxiolytic and hypnotic drugs was associated with elevated risk for death; dose–response relations were observed. Notably, many patients in this study were prescribed drugs from more than one class (e.g., 18% were prescribed both benzodiazepines and Z-drugs). Although confounding is possible, results of this study add to growing evidence that use of these drugs is associated with substantial harm.

<http://www.jwatch.org/na34071/2014/05/01/anxiolytics-and-hypnotics-are-associated-with-excess#sthash.A33IDTyE.dpuf>

INTRANASAL PHERINES FOR SOCIAL ANXIETY DISORDER?

Joel Yager, MD reviewing Liebowitz MR et al. Am J Psychiatry

In a proof-of-concept study, intranasal spray of a substance related to pheromones reduced anxiety related to a public speaking task, less so for anxiety related to social interaction.

No FDA approvals exist for treatments used “as needed” to thwart anxiety induction by public speaking, social get-togethers, and other situations associated with social anxiety disorder (SAD). However, several off-label treatments for these disorders are currently employed, often effectively — beta blockers, benzodiazepines at sub-sedating doses, and even alcohol. In early research, a synthetic neuroactive steroid pherine (in the family of pheromones), which selectively targets human nasal chemosensory receptors but lacks affinity for steroid hormone receptors, rapidly calmed volunteers, women more than men. Investigators have now conducted a double-blind, multisite, industry-sponsored trial of this investigational drug; participants were otherwise healthy women with SAD recruited from study databases or the community.

Initially, patients received (single-blind) intranasal saline spray, followed 15 minutes later by a challenging public speaking task; after 30 minutes, they were resprayed and challenged by a party simulation (role-play with three staff members). In a subsequent visit, the 98 patients with high anxiety scores during either challenge were randomized to intranasal pherine or saline (double-blind) and then reexperienced the two challenge situations. Anxiety scores were lower in challenges during the second visit than during the first one, which suggests desensitization with placebo. However, pherine recipients were much less anxious than placebo recipients during public speaking and somewhat less anxious regarding social interactions.

COMMENT

This proof-of-concept study suggests that this odorless pherine administered intranasally might briefly reduce anxiety, presumably by directly affecting salient limbic and prefrontal areas. The rapid onset is worth noting (as it is unusual for prescription psychotropics). Whether this compound or similar ones show effectiveness in real-world settings and how they compare in effectiveness and cost-effectiveness with beta blockers and other interventions remain to be seen.

<http://www.jwatch.org/na34298/2014/04/18/intranasal-pherines-social-anxiety-disorder#sthash.nA2uxUa6.dpuf>

TREATMENT OF ANXIETY IN CHILDREN: LONG-TERM FOLLOW-UP

Martin T. Stein, MD reviewing Piacentini J et al. J Am Acad Child Adolesc Psychiatry

Initial treatment responders at 12 weeks maintained significant positive outcomes after 6 months of maintenance treatment.

The prevalence of anxiety disorders in children ranges from 10% to 20%. Selective serotonin reuptake inhibitors (SSRI) and cognitive-behavioral therapy (CBT) are evidence-based treatments for pediatric anxiety. The largest randomized, controlled treatment study of anxiety in children and youth, the Child/Adolescent Anxiety Multimodal Study, included 488 patients (74% aged <12 years) with anxiety disorders (separation, generalized, and social phobia). After 12 weeks, combination therapy (sertraline and CBT) was associated with a significantly higher response rate (81%) than either CBT alone (60%), sertraline alone (55%), or placebo (28%), based on a standardized clinician rating of severity of illness (JW Pediatr Adolesc Med Nov 6 2008).

During maintenance treatment, 412 responders in the three active-treatment groups continued their assigned treatments for an additional 6 months and received 6 monthly booster sessions; 325 completed the extended treatment study. Overall, more than 80% of acute responders maintained positive outcomes at 24 and 36 weeks. Response rates were more than 80% in the combination group and more than 70% in the CBT-alone and sertraline-alone groups.

COMMENT

This study showed a significant positive outcome in children and youth with anxiety disorders treated with cognitive-behavioral therapy, a selective serotonin reuptake inhibitor, or both when treatment was maintained for 9 months. Most patients in this study were younger than 12 years, and retention during the extended phase of the study was high. As more pediatric clinicians follow the American Academy of Pediatrics recommendation to screen for anxiety and depression and either initiate or participate in a treatment plan (Pediatrics 2010: 125;S109), this high-quality, long-term follow-up study will become a valuable resource.

<http://www.jwatch.org/na34074/2014/04/22/treatment-anxiety-children-long-term-follow#sthash.eQDrPvBt.dpuf>

WHY DO WE PROCRASTINATE?

Joel Yager, MD reviewing Gustavson DE et al. Psychol Sci

Procrastination has genetic roots and is strongly related to impulsivity, according to a large study of twins.

Most contemporary explanations of procrastination have relied on psychodynamic and cognitive-behavioral models focusing on avoidance and aversion. Somewhat counterintuitively, however, procrastination (delaying decisions and actions) has been moderately associated with impulsivity (acting rashly); both might be related to deficiencies in managing long-term goals. Based on these observations, investigators sought possible genetic connections among these traits in an analysis of data from a large twin study.

Included in this analysis were 181 monozygotic and 166 dizygotic same-sex twin pairs (mean age, 23), who completed several self-rating questionnaires on procrastination (e.g., goal neglect, effort avoidance, and need for external control), impulsivity (e.g., urgency, lack of premeditation), and goal-management failures (e.g. "forgetting" to do things). Unexpectedly, procrastination showed moderate heritability, as did impulsivity; these two traits were strongly correlated, due to shared genetic influences, and both were highly correlated with goal failures. Models showed substantial overlap of genetic influences linking all three. Sex had no significant influence on the findings.

COMMENT

The authors discuss an intriguing explanatory hypothesis based on human evolution: Eons ago, early hunter-gatherers might have been better served by immediately satisfying their basic needs than by creating and persevering with long-term plans. These pressures may have favored both impulsivity and, thus, procrastination. Be that as it may, this study is the first to demonstrate genetic contributions to procrastination. New studies should distinguish task-specific procrastination from generalized procrastination and differentiate among the various facets of impulsivity. Taking these findings into account, clinicians may wish to direct therapies for procrastination toward attending to concurrent impulsivity and strengthening motivations and rewards for goal completion.

<http://www.jwatch.org/na34420/2014/04/28/why-do-we-procrastinate#sthash.VT462nzv.dpuf>

TOPIRAMATE APPROVED FOR MIGRAINE PREVENTION IN ADOLESCENTS

Amy Orciari Herman, Physician's First Watch

Now we have an effective medication for prophylaxis.

The FDA has approved the antiepileptic topiramate (Topamax) to prevent migraine in adolescents aged 12 to 17 years. It's the first drug approved for migraine prevention in this age group.

Topiramate should be taken daily, at a dose of 100 mg. Its approval was based on a randomized trial of roughly 100 adolescents: Those taking topiramate experienced a 72% decrease in migraine frequency, versus 44% among placebo recipients. Side effects included paresthesia, upper respiratory infection, loss of appetite, and abdominal pain.

Like all antiepileptic drugs, topiramate may increase the risk for suicidality. In addition, its use during pregnancy places infants at risk for oral clefts. Topiramate has been approved to prevent seizures since 1996 and to prevent migraine in adults since 2004.

COMMENT

Alain Joffe, MD, MPH, FAAP

Migraine headache management can be a challenging issue for families and pediatricians, in part because diagnosis can be difficult (JW Pediatr Adolesc Med Jan 30 2013). In a recent study, cognitive behavioral therapy plus amitriptyline was more effective than headache education alone for treating chronic migraines (JW Pediatr Adolesc Med Jan 14 2014). Now we have an effective medication for prophylaxis. One note of caution however: Not only can topiramate use place infants at risk for oral clefts if their mothers use it during pregnancy, but it can also interfere with the effectiveness of oral contraceptives. Hence, to prevent unintended pregnancy, it is critical to obtain a careful medication history before starting therapy and make adjustments as needed.

<http://www.jwatch.org/na34265/2014/04/14/topiramate-approved-migraine-prevention-adolescents#sthash.jdCxZngv.dpuf>

E-CIGARETTE INJURIES ON THE RISE

By Amy Orciari Herman

Over 50 complaints of electronic cigarette injuries were made to the FDA between March 2013 and March 2014 — roughly equivalent to the number seen in the preceding 5 years combined — Reuters reports.

Complaints included difficulty breathing, headache, cough, dizziness, sore throat, nose bleeds, chest pain, and allergic reactions. One woman noted that her young son's voice had been raspy since his father started using the devices. In addition, one consumer reported that an e-cigarette "blew up in my mouth while inhaling, burning my ... gum, lip and fingers," while another blamed the devices for blackened taste buds.

The director of the FDA's Office of Science called the increase in injuries significant, according to Reuters, noting that poison control centers have also seen a rise in e-cigarette-related calls.

Most e-cigarettes are made in China, and the quality is inconsistent, the story notes.

<http://www.jwatch.org/fw108737/2014/04/18>

BOXED WARNING, CONTRAINDICATION TO BE ADDED TO CODEINE-CONTAINING PRODUCTS

By Kristin J. Kelley

Products containing codeine should not be prescribed to children undergoing tonsillectomy and/or adenoidectomy, says the FDA. Additionally, the agency will add a boxed warning contraindicating codeine's use in that circumstance.

The new labeling is based on a safety review conducted by the agency after receiving reports that three children died when they were given codeine for pain relief after surgery for obstructive sleep apnea.

<http://www.jwatch.org/fw201302210000002/2013/02/21>

LONELINESS CAN REALLY HURT YOU

By Dr. Sanjay Gupta



Loneliness is an invisible epidemic that affects 60 million Americans. Everyone feels lonely at times in their lives, but chronic loneliness poses a serious health risk. As Richard Lang, MD, chair of preventive medicine at the Cleveland Clinic, puts it, people need to attend to loneliness “the same way they would their diet, exercise, or how much sleep they get.”

According to University of Chicago social neuroscientist John Cacioppo, social isolation or rejection is as real a threat to our well-being as thirst, hunger, or pain. “For a social species, to be on the edge of the social perimeter is to be in a dangerous position,” said Cacioppo, who co-authored “Loneliness: Human Nature and the Need for Social Connection.” “The brain goes into a self-preservation state that brings with it a lot of unwanted effects.”

When your brain is on high alert, your body responds in kind. Morning levels of the stress hormone cortisol go up because you’re preparing for another stressful day. “We get a flatter

diurnal cycle in that cortisol, which means it's not shutting off as much at night," Cacioppo said. As a result, sleep is more likely to be interrupted by micro-awakenings.

Cacioppo's research suggests loneliness actually alters gene expressions or "what genes are turned on and off, in ways that help prepare the body for assaults, but that also increase the stress and aging on the body." Animal studies have shown that social isolation alters levels of dopamine, a neurotransmitter that determines impulsive behavior.

The combination of toxic effects can impair cognitive performance, compromise the immune system, and raise the risk for vascular, inflammatory, and heart disease. Studies show that loneliness increases the risk for early death by 45 percent and the chance of developing dementia in later life by 64 percent. On the other hand, people who have strong ties to family and friends are as much as 50 percent less at risk of dying over any given period of time than those with fewer social connections.

There's nothing unusual about feeling lonely. "It's perfectly common for people to experience loneliness when their social networks are changing, like going off to college or moving to a new city," said Harry Reis, professor of psychology at the University of Rochester. The death of a loved one or marital discord can also trigger feelings of isolation. But there's a difference between temporary "state" and chronic "trait" loneliness.

"Many of the patients we see have had situational loneliness that becomes chronic. They have been unable to rebuild after a loss or a move or retirement," said psychiatrist Richard S. Schwartz, MD, co-author of "The Lonely American: Drifting Apart in the Twenty-First Century." "One of the ways that situational loneliness can become chronic is precisely because of the shame we feel about our loneliness, the sense we have of being a loser."

RELATED: Loneliness Is Bad For Your Health

"There's a notion that lonely people are doing something wrong," said author Emily White, who chronicled her own experience in "Lonely: Learning to Live with Solitude." "Lack of social skills...lack of intelligence...less athletic. Notions we don't bring to other similar psychological conditions like depression."

Feeling lonely is not the same as being alone. "For some people, even though they have what on the outside looks like a social world, their internal experience is loneliness," said Nadine Kaslow, PhD, ABPP, a professor in the psychiatry department at Emory and president of the American Psychological Association.

Reis believes loneliness is rooted in the quality of a person's relationships. "It's a lack of what we call intimate interaction...meaningful interactions where people are really connecting with the other person," he said.

So what should a lonely person do?

First, recognize the loneliness. Loneliness is often equated with being a loser, "with holding up a big L over your head," said Cacioppo. People tend to deny or conceal their loneliness, in which case it's likely to get worse.

Second, understand what the loneliness is doing to your mind and body. "Unless you understand the psychological complexities of loneliness, you won't understand what you're doing," said White.

Third, respond. "The idea is to reconnect safely," said Cacioppo. Social media isn't a substitute for face-to-face contact, but "it's better than nothing." White found her own feelings of loneliness began to change when she signed up for a women's basketball league. "I was nervous. I was self-conscious. But I made myself do it," she said.

A therapist can help, especially if loneliness is accompanied by feelings of anxiety or depression. "Loneliness promotes secrecy and distrust," said White. "If you find someone outside of your social circle...you can talk really openly."

If you know someone who's lonely and want to help, here are some of White's suggestions:

- Don't text. Use the phone.
- If you leave a message and don't get a call, call back.
- Set up something low-key, like a walk. Keep the emotional temperature low.
- Don't diminish what the lonely person is going through.
- Recognize that you may have to do more work to get the same level of response that you would get from another friend.

Simple acts of social interaction can make a big difference. So next time, just say "hello" — to the neighbor you brush past on the way to work, the sister you haven't called in weeks, or the co-worker you rarely speak to by the coffee machine.

"If [a lonely person] is able to make one more friend, the loneliness starts to diminish," said Jacqueline Olds, MD, co-author of "The Lonely American." "All sorts of scary things become possible when you have a friend to do them with."

WOMAN DECIDES NOT TO SELL VIRGINITY FOR \$850K



A 28-year-old US medical student who auctioned her virginity for over \$850,000 has declined to have sex with the winning bidder.

The self-proclaimed "Virgin Whore", who uses the pseudonym Elizabeth Raine, received bids from men around the globe including Australia after she opened the

controversial auction on April 1.

Bidding closed on Wednesday night in the US with a winning offer of \$US801,000 for a 12-hour date in Australia during which she would give her virginity away.

But shortly after bidding wrapped up Ms Raine announced on her blog she was backing out of her deal with the cashed-up suitor.

"I am here to tell you that the terms of the auction will not be fulfilled," she wrote.

"With the blessings of my management and the high bidders, I have decided to put a stop to this kerfuffle (to describe it nicely) and return my focus to my medical training."

Raine described herself as 5-foot-10 and 59kg, with blonde hair and green eyes.

"And no, I am not socially awkward or cold-hearted, I am not gay (although I do sometimes think this is unfortunate), and I do not even want to get married. I am just uniquely me!" she wrote on her blog.

A series of lingerie shots were posted on her blog but other attempts to protect her real identity have prompted some to speculate the woman behind the blog is not the one in the photos.

She had previously said she would offer medical proof of her virginity and take a polygraph test.

<http://news.ninemsn.com.au/world/2014/05/09/10/44/woman-decides-not-to-sell-virginity-for-850k#yK7MJDKM7Ej47usH.99>

UNRELIABLE PARENT, IMPULSIVE CHILD

Barbara Geller, MD reviewing Schneider S et al. Transl Psychiatry

Children's perceptions of parents' inconsistency in giving rewards are linked to greater impulsivity.

Do inconsistent parental rewards contribute to the environmental pathogenesis of teenagers' impulsive and addictive behaviors? To learn more, investigators used a delay discounting (DD) paradigm combined with functional magnetic resonance imaging in 48 healthy teenagers (mean age, 14). DD refers to an individual's lower valuing of promised versus immediate awards.

In baseline questionnaires, teenagers self-reported substance use and assessed parents' reward consistency. At baseline and at 2 weeks, teens completed the DD test and were rated on whether they chose a lower, but immediate, reward or a later, larger one. Also, teens completed another study, which required them to send e-mails describing a good experience that day; they were told that each e-mail would receive an award. By design, half of the group did not receive the promised rewards.

At baseline, teenagers with higher DD reported greater alcohol use in the previous year (too few used cannabis or tobacco for analyses). Parental inconsistency and higher DD at both time points were associated with lower activation of the nucleus accumbens and ventromedial prefrontal cortex.

COMMENT

Even preschoolers differ in the ability to delay gratification, and children who can delay their rewards have better cognitive and social outcomes during adolescence (Science 1989; 244:933). Thus, finding the etiology of delay discounting is important. Because only adolescents' reports of parental reward behaviors were available, it is not possible to discern whether parental inconsistency was actual or whether physiologically impulsive teenagers misinterpreted reward fulfillment, perhaps due to a genetically transmitted trait. Nevertheless, these data make such great intuitive sense that clinicians should consider educating parents that keeping their promises of reward affects their children's' future impulsivity and alcohol use.

<http://www.jwatch.org/na34455/2014/04/30/unreliable-parent-impulsive-child#sthash.7pyvBdSZ.dpuf>

ADJUNCTIVE MEDICATIONS AND OUTCOMES FROM VIRTUAL REALITY EXPOSURE THERAPY

Joel Yager, MD reviewing Rothbaum BO et al. Am J Psychiatry

In Iraq and Afghanistan combat veterans with PTSD, alprazolam reduced treatment effectiveness, and D-cycloserine added virtually little.

Exposure therapy is a standard approach to achieve fear extinction in post-traumatic stress disorder (PTSD), but whether adjunctive medications can further help remains unclear. Pre-exposure administration of D-cycloserine, an N-methyl-D-aspartate receptor partial agonist, has variably improved results in some anxiety disorders, presumably by boosting fear extinction, whereas benzodiazepines, widely used in PTSD patients, may impede fear extinction. To learn more, investigators randomized 156 Iraq or Afghanistan combat veterans diagnosed with PTSD to D-cycloserine (50 mg), alprazolam (0.25 mg), or placebo, each administered in a single pill 30 minutes before each of five 90-minute sessions of virtual reality exposure (VRE). VRE, which uses sights, sounds, vibrations, and odors, can augment prolonged imaginal exposure, an empirically supported therapy for PTSD.

Study exclusion criteria were lifetime psychosis, bipolar disorder, suicidal risk, and current alcohol or drug dependence. Patients with mild traumatic brain injury or ongoing treatment with stable nonbenzodiazepine psychotropics could participate. At 12 months post-treatment, all patients had improved, but those taking alprazolam did worse than those receiving placebo or D-cycloserine; 12-month results for the latter two were indistinguishable. Secondary analyses suggested that D-cycloserine reduced fear-potentiated startle, lowered cortisol responses to VR scenes, and modestly helped patients in between-session learning; however, these effects did not appear to improve global outcomes.

COMMENT

Because this study lacked a sham or no treatment group, the comparative effectiveness of the approach used here cannot be evaluated. Furthermore, traumatic brain injury and other psychotropic medication use may have been influential but were not considered in group assignments. Although we might agree that the clinically unimpressive results from D-cycloserine are at best inconclusive, clinicians have a clear take-home message: Benzodiazepines can interfere with imaginal exposure therapy for PTSD.

<http://www.jwatch.org/na34441/2014/05/05/adjunctive-medications-and-outcomes-virtual-reality#sthash.Cp376hkP.dpuf>

SUBTHRESHOLD PTSD IS A REAL DISORDER

Steven Dubovsky, MD reviewing McLaughlin KA et al. Biol Psychiatry

People meeting some but not all criteria appear to be clinically ill.

How, or even whether, to treat people who have some symptoms of post-traumatic stress disorder (PTSD) without meeting full criteria remains controversial. These researchers analyzed data from a WHO series of international, partially industry-funded, structured DSM-IV–based interviews (67,652 community-based respondents). The 23,936 participants in this analysis reported lifetime exposure to at least one trauma involving war, civilian physical assault, sexual assault, threats without violence (e.g., earthquakes), and threats to or traumatic death of loved ones. The researchers extrapolated DSM-5 criteria from the DSM-IV interviews to create and test several models of subthreshold illness.

The prevalence of DSM-5 PTSD was 3%. The prevalence of subthreshold PTSD, defined as meeting two of the four PTSD diagnostic criteria (intrusive recall, avoidance, negative cognitions and mood, hyperarousal), was 4.6%. The vast majority of respondents who had at least one symptom in each diagnostic category also met this definition of subthreshold PTSD. Significant distress and impairment were associated with subthreshold PTSD under this definition, although less so than with full PTSD.

COMMENT

People who have a sufficient number of symptoms in two or three PTSD domains appear to be clinically ill even if they do not meet full criteria for the disorder. Whether the treatment of such individuals is the same as for patients with full PTSD remains to be determined, but it certainly seems indicated to follow them closely.

<http://www.jwatch.org/na34464/2014/05/05/subthreshold-ptsd-real-disorder#sthash.i1dtHADT.dpuf>

HIGHER SSRI DOSES LINKED TO GREATER RISK FOR SELF-HARM IN YOUTH

**Peter Roy-Byrne, MD reviewing Miller M et al. JAMA Intern Med 2014 Apr 28. Brent DA
and Gibbons R. JAMA Intern Med**

In depressed individuals aged 24 years and younger, the rate of self-harm was greatest in the 3 months after initiating higher versus modal doses.

Although studies have shown increased risks for suicidal ideation and attempts with selective serotonin reuptake inhibitors (SSRIs) in patients aged ≤ 24 , the effect of dose on these risks has not been examined. Now, researchers have compared risks for deliberate self-harm after initiation of citalopram, fluoxetine, or sertraline for depression at high versus modal dose. Analyses were based on observational data on 162,625 patients (age range, 10–64) from a large claims database.

High- and modal-dose groups were propensity-matched on multiple demographic, illness severity, and suicide history variables. Patients changing doses were censored from analyses. Among patients aged ≤ 24 or younger, subsequent risk for self-harm was twice as great in those started on high (18% of patients) than on modal doses. Most events occurred in the first 90 days. In patients aged >25 , dose had no effect on self-harm risk. Among young patients in the modal-dose group, the risk was similar before and after antidepressant initiation. Results were unchanged in analyses excluding treatment-naive patients and those without suicide histories.

COMMENT

This study suggests that clinicians treating young, depressed patients should begin SSRIs at lower doses. Unfortunately, as editorialists note, the study did not examine below-modal starting doses, nor did it compare treated patients with those not initiating antidepressants. Also, the effect of dose escalation was not explored. Although the authors feel that before-and-after analyses are limited and less valid than the method they chose, the finding that self-harm events did not increase after modal-dose SSRI initiation suggests that dose may indeed be an important factor. Despite the propensity method, there may still be unmeasured characteristics of patients started on higher doses that placed them at risk for both higher-dose selection and worse suicidality outcomes.

<http://www.jwatch.org/na34500/2014/05/05/higher-ssri-doses-linked-greater-risk-self-harm-youth#sthash.u3ahpSAv.dpuf>

USPSTF RECOMMENDS ASPIRIN TO PREVENT MI IN MEN, STROKE IN WOMEN

Richard Saitz, MD, MPH, FACP, FASAM reviewing Wolff T et al. Ann Intern Med 2009 Mar
17. U.S. Preventive Services Task Force. Ann Intern Med

The task force revised its 2002 recommendations, primarily based on new data for women. In 2002, the U.S. Preventive Services Task Force (USPSTF) advised clinicians to discuss aspirin use with adults who were at elevated risk for coronary heart disease (JW Gen Med Feb 1 2002). In this 2009 update, the task force provides sex-specific guidance, based on new clinical trial data about aspirin's benefits for women. When the potential benefit outweighs the potential harm from gastrointestinal hemorrhage, the task force recommends aspirin for middle-aged or older men (age range, 45–79) and older women (age range, 55–79) to prevent myocardial infarction and ischemic stroke, respectively.

The task force also concluded that current evidence was insufficient to assess the balance of benefits and harms of aspirin for cardiovascular disease prevention in elders (age, ≥ 80 ; I statement). The USPSTF recommends against aspirin use for MI prevention in women younger than 55 and in men younger than 45.

Tables accompanying the guidelines indicate the levels of MI and stroke risk for men and women, respectively, at which aspirin's benefits likely will exceed risk for GI hemorrhage. For example, for middle-aged men (age range, 40–59) with heart disease risk of $\geq 4\%$, and for older women (age range, 55–59) with stroke risk of $\geq 3\%$, benefit likely outweighs risk. GI risk is elevated in men, in patients with ulcer histories or upper GI pain, and in those who regularly take nonsteroidal anti-inflammatory drugs.

For elders (age, ≥ 80), the USPSTF suggests that aspirin use can be considered when risk factors for bleeding (except older age) are absent and suggests that patients be taught to recognize initial signs of bleeding.

COMMENT

Implementation of the two "A" recommendations for aspirin use requires estimation of cardiovascular and GI risks and a comparison of the numbers of events prevented and risked. To obtain 10-year coronary and stroke risks, the guideline refers clinicians to online calculators that were not developed by the USPSTF; some clinicians might find that this extra step hinders facile use of the guideline. In addition, the comparison between cardiovascular and GI risks assumes that cardiac and bleeding events are valued equally; if they are not, then these different valuations must be considered. Even when preventive recommendations such as these are based on randomized trials, translating them into practice with individual patients can be challenging.

<http://www.jwatch.org/jw200904140000001/2009/04/14/uspstf-recommends-aspirin-prevent-mi-men-stroke#sthash.L0sWoC2B.dpuf>

DISTRIBUTOR'S SON OF 'FITNA' ACCEPTS ISLAM IN DUBAI

Courtesy KT

The son of Arnoud van Doorn, the famous Dutch policy maker and distributor of an anti-Islam film Fitna that caused unrest in 2008, surprised the audiences at the three-day Dubai International Peace Convention by embracing Islam.

Arnoud's son, Iskander Amien De Vrie, was one of the 37 people who converted to Islam during the convention.

"I bear witness that there is no God to be worshipped but Allah and I bear witness that Muhammad (peace be upon him) is his worshipper and last messenger," said Iskander in his Shahadah (testimony) to become a Muslim.

Arnoud van Doorn shot to fame in 2008 as one of the names associated with the anti-Muslim film Fitna, which was released in 2008. The film promoted misconceptions about Islam and Arnoud was one of the film's distributors.

Five years later, Arnoud was a changed man having learned more about Islam, which he today calls as 'a religion of peace'. He converted to Islam after learning more about the religion and his decision shocked the world.

"I saw my father become more peaceful after converting to Islam. That's when I realised there is something good in this religion and it made me change my perception of Muslims. I started studying the Holy Quran and going through lectures of important scholars," said Iskander during an interview in Dubai.

Iskander, 22, credited his college friend Younis for setting a good example of what Muslims really are and how they live their life.

"My friend Younis is a good practicing Muslim who taught me something new every day. He was patient with me and there was no way I could be rude to him," said Iskander. Iskander also drew inspiration from his father's life and how he underwent a transformation to become a more peaceful person.

Talking about the anti-Islamic movie Fitna, Arnoud called it a "mistake", which he deeply regretted. "There is a misconception among people that I produced the movie Fitna, but I wasn't involved in it. I was only responsible for distributing the movie. Today, it is something that I deeply regret."

Arnoud hopes to produce a movie about the righteousness preached in Islam and correct his earlier "mistakes". "I feel an urge and a responsibility to correct the mistakes I have done in

the past. I want to use my talents and skills in a positive way by spreading the truth about Islam.

I am trying to make a new movie about Islam and the life of Prophet Muhammad (peace be upon him). It would show people what examples the Prophet set in his life and the movie would invite younger people to Islam.”

With both the father and son now leading life as Muslims, the astonishing story was talked about by speakers and scholars even after the convention was over.

Arnoud is now calling on people to support his Islamic Foundation, which is fighting Islamophobia in Europe.

Having started the European Dawah Foundation, Arnoud has come a full circle from his earlier days as a member of the right-wing anti-Islam Freedom Party.

His team of volunteers works towards bridging the gap between Muslims and non-Muslims and helping people clear their misconceptions about Islam.

Iskander now plans to take a trip to Saudi Arabia to perform Umrah and hopes his mother would also embrace Islam soon.

AMERICAN KILLS CRYING SON OVER VIDEO GAME

A Florida man suffocated his young, crying son so he could play video games on his Xbox and watch TV. Cody Wygant, 24, is charged with third-degree murder and child neglect. He was being held without bail.

Sixteen-month-old Daymeon Wygant wasn't breathing when emergency crews arrived at the home. The child was pronounced dead at a hospital, investigators said.

Wygant said he was frustrated because the boy was crying uncontrollably, preventing him from playing his Xbox games, according to investigators.

He covered the boy's nose and mouth for three to four minutes until he became lethargic, then placed him in a playpen and covered him with bedding, which was tucked around the boy's body and head, officials said.

Wygant didn't check on Daymeon for five hours, investigators said, while he played Xbox and watched three episodes of the television show "Fringe." (Agencies)

CHINESE IMPORTS HURTING LOCAL INDUSTRIES

(From an article in The News)

There are 18 industries in Pakistan facing a severe pressure from a heavy influx of Chinese imports in the wake of Pak-China free trade agreement, revealed a study by Manzil Pakistan. These industries include pharmaceuticals, plastic, paper, tools, tobacco, footwear and others.

The study was presented in a context of the proposed Pak-India trade liberalisation and a comparative advantage analysis. The government was asked to pay heed to 18 vulnerable industries before liberalising trade with India.

Naheed Memon, chief executive of Manzil Pakistan – which is a Karachi-based non-profit think tank – said the policymakers should look into the issue if the government wants these industries to be able to sustain both local and global competitiveness.

“While these industries have performed well in the past, they may not be able to do so in an open trade regime with India because of the additional pressure from the Indian industry. These sectors are already facing additional challenges at home such as the energy crisis,” she said.

“The Pakistani government needs to formulate appropriate policies to support these industries before the liberalisation is fully implemented as they are expected to suffer by losing their share in the local as well as the global market,” Memon added.

The study by Manzil Pakistan investigates the progress of the manufacturing sector at home and the results are based on the Revealed Comparative Advantage Index, which is a measure of disadvantage or advantage a country has in the specialisation of a particular product.

The study labels 18 industries as vulnerable, of which five are those which have lost their competitiveness in the global market over the years, while the rest have shown marginal growth and are struggling hard to attain or sustain competitiveness.

“The idea is to bring government’s attention to these industries in order to provide appropriate support,” Naheed Memon said.

Though the study recommends protection for some industries, yet it supports a liberalised trade regime with India.

TWO DANCERS RAPED IN FOREST NEAR BHARA KAHU

(From an article by Shakeel Anjum in The News)

Two girl dancers were kidnapped and later allegedly gang-raped in a forest adjacent to Athal on the outskirts of Bhara Kahu in the wee hours of the morning on their way back to Qasai Gali, police sources said.

Police have registered a case on the complaint of mistress of the dancing house, but didn't arrest any of the rapists because of their influence, sources maintained.

HN, 30, of Kasur, at present living in Qasai Gali, Raja Bazaar, Rawalpindi, lodged a complaint with the Bhara Kahu Police Station that she was running a dancing house in Qasai Gali keeping some young girls as dancers.

She said that she sends her dancers to marriage ceremonies in different localities of Rawalpindi, Islamabad as well as their adjacent areas. HN said that on the midnight of March 29 and 30, two eunuchs Yamin and Zarman came to her and booked two dancers for a marriage ceremony in Athal and took R and S with them.

The girls left the ceremony after performing dance at about 2 a.m. with a driver when four men intercepted the car near Naseer Bagh and pulled the girls out of the car and dragged them to an adjacent forest, tore their clothes and raped them.

The victims called her on telephone and informed her about their plight, she told police. She stated that she contacted Yamin and Zarman who reached the scene and took the girls to Qasai Gali. HN said that the marriage was of Mujahid and Abdul Hafiz who arranged the dance party. "Tahir, son of Zaman, along with 3 or 4 other men were involved in the gang rape," she alleged.

The Bhara Kahu Police have registered a case (FIR No. 82/14) under Sections 376, 109/34 PPC, but have not yet arrested any suspect nominated in the FIR.

Sources in the police station disclosed that an officer of the police station, dealing with the case, advised the suspects to get pre-arrest bail from the court of law and appear before police for investigation as the suspects are influential people and police were avoiding their arrest.

HN, when contacted by this correspondent for her comments, expressed her dissatisfaction over the police performance, saying that none of the rapists have yet been arrested. "I don't know who were the rapists, as we are simple dancers and do our job without knowing whereabouts of the parties who book the dancers," she concluded.

Editor's Notes: Is it now "legal" in the Islamic Republic of Pakistan to keep girls to send to people's parties for "dancing"?

ADNAN RASHEED HAD REGRETTED ATTACK ON MALALA YOUSAFZAI

Adnan Rasheed had married in jail

(From an article by Sabir Shah in The News)

Believed to have been killed, prominent Pakistani Taliban Commander Adnan Rasheed had expressed his regrets over the fact that that he had not warned the teenage Swat girl Malala Yousafzai before the October 2012 attempt on her life.

Referring to Adnan Rasheed's letter addressed to Malala, the July 17, 2013 edition of the widely read online American blog "Huffington Post" had stated: "The letter from Adnan Rasheed, however, didn't apologize for the October attack that had left Malala Yousafzai gravely wounded. Rasheed, who has close relations with Taliban leaders, only said that he found the shooting "shocking" and wished it hadn't happened."

This online blog, which has an active community that posts over one million comments every month, had quoted the recently killed Taliban stalwart as opining six months ago that he would leave it up to God to decide whether the outspoken activist for girls' education should have been targeted or not.

It quoted Adnan Rasheed's letter written after Malala's July 2013 speech at the United Nations: "You have said in your speech that pen is mightier than the sword, so they attacked you for your sword not for your books or school."

The "Huffington Post" had further written: "Rasheed said the letter received by "The Associated Press" had expressed his own opinion, not that of the militant group. "The Associated Press" spoke to another Taliban commander who confirmed the letter, written in English, was authentic."

The blog, quoting Adnan Rasheed, had said the Taliban did not attack Malala because she was a proponent for girls' education, but because she was critical of the militant group when it took over much of Swat in 2008 and 2009.

The online publication had maintained: "That mirrors what some militants said at the time of the shooting. Rasheed, who Taliban broke out of prison last year, said the militants

supported both boys and girls going to school as long as they received an Islamic education and didn't study what he called a "satanic or secular curriculum." Rasheed said Taliban only blow up schools that Pakistani soldiers use as hideouts.

Teachers and activists say this is only partly true. Some were targeted because they were used by the military, but many of the attacks were motivated by the Taliban's opposition to girls' education and schooling that doesn't follow their strict interpretation of Islam, the teachers and activists say."

According to the "Huffington Post," Adnan Rasheed had also justified the attacks in Pakistan on health workers providing children with polio vaccinations, claiming the West was trying to sterilize Muslims. Adnan Rasheed could not live much after having made good his escape some nine months and seven days ago from the historic Bannu Central Jail.

He had remained behind bars for eight years and four months. Adnan Rasheed was awarded death sentence by a Field General Court Martial on October 3, 2005 at Chaklala Base of Pakistan Air Force for carrying out the 2004 life attack on former Pakistani President Pervez Musharraf.

Six other Air Force men were also given a similar punishment. At the time of his conviction Adnan Rasheed was locked at the Adiala Jail in Rawalpindi, but was later shifted to the Bannu Central Jail.

The district Swabi-born Rasheed was freed in an eyebrow-raising jailbreak operation on April 15, 2012 when around 200 Taliban militants armed with guns, grenades and rockets had attacked the high-security Bannu prison in Khyber Pakhtunkhwa and had managed to get 384 prisoners released.

It is imperative to note that the TTP spokesman Ehsanullah Ehsan had subsequently declared on April 20, 2012 that the jailbreak operation was chiefly meant to get Adnan Rasheed freed. Meanwhile newspapers archives reveal that while he was on a death row in 2010, the very recently killed Taliban Commander Adnan Rasheed was allowed to tie a marital knot in the jail.

The union behind the bars had later resulted in the birth of a daughter for the high-profile Taliban stalwart and his wife. In jail, this former junior technician of the Pakistan Air Force, was also allowed to use social networking sites such as "Facebook" to keep in touch with friends and give interviews at will, a few local and foreign publications had claimed.

BANGLADESH MOVES TO BAN JAMAAT-E-ISLAMI

AFP

Bangladesh war crimes investigators moved to outlaw the country's largest Islamic party, accusing it of genocide and other atrocities during the 1971 bloody struggle for independence.

Government investigators handed a report detailing war crimes allegations against Jamaat-e-Islami to prosecutors, in the latest move against the party which was banned from contesting January elections.

"We want total dissolution of the party," the government's chief war crimes investigator Abdul Hannan Khan told reporters. "Jamaat and its wings took the decision to act as auxiliary forces of the Pakistani army in committing atrocities in the 1971 war. So the party cannot avoid its superior responsibilities," Hannan said.

Hannan said prosecutors from the country's controversial war crimes tribunal would now proceed with charges against the party which would lead to a trial in the same tribunal.

"The whole nation has been waiting for this trial. It is the first time after the Nuremberg and Tokyo trials that a party is to be prosecuted for war crimes," Hannan said, comparing Jamaat to the Nazi party. The tribunal, set up by the secular government in 2010, has already convicted more than a dozen of Jamaat's leaders over crimes allegedly committed during Bangladesh's war against Pakistan for independence.

A senior Jamaat leader was executed in December after his conviction, sparking a fresh wave of deadly protests by Islamist supporters.

Protesters have repeatedly clashed with police over the tribunal, which Islamists claim is aimed at eradicating its leaders, leaving more than 200 people dead since last January when the verdicts were first handed down.

Jamaat, a leading opposition party, was banned from contesting general elections held in January this year which were boycotted by other opposition parties and marred by bloodshed.

Editor's Notes: Jamaat-e-Islami is the only party which has been accused of siding with the Pakistan Army during the separatist movement in former East Pakistan. They suffered then and continuing to suffer now for their loyalty to Pakistan.

SALEEM SHAHZAD HITS BACK AFTER MQM SUSPENDS HIM

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

Muttahida Qaumi Movement's former senior leader Saleem Shahzad has announced that he will expose the corruption that allegedly exists within the party and will make important disclosure in this regard. Speaking to The News from Dubai over telephone after the MQM suspended his basic party membership, Saleem Shahzad said that the party leadership was already aware that he had decided to resign from the basic membership of the party.

The MQM said in an announcement that Saleem Shahzad has been suspended for violating "party discipline" and made it clear that the party didn't have anything "directly or indirectly with the business dealings of Saleem Shahzad". The MQM stated that the veteran leader's membership has been suspended for "indefinite period".

Saleem Shahzad was sidelined by the MQM along with several senior leaders including Raza Haroon, Anees Advocate, Anis qaimkhani and others following the general elections in May last year. Saleem Shahzad then left for Duabi where has been working in the real estate sector for a local businessman. He has no property or business interests in London and it is believed that his family lives in a property owned by the MQM.

Saleem Shahzad revealed: "I had informed the party about my decision to resign from the basic membership of the party and to separate myself completely from the party. There is a corrupt lobby within the MQM that has been against the diehard ideological workers like myself who helped found the party and remained loyal to it through all kinds of tribulations. These elements are involved in extortions, killings, smuggling and lawlessness. I have a long list of what I am going to expose before the nation in coming days. I will reveal names of the money-making mafia," the former Rabita committee member said.

Saleem Shahzad, who worked with Altaf Hussain since the foundation of the party as a student group and has served in some of the most senior positions, said he will "expose those who have made billions using the platform of the MQM through deception and without any accountability in the party".

He said "corruption" within the MQM has become a serious issue and he will do everything to "expose those who are in the party not for ideology but to make money at any cost and to mislead the party leadership".

When asked if he plans to form his own party or join an established party, Saleem Shahzad said he would reach London soon where he would make important decisions after meeting his trusted colleagues. Saleem Shahzad has been suspended from the party quite a few times in the past but this time the parting of ways seems to be permanent and there is every sign that Saleem Shahzad is not going to ask for a reconciliation or mediation with the party leadership. "Enough is enough," he declared.

SALEEM SHAHZAD'S HOUSE ATTACKED IN LONDON

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



The house of Muttahida Qaumi Movement's former senior leader Saleem Shahzad has been attacked in London by four men. Sources have confirmed to this scribe that four men attacked the house in London's Mill Hill area where Saleem Shahzad has been living with his wife and daughters for several years now.

Saleem Shahzad, who is now in Dubai, was not in London at the time of the attack when the four men approached the house at 6 o'clock in the evening on Saturday 12th of April, 2014.

The sources told that the attackers first searched the car of Saleem Shahzad's family, went around the house. The attackers then banged the doors and windows of the house using a metal bar.

The sources confirmed that the attackers forcibly tried to open the main door but failed to make their way in. Shahzad's wife and daughters were present in the house at the time of the attack and they immediately called the police.

It's not clear at this stage whether any damage was caused to the property or anyone was injured also but Saleem Shahzad's family has been given a crime reference number and the local police are investigating.

It's in the same neighbourhood where the MQM's estranged leader Dr Imran Farooq was killed on 16 September 2010 outside his house by two men who are in Pakistan's unannounced custody.

HOME-MADE DOLLARS

(From an article by Javed Mirza in The News)

It's a new age work from home scheme – just press a button and earn dollars in return. It's a business model based on the concept of referral marketing – you refer someone back to an outlet where you have made a purchase. The only difference here is that this operated via the internet via paid-to-click (PTC) websites.

PTC is an online business model that draws online traffic from people aiming to earn money from home. PTC websites, act as middlemen between advertisers and consumers; the advertiser pays for displaying ads on the PTC website, and a part of this payment goes to the viewer when he views the advertisement. In addition, most PTC sites offer a commission to its members for signing up new members (similar to many affiliate marketing programs online), or they may pay members a percentage of the clicks that their referrals make as an ongoing commission. These

PTC sites pay their registered members for visiting sponsors' pages; the links are available on the websites. PTC websites pay their members through payza or Paypal etc., which are internet based e-payment hubs much like Visa ATMs. Payza, Paypal and others also issue visa debit cards enabling withdrawal of money. "We live in the age of Dot Com billionaires; every single second spent on internet is a cent earned," says Syed Farhan, CEO of Gray Matter Solutions. "I have scores of clients who have monetized their stay on the internet and they are earning a reasonable amount every month through such schemes".

"This is a trillion dollar industry and just one PTC site neobux is worth over \$1.5 billion according to Alexa having average daily revenue of \$66,000," he added.

The internet has drastically altered the way in which information is shared, and has had a profound impact on marketing. Over the past five years, advertising budgets allocated to internet media have grown spectacularly.

In 2010, it will represent 16 percent of total advertising expenditure worldwide and this figure could reach 21 percent in the next four years. This growth is significantly fuelled by search and performance tools such as affiliate marketing, email, comparison websites, etc. This growth has opened countless opportunities for earning and monetizing one's stay online. Get-paid-to (GPT) is a concept that allows every internet user to make their routine internet usage productive. GPT sites pay to do one or more tasks including Complete Offers, Click on Ads, Read Emails and Complete Surveys.

Farhan says that millions of web pages are created every day and they are thirsty for traffic and ranking on search engines.

"Whenever one makes a search on Google or any other search engine, only the first 20-30 search results get the hit, no one bothers to visit the search result number 10th thousand. Hence, every website is willing to be among the top 30 because every unique visit is a potential sale".

Any website receiving larger number of hits with reference to some particular tags or keywords, comes on top i.e. Search engine optimization (SEO), which is the process of affecting the visibility of a website or a web page in a search engine's natural or un-paid search results.

In general, the earlier or higher ranked on the search results page, and more frequently a site appears in the search results list, the more visitors it will receive from the search engine's users.

Jehangir Khan, an MBA a student at BIZTEK says, "I spend over five hours on internet working on GPT and PTC, which I can simultaneously do while Facebooking or Tweeting and it gets me over \$200 per month".

"This is a good thing, but the problem is that a large number of PTC or GPT sites are 'scams' and they don't pay their members. But once to identify 'legit' and honest sites, it's too easy. There are a number of blogs providing update about the legitimacy of PTC and GPT sites, the most reputed are www.payzaptc.wordpress.com and www.ptc-investigation.com," Khan says.

"Initially it looked boring as the rate of earning is low but when I realized that it was not taking any extra effort, time or investment, I kept clicking and now I have several of my classmates and friends are my referrals."

Khan added that clickers in Pakistan did not have the option of Paypal, so only the websites offering payments through Payza were available for Pakistan. He said that there were thousands of PTC websites, but one needed only 15 to 20 legit sites, which consumed less than one hour and warned over \$100 a month.

Farhan said that the trend of making residual income was gaining popularity in Pakistan and referred to advertisements published in local newspapers and cable TV offering opportunities to earn residual income through internet.

"The trend is much popular in US and Europe as most of the offers and surveys are targeted towards their citizens," Farhan said.

There are a number of well established GPT/PTC sites which have been operating for several years, and are now termed elite locations. Farhan says that the total number of clickers/members of GPT/PTC sites in Pakistan could not be known because no one was maintaining these figures, nor the quantum of money earned through these websites could be identified.

However, he maintained that a large number of people were using these sites and the number was increasing with the internet users in the country.

Scams, although exposed on various PTC forums, are still heavily used by newcomers who are drawn into the websites by search engines. Scam PTC sites are known to attract new users with lucrative offers and disappear without trace after a short time.

Farhan says that there was no remedy if one got scammed, because those involved could not be traced and no litigation could be undertaken against them.

He concludes that the new comers should only opt for established and tested sites, which could be found on several blogs such as payzaptc.wordpress.com and ptc-investigation.com.

HEALING TOUCH FROM INDIA A CLICK AWAY

**Online OPD connects Pakistani Patients to Indian doctors
(From an article by Sidrah Roghay in The News)**

Patients who enter room 103 at the Ziauddin University Hospital in Clifton are introduced to a virtual world. Here, patients and doctors talk via webcam.

Sulaiman Saleem, a 20-year-old patient, arrives. He had to take a semester off from his university because of a particularly troublesome allergy which swelled up his gums, face and hands. After consulting several doctors in Pakistan, he decided to consult on across the border.

He sits in front of a computer and a video portal connects him to Dr Lalitha Sekhar, senior consultant for internal medicine at the Medanta hospital in Gurgaon, India.

She had received the patient's case history and medical reports via email. After listening to him, she announces that Saleem has urticaria - in short no one knows what causes the bumps and rashes on his body. He will have to live on anti-allergy pills for life.

Saleem is satisfied. "At least she heard me out properly and told me what was wrong with me."

Patients much more critical than Saleem have received treatment through this 11-month-old initiative called "Peace Clinic" launched by the Ziauddin University Hospital.

On April 25 this year, two-year-old Nalain Aziz returned from a successful liver transplant surgery from Delhi. He was referred to India through an online OPD. Dr Subhash Gai, chief liver transplant surgeon at the Apollo Hospital India, operated on him at the Peace Clinic.

When he was just two months old, Aziz underwent an unsuccessful surgery. After several visits to the hospital, it was declared that his liver had failed and he needed a transplant. After consulting Dr Gai, the family travelled to Delhi. Satisfied with the medical treatment his son had received in India, Shoaib Nawaz said: "For parents scared of travelling to India for a liver transplant, let me assure them that this chance is worth taking."

The Peace Clinic is the brainchild of Naved Aslam, a businessman who himself went for a heart surgery to India about 10 years ago.

"I had a rare heart ailment. No doctor in Pakistan was ready to operate on me. I faced a lot of difficulty connecting to doctors in India."

After he recovered, he began a campaign to connect hospitals in India to those in Pakistan. Medicine in India being much more advanced than Pakistan has a lot to offer to ailing patients. "Initially no one understood my idea of an online clinic. But after several months of talking to hospitals in both countries, I was able to connect the Ziauddin University Hospital to the Medanta, the Apollo Hospital and the Fortis Hospital."

In the next phase, the Ziauddin University Hospital in Karachi, a partner of the Peace Clinic, will receive surgeons from India. They will teach the finer details of liver transplant surgeries to their Pakistani counterparts.

A liver surgery unit is ready at the hospital. After its formal inauguration, patients will no longer need to travel to India.

“After doctors in Pakistan are trained by liver surgeons from India about pre- and post-surgery care, Indian doctors will travel let’s say once a month to Pakistan, perform surgeries and leave.”

However, even after leave, they will be able to monitor each patient online. A trolley with a webcam and a computer will be present on each patient’s bedside and surgeons in India will be able to talk to their patients every day.

“I know it sounds far-fetched but such practices are being used world over. With technology becoming advanced, compact and faster, there can be tremendous cost-saving. You just have to be ready to accept creative ideas,” said Aslam.

MQM’S UNEXPLAINED PHENOMENON

(From an article by Salahuddin Haider in The News)

Before discussing MQM’s changing strategies, focus should be on business and academic losses for a city, called the revenue engine of the country. Protest demonstrations, closure of educational institutions, marches and rallies now need to be banned completely to conserve time and energies for the sake of unhindered progress and development. Legislations have become necessary to confine such activities to parks, and specified places. Sindh unfortunately has a faceless government, totally oblivious of the demands of time. It derives pleasure through holidays galore, whether for rituals at tombs etc, or succumbing to pressure tactics from politico-religious organisations. Exams are put off, precious time for students preparing for exams, are lost, and industries, ports, etc suffer from manpower shortage, which in turn, lead to more taxes every year.

Sanity therefore demands that the government should sit with all stakeholders, politicians, traders, businessmen, educational officials, to find a way out as to how to prevent blocking of principle thoroughfares like M A Jinnah road etc for funeral prayers or for slogan mongering.

Yet another issue, requiring study is the changing strategies within MQM which has joined the government without giving much explanation of its decision. An impression is somehow created that the organisation is in some kind of imbroglio.

Attempts to seek explanations often draws blank as the only answer available is that “we have our own philosophy, which is to serve the poor”. But has it really been succeeding in its objectives is extremely difficult to analyse. Some recent developments like the exit from its list of once highly placed Karachi mayor Mustafa Kamal, and now replacing Dr Farooq Sattar with Rashid Godil as the parliamentary leader in the National Assembly were a huge surprise.

Mystery shrouds Kamal’s downfall, as one fine morning, he left for Tanzania to be at his in-laws (his wife is Pakistani Tanzanian). The party kept quiet for sometime, until it was forced to announce that he has resigned his senator’s seat, and also perhaps the party membership, though this remains unconfirmed.

Early this week, Dr Farooq Sattar, who has been federal and provincial minister several times, and also opposition leaders in the two houses – a regular parliamentarian since 1988 – was changed to the shock and surprise of many. His place as parliamentary leader of the MQM, was given to a rather unknown Rashid Godil.

The only explanation offered was that “this is normal in MQM”. The party keeps changing its priorities to suit the circumstances. But the explanation left the hunger unquenched. Sattar will remain a member of the lower house of the federal parliament.

Even one of the top MQM leader conceded that none of the six party members, who are back now in government, will get either power or money for development, which is their right. Simultaneously MQM leader voluntarily revealed that Rehan Malik as interior minister in PPP administration has recruited 14000 people. MQM merely wanted 100 of these vacancies, but was brushed aside. Why did the MQM listen to such an unreliable partner, is least understandable. The explanation that MQM and PPP will jointly be able to wipe off the yawning gap among native Sindhis, and the migrants from India, looks unconvincing.

Whether party will benefit from any of these moves is hard to say because PPP is far too shrewd to part with power and pelf, and even agree to let the MQM have its mayor in Karachi after the municipal elections scheduled for November under the Supreme Court order.

Editor’s notes: Since Azeem Tariq the former chairman of MQM was murdered no one has been appointed chairman and after the unceremonious exit of Aslam Azhar no one has been appointed the convener of the co called “Coordination Committee” it has to function with just a “deputy convener” who has also been changed recently.

ALCOHOL KILLS ONE PERSON EVERY 10 SECONDS WORLDWIDE: WHO Agencies

Alcohol kills 3.3 million people worldwide each year, more than AIDS, tuberculosis and violence combined, the World Health Organisation said on Monday, warning that booze consumption was on the rise.

Including drink driving, alcohol-induced violence and abuse, and a multitude of diseases and disorders, alcohol causes one in 20 deaths globally every year, the UN health agency said.

"This actually translates into one death every 10 seconds," Shekhar Saxena, who heads the WHO's Mental Health and Substance Abuse department, told reporters in Geneva.

Alcohol caused some 3.3 million deaths in 2012, WHO said, equivalent to 5.9 percent of global deaths (7.6 percent for men and 4.0 percent for women).

In comparison, HIV/AIDS is responsible for 2.8 percent, tuberculosis causes 1.7 percent of deaths and violence is responsible for just 0.9 percent, the study showed.

More people in countries where alcohol consumption has traditionally been low, like China and India, are also increasingly taking up the habit as their wealth increases, it said.

"More needs to be done to protect populations from the negative health consequences of alcohol consumption," Oleg Chestnov of the WHO's Noncommunicable Diseases and Mental Health unit said in a statement launching a massive report on global alcohol consumption and its impact on public health.

Drinking is linked to more than 200 health conditions, including liver cirrhosis and some cancers. Alcohol abuse also makes people more susceptible to infectious diseases like tuberculosis, HIV and pneumonia, the report found.

Most deaths attributed to alcohol, around a third, are caused by associated cardiovascular diseases and diabetes.

Alcohol-related accidents, such as car crashes, were the second-highest killer, accounting for around 17.1 percent of all alcohol-related deaths.

Binge drinking is especially damaging to health, the WHO pointed out, estimating that 16 percent of the world's drinkers abuse alcohol to excess.

While people in the world's wealthiest nations, in Europe and the Americas especially, are boozier than people in poorer countries, rising wealth in emerging economies is also driving up alcohol consumption.

Drinking in populous China and India is rising particularly fast as people earn more money, the WHO said, warning that the average annual intake in China was likely to swell by 1.5 litres of pure alcohol by 2025.

Editor's notes: One can see why Islam has made taking of alcohol (and other intoxicating drugs) completely forbidden (حرام).

E-CIGARETTES BOOST QUITTING SUCCESS

Reuters

Smokers trying to quit are 60 percent more likely to report success if they switch to e-cigarettes than if they use nicotine products like patches or gum, or just willpower, scientists said.

Presenting findings from a study of almost 6,000 smokers over five years, the researchers said the results suggest e-cigarettes could play an important role in reducing smoking rates and hence cutting tobacco-related deaths and illnesses.

As well as causing lung cancer and other chronic respiratory diseases, tobacco smoking is also a major contributor to cardiovascular diseases, the world's number one killer. "E-cigarettes could substantially improve public health because of their widespread appeal and the huge health gains," said Robert West of University College London.

TWO-THIRDS OF AMERICANS HAVE HPV: STUDY

AFP

More than two-thirds of healthy US adults are infected with the human papillomavirus (HPV), which can lead to genital warts and in some cases, cancer, researchers said.

The findings are based on tissue samples from 103 people, provided to the National Institutes of Health as part of their Human Microbiome Project to study how microorganisms affect health.

A full 69 percent had HPV, said the study led by researchers at New York University Langone Medical Centre.

Most of the strains of HPV that were detected, 109 in all, were not the type that are linked to cancers of the cervix, anus, penis, mouth and throat, said the findings presented at a meeting of the American Society of Microbiology in Boston.

Editor's notes: HPV spreads by sexual contact, and causes uncomfortable symptoms and yet American (and others who fellow free sex) are not able to control themselves and limit sex to their spouses. It is only the Islamic way of life that makes such control possible.

Press Release
Dr. Syed Mubin Akhtar

Tobacco use which includes Cigarette smoking and oral use is a cause of increase in incidence of heart disease, stroke and cancer of lungs, mouth and stomach.

This is the first step towards hard drugs like opium and heroin etc.

Karachi (P.R.) Quit cigarette smoking as well as chewing betle leaf with tobacco and improve health and prolong life. Tobacco (including shisha) is injurious to health. This is a cause of many illnesses. Out of a total world population of 6440 million about 1200 million people smoke cigarettes at a cost of about 5000 million rupees. These thoughts were expressed by the Managing Director of Karachi Psychiatric Hospital, Dr. Syed Mubin Akhtar. He was addressing a press conference on the eve of "World Anti-Tobacco Day" at the Karachi Psychiatric Hospital and the topic was "Injurious effects of tobacco use on human health". He said that the habit of cigarette smoking and chewing of tobacco with beetle leaves is more in the developing countries including Bangladesh, Nepal, Pakistan and India. Dr. Syed Mubin Akhtar pointed out that the tendency of cigarette smoking is much less in countries with higher literacy rate.

In Pakistan, in the year 2003, an ordinance was passed that cigarette smoking will be prohibited within 500 yards of limits of any educational institution but this restriction has not been implemented to date. He said that a campaign for information and awareness against tobacco chewing and smoking should be organized. All over the world there are deaths due to tobacco use. Every year 5 million people die because of tobacco. These deaths can be prevented simply quitting tobacco. Moreover prevention of heart diseases, chest diseases, cancer of mouth, throat tongue, stomach and disease of teeth and some sexual disorders is possible. Apart from this life is also prolonged. For this reason if health and long life is desired quit use of tobacco chewing and smoking. Karachi Psychiatric Hospital and other doctors can help in quitting cigarette smoking and chewing of tobacco and beetle leaves. Use of medicines and treatments by method of hypnosis and psychotherapy are very useful. In the Muslim counties like Bangladesh, Malaysia and Pakistan the trend of tobacco use is increasing. In this regard the younger generation is the prime target. He said that to inform people about the dangers of tobacco use is the responsibility of print and electronic media, the government and the health organizations and the people should try in earnest to quit this dangerous habit. According to the teaching of Islam taking any substance that harms the mind or body is a sin (مكروه). Some scholars consider tobacco completely prohibited (حرام) while all are unanimous in declaring it a sin.

Important note: After the press conference cigarette, pan, tobacco, shesha, niswar and gutka will be thrown into the fire.

World No Tobacco Day, 30th May 2014



"**Tobacco Health Warnings**", with an emphasis on the picture warnings that have been shown to be particularly effective at making people aware of the health risks of tobacco use and convincing them to quit. Similar warnings should be printed on containers of beetle leaves, niswar and gutka.

Tobacco products are products made entirely or partly of leaf tobacco as raw material, which are intended to be smoked, sucked, chewed or snuffed. All contain the highly addictive psychoactive ingredient, nicotine.

Tobacco use is one of the main risk factors for a number of chronic diseases, including cancer, lung diseases, and cardiovascular diseases.

Tobacco key facts

Tobacco use is one of the biggest public health threats the world has ever faced.

- There are more than one billion smokers and chewers in the world.
- Globally, use of tobacco products is increasing, although it is decreasing in high-income countries.
- Almost half of the world's children breathe air polluted by tobacco smoke.
- The epidemic is shifting to the developing world.
- More than 80% of the world's smokers live in low- and middle-income countries.
- Tobacco use kills 5.4 million people a year - an average of one person every six seconds - and accounts for one in 10 adult deaths worldwide.
- Tobacco kills up to half of all users.
- It is a risk factor for six of the eight leading causes of deaths in the world.
- 100 million deaths were caused by tobacco in the 20th century. If current trends continue, there will be up to one billion deaths in the 21st century.
- Unchecked, tobacco-related deaths will increase to more than eight million a year by 2030, and 80% of those deaths will occur in the poor countries like ours.

Why is smoking an issue for non-smokers?

There are some 4000 known chemicals in tobacco smoke; more than 50 of them are known to cause cancer in humans. Tobacco smoke in enclosed spaces is breathed in by everyone, exposing smokers and non-smokers alike to its harmful effects.

The six most effective policies that can curb the tobacco epidemic are outlined in WHO's MPOWER strategy:

Monitoring tobacco use and prevention

Protecting people from tobacco smoke

Offering help to quit tobacco use

Warning people about the dangers of tobacco

Enforcing bans on tobacco advertising, promotion and sponsorship

Raising taxes on tobacco

Offering help to quit tobacco use

Among smokers who are aware of the dangers of tobacco, three out of four want to quit. It is difficult for tobacco users to quit on their own and most people benefit from help and support to overcome their dependence.

Doctors, especially at Karachi Psychiatric Hospital, can help smokers quit this dangerous habit by using nicotine replacement chewing gum and medicines like Xylex (Bupropion) and Sensival (Nortryptiline) as well as psychological counseling.



An estimated 700 million children, or almost half of the world's children, breathe air polluted by tobacco smoke, particularly at home. Second-hand smoke causes many serious diseases in children and worsens conditions such as asthma.

The International Labour Organization estimates that at least 200 000 workers die every year due to exposure to smoke at work. The United States Environmental Protection Agency estimates that second-hand smoke is responsible for about 3000 lung cancer deaths annually among non-smokers in the country.

Exposure to second-hand smoke also imposes economic costs on individuals, businesses and society as a whole, in the form of direct and indirect medical costs and productivity losses.

FORCED LABOUR AND PROSTITUTION TURNS \$150 BN IN ILLEGAL PROFITS EACH YEAR: ILO

From prostitutes to farm hands and maids, millions of forced labourers around the world generate \$150 billion in illegal profits for their bosses every year, the UN's labour agency said. Nearly 21 million men, women and children are locked in forced labour—many coerced into working as prostitutes, trafficked, or held in debt bondage and working in slave-like conditions, according to the International Labour Organisation (ILO). "Forced labour is bad for business and development and especially for its victims," ILO chief Guy Ryder said, stressing the need to "eradicate this fundamentally evil, but hugely profitable practice as soon as possible". Some 18.7 million people forced to toil in the private sector rake in \$150.2 billion (110 billion euros) each year for the people exploiting them, the ILO said in a report. Two thirds of that amount, or \$99 billion, is made from sexual exploitation and the rest from forced economic exploitation, such as domestic work and agriculture, according to the report, based on data from 2012.

"Unscrupulous employers and criminals reap huge profits from the illegal exaction of forced labour," the UN agency said, warning that the problem risked "growing in extent and profitability".

Editor's notes: Forced prostitutions the Major problem. The unfortunate women forced in to this condition. If we ban prostitution completely then these women will not be enslaved and further AIDS and others sexual diseases will not spread.

رزاق آباد پولیس ٹریننگ سینٹر میں خاتون دوران ٹریننگ ہلاک متوفیہ دوران ٹریننگ ۳۷ فٹ اونچائی سے گر گئی تھی

خاتون پولیس اہلکار جاں بحق ہوگئی۔ تفصیلات کے مطابق رزاق آباد پولیس ٹریننگ سینٹر میں ٹریننگ کے دوران گر کر ۲۳ سالہ فرح ناز عرف مونا دولد مسرت جاں بحق ہوگئی۔ لاش کے ضابطے کی کارروائی کے لیے قریبی اسپتال منتقل کر دیا گیا۔ پولیس کے مطابق متوفیہ ٹریننگ کے دوران ۳۷ فٹ اونچائی سے گر کر جاں بحق ہوئی اور رزاق آباد پولیس ٹریننگ سینٹر میں آر پی سی ریکورڈ تھی، متوفیہ گلستان جوہر بلاک نمبر ۲ بھٹائی آباد مکان نمبر D-26 کی رہائشی تھی۔

تبصرہ مدیر: یہ خواتین پر ظلم ہے کہ انہیں مردوں کی طرح کے کام دیئے جاتے ہیں۔ اسلام نے اسی لیے ایسے خطرناک اور سخت کام خواتین کو دینے سے منع کیا ہے۔

ہاورڈ یونیورسٹی کا اعتراف

حافظ محمد فہیم علوی

ہاورڈ یونیورسٹی نے اپنی فیکلٹی آف لاء کے صدر دروازے پر قرآن پاک کی سورۃ النساء کی آیت ۱۳۵ کا انگریزی زبان میں ترجمہ لکھوا کر آویزاں کر دیا ہے، جس میں اللہ تبارک و تعالیٰ نے فرمایا ہے....

"اے ایمان والوں انصاف قائم کرنے والے بنو، اللہ کی خاطر گو اہی دینے والے، چاہے وہ گو اہی تمہارے اپنے خلاف پڑتی ہو، یا والدین اور قریبی رشتے داروں کے خلاف، وہ شخص (جس کے خلاف گو اہی دینے کا حکم دیا جا رہا ہے) چاہے امیر ہو یا غریب، اللہ دونوں قسم کے لوگوں کا (تم سے) زیادہ خیر خواہ ہے۔ لہذا ایسی نفسانی خواہش کے پیچھے نہ چلنا جو تمہیں انصاف کرنے سے روکتی ہو اور اگر تم توڑ مروڑ کرو گے۔ (یعنی غلط گو اہی دو گے) یا (سچی گو اہی دینے سے) پہلو بچاؤ گے تو (یاد رکھنا کہ) اللہ تمہارے تمام کاموں سے پوری طرح باخبر ہے۔"

ہاورڈ یونیورسٹی کا دنیا کا بہترین تعلیمی ادارہ تسلیم کیا جا چکا ہے، اس عالمی شہرت یافتہ امریکی تعلیمی ادارے نے قرآن کریم میں اللہ تعالیٰ کے احکامات کو انصاف کا ماخذ تسلیم کر لیا ہے۔ ہاورڈ یونیورسٹی کی انتظامیہ نے قانون کی فیکلٹی کے صدر دروازے پر چسپاں کئے جانے والے قرآنی ترجمے کے حوالے سے یہ فیصلہ اکیلے نہیں کیا، بلکہ اس حوالہ سے یونیورسٹی کے اعلیٰ قانون دانوں اور اس سے ملحق اسکولوں کے کل ۱۵۰ قابل تعلیمی ماہرین سے استدعا کی گئی تھی کہ وہ دنیا کے عظیم دانشوروں کے اقوال میں سے ایک قول کا ایسا انتخاب کریں۔ جس پر سب متفق ہوں کہ یہ بات درست ہے اور اس میں اختلاف کی کوئی گنجائش نہیں۔ اس استدعا پر ۱۵۰ ماہرین اور اساتذہ نے یکساں طور پر قرآن کریم کی سورۃ النساء کی ۱۳۵ ویں آیت کے ترجمے کا انتخاب کیا۔ واضح رہے کہ امریکی ہاورڈ یونیورسٹی کو گزشتہ ہفتے ایک عالمی سروے میں دنیا کا سب سے بہترین تعلیمی ادارہ قرار دیا جا چکا ہے۔

ہاورڈ یونیورسٹی کے تعلیمی ماہرین اور اساتذہ کا یہ تسلیم کرنا انتہائی اہمیت کا حامل ہے کہ قرآن سچ اور انصاف کا ماخذ ہے۔ فیس بک اور ٹویٹر پر موجود ہزاروں صارفین نے ہاورڈ یونیورسٹی کے فیکلٹی آف لاء کے صدر دروازے پر قرآن کریم کے ارشادات و احکامات پر چسپاں کئے جانے کو سراہتے ہوئے کہا کہ انصاف کا بول بالا کرنے کے لیے اسلامی معاشروں کی تاریخ اور قضا کے شعبے کی طرز پر عدالتوں کا قیام عمل میں لایا جانا چاہئے اور اس ضمن میں عالمی قانونی ماہرین کو اپنا کردار ادا کرنا ہو گا۔ اس بات میں کوئی شک نہیں کہ قرآن انصاف کا ماخذ ہے، اگر اقوام عالم قرآنی احکامات کی پیروی کریں اور انصاف کے حوالے سے قرآنی احکامات کو قوانین میں تبدیل کر دیں تو یقیناً تمام معاشروں میں امن و سکون کا دور دورہ ہو جائے گا۔

مراکشی جریدے ورلڈ نیوز کا کہنا ہے کہ دنیا بھر میں قانون کی تعلیم دینے والے تعلیمی اداروں نے قرآن کریم اور نبی آخر الزماں صلی اللہ علیہ وسلم کی تعلیم اور انصاف پسندی کو اُجاگر اور تسلیم کیا ہے۔ ان تعلیمی اداروں میں لندن کا "لنکنز ان" بھی شامل ہے۔ جس میں بانی پاکستان قائد اعظم کے لنکنز ان یونیورسٹی میں داخلے کے حوالے سے ان کی ہمیشہ محترمہ فاطمہ جناح نے اپنی کتاب "مائی برادر" میں تحریر کیا ہے کہ جب ایک مرتبہ انہوں نے اپنے بھائی محمد علی جناح سے ان کے لنکنز ان میں داخلے کی وجہ پوچھی تو قائد اعظم نے فرمایا کہ "لنکنز ان" میں ان کے داخلے کی یہ وجہ تھی کہ جب وہ لنکنز ان میں داخلہ اور ڈگری کی معلومات کے حصول کے لیے داخل ہوئے تو انہوں نے دیکھا کہ یونیورسٹی میں دنیا کے ان عظیم قانون دانوں کی فہرست چسپاں تھی۔ جنہوں نے انصاف اور قانون کی عمل داری کے لیے کام کیا اور اس فہرست میں سب سے اور نبی کریم حضرت محمد صلی اللہ علیہ وسلم نامی جلی حروف میں رقم تھا۔ محترمہ فاطمہ جناح کا استدلال ہے کہ قائد اعظم قانون کی تعلیم دینے والے عالمی شہرت یافتہ ادارے "لنکنز ان" کی انصاف پسندی کے قائل ہو گئے اور انہوں نے قانون کی تعلیم دینے والے اس ادارے میں داخلے کا فیصلہ کیا۔ (ماہنامہ "پیپلم آگہی")

ناکامی اور کس چیز کا نام ہے؟ سلیم صافی کا کہنا ہے کہ امریکہ نے افغانستان میں چند سو ارب ڈالر خرچ کیے ہیں جو اس کے لیے کوئی بڑی بات نہیں۔ سلیم صافی کی اطلاع کے لیے عرض ہے کہ افغانستان میں امریکہ نے ایک ہزار ارب ڈالر صرف کیے ہیں۔ بلاشبہ امریکہ کی معیشت بڑی ہے مگر وہ قرضوں میں ڈوبی ہوئی ہے اور امریکہ گزشتہ دو برسوں میں دو بار دیوالیہ ہوتے ہوتے بچا ہے۔ چنانچہ افغانستان میں ایک ہزار ارب ڈالر کی بربادی مذاق نہیں ہے۔

امریکہ نے عراق اور افغانستان کی جنگوں پر چار ہزار ارب ڈالر پھونک ڈالے ہیں، اور اس گھر پھونک تماشے کا نتیجہ یہ نکلا ہے کہ امریکہ کی جنگ پسندی کو لگام ملی ہے۔ یہی وجہ ہے کہ امریکہ نے شام میں مداخلت نہیں کی۔ یہی وجہ ہے کہ یوکرین کے مسئلے پر امریکہ کو پسپا ہونا پڑا ہے۔ یہ امریکہ کی افغانستان اور عراق میں ناکامی کا ایک نفسیاتی، عسکری اور مالی اثر ہے۔ اس کا مطلب یہ نہیں ہے کہ امریکہ ایک بڑی قوت نہیں رہا، مگر افغانستان کی جنگ نے امریکہ کے ناقابل شکست ہونے کے تصور کو پاش پاش کر دیا ہے اور امریکہ کو اب اس شکست کے تجربے اور اس کے نفسیاتی اثر کے ساتھ تاریخ کا سفر طے کرنا پڑے گا۔ امریکہ کو ویت نام میں شکست سے دوچار ہونے پانچ دہائیاں ہو گئی ہیں مگر یہ شکست آج بھی امریکہ کا تعاقب کر رہی ہے۔ یہی معاملہ افغانستان میں امریکہ کی شکست کا ہے۔ یہ شکست برسوں تک اس کا تعاقب کرے گی۔ ویت نام میں امریکہ کی شکست نے امریکہ کی عالمی طاقت کو نقصان نہیں پہنچایا تھا لیکن افغانستان میں شکست نے اس کی عالمی ساکھ کو کئی حوالوں سے نقصان پہنچایا ہے۔ افغانستان بڑی طاقتوں کا قبرستان ہے اور اس قبرستان میں اب امریکہ کی بھی ایک قبر ہے۔ افغانستان میں جارحیت کی کوکھ سے ایمان اور ٹیکنالوجی کی ککھش نے سر ابھارا، اور ایمان کی طاقت نے ٹیکنالوجی کی طاقت کو شکست دے کر ساری دنیا کو بتا دیا کہ ایمان سے بڑی طاقت کوئی نہیں۔ افغانستان کے خلاف جارحیت سے گوانتانامو بے ابھرا، اور گوانتانامو بے امریکہ کی اخلاقی ساکھ کا ایسا قبرستان ہے جو ہمیشہ اس کے تعاقب میں رہے گا۔ لیکن سلیم صافی اور ان جیسے لوگوں کا مسئلہ یہ ہے کہ وہ طاقت پرست ہیں اور زندگی کو ایسی فتح و شکست کے تناظر میں تولتے ہیں جو فوری طور پر آشکار ہو جائے۔ لیکن یورپی طاقتوں کی کمزوری کو ظاہر ہونے میں ڈیڑھ سو سال لگ گئے۔ سوویت یونین کی موت کی اطلاع عام ہونے میں 70 سال صرف ہوئے۔ امریکہ کی موت کی خبر آنے میں ابھی کچھ عرصہ لگے گا، لیکن یہ خبر جب بھی آئے گی افغانستان میں امریکہ کی شکست اس کا ایک حوالہ ہوگی، اس لیے کہ افغانستان میں ظاہری اسباب کے اعتبار سے چیونٹی نے ڈائنا سور کو شکست دی ہے۔ ان حقائق کے تناظر میں مدیکھا جائے تو سلیم صافی امریکیوں سے بڑے امریکی ہیں۔ اس لیے کہ امریکہ کے 55 فیصد سے زیادہ عوام افغانستان میں اپنے ملک کی ناکامی کو تسلیم کر رہے ہیں اور امریکہ کے 16 بڑے خفیہ ادارے مشترکہ طور پر یہ کہہ رہے ہیں کہ آئندہ تین برسوں میں افغانستان میں ایک بار پھر طالبان غالب آسکتے ہیں۔

سلیم صافی نے بڑی مسرت اور جوش و جذبے کے ساتھ یہ بھی لکھا ہے کہ امریکہ نے ایسی چال چلی ہے کہ مسلم دنیا میں مذہب پسند اور لبرل باہم دست و گریباں ہیں۔ مگر مسلم دنیا میں یہ کشمکش تو پچاس ساٹھ سال سے برپا ہے۔ امریکہ اس سلسلے میں صرف جلتی پر تیل ڈال سکتا ہے۔ لیکن یہ کشمکش ایک الگ چیز ہے اور افغانستان میں امریکہ کی شکست ایک الگ شے۔ بلاشبہ افغانستان میں روس کی شکست کے ثمرات امت نہ سمیٹ سکی، مگر اس جہاد نے امت میں جہاد کے جذبے کو زندہ کیا اور مسلمانوں کی قوت مزاحمت کو بیدار اور متحرک کیا۔ یہ کہنا دشوار ہے کہ افغانستان میں امریکہ کی شکست کا فائدہ بھی امت کو ہو گا یا نہیں، لیکن امت کی اس بے حسی کا سبب یہ ہے کہ امت کے حکمران اور عوام منقسم ہیں۔ امت کے حکمران امریکہ، یورپ اور بھارت کے ایجنٹ ہیں جبکہ امت کے عوام کی اکثریت کے دل اپنے دین، اپنی تہذیب، اپنی تاریخ اور استعمار کی مزاحمت کرنے والوں کے ساتھ دھڑک رہے ہیں۔ جس دن عوام کے حقیقی نمائندے اقتدار میں آئیں گے اس دن امت مسلمہ اپنی عظمت رفتہ کی بازیافت کا ایک اہم مرحلہ طے کر لے گی۔ اس دن کے بعد امت کی ہر جدوجہد کے ثمرات امت تک منتقل ہوں گے۔ لیکن اس دن امت کو سلیم صافی جیسے لوگوں کی کوئی ضرورت نہ ہوگی۔

(فرائیڈے اسپیشل)

سوارب ڈالر خرچ ہوئے ہیں اور یہ امریکہ کے لیے کوئی بڑی بات نہیں۔ تاہم ان حقائق کے باوجود سلیم صافی کے بقول پاکستان میں خوشیاں منائی جا رہی ہیں کہ ہم جیت گئے، امریکہ ہار گیا۔ سلیم صافی کے کالم کا آخری فقرہ ہے کہ واہ جی واہ کیا عجیب جیت ہے اور کیسی شاندار ہار ہے۔ لیکن سوال یہ ہے کہ سلیم صافی نے جو کچھ کہا ہے اس کی معنویت کیا ہے؟

اسلام میں زندگی کا اصل اصول شہادتِ حق ہے۔ جہاد ہے۔ باطل کی مزاحمت ہے۔ غزوہ احد میں مسلمانوں کو رسول اکرم صلی اللہ علیہ وسلم کی موجودگی کے باوجود شکست ہو گئی، مگر یہ شکست بھی مسلمانوں کی کامیابی تھی، کیونکہ مسلمان حق پر تھے اور ان کے حریف باطل پر کھڑے ہوئے تھے۔ کربلا میں حضرت امام حسین اور ان کا پورا خانوادہ شہید ہو گیا مگر شکست یزید اور اس کے لشکر کا مقدر بنی، اس لیے کہ حضرت امام حسین حق پر تھے۔ جلال الدین خوارزم شاہ نے کئی سال تک تاتاری لشکر کی مزاحمت کی مگر وہ اس سے زیادہ دیر تک تاتاری لشکر کا مقابلہ نہ کر سکا، لیکن جلال الدین کامیاب ہو گیا اور ہماری تاریخ میں مزاحمت کی ایک علامت بن گیا، اس لیے کہ وہ حق پر تھا اور باطل کی مزاحمت کر رہا تھا۔

1857ء کی جنگِ آزادی کے مجاہدین بھی بظاہر ناکام ہو گئے مگر انہوں نے اپنے دین، اپنی آزادی، اپنے ناموس کے دفاع کا حق اپنی سطح اور قوت کے مطابق ادا کر دیا، چنانچہ وہ اللہ کے سامنے سرخرو ہو گئے۔ سوویت یونین افغانستان میں گلبدین حکمت یار یا قاضی حسین احمد کی درخواست پر نہیں آیا تھا، وہ ایک باطل اور توسیع پسند طاقت تھا، اور افغانستان میں اس کی آمد کے بعد دو ہی صورتیں تھیں۔ ایک یہ کہ افغانستان کے باشندے ایک لادین قوت کے آگے سر تسلیم خم کر کے اس کے باطل نظام اور اس نظام کے غلبے کو مان لیں یا اس کی مزاحمت کریں۔ افغان باشندے سوویت یونین کی مزاحمت کا آغاز نہ کرتے تو سلیم صافی آج کہتے کہ مسلمانوں نے حق و باطل کے معرکے میں حق کا ساتھ نہ دیا۔ لیکن افغانستان کے لوگوں نے سوویت یونین کی مزاحمت کی اور اسے شکست دی تو سلیم صافی فرما رہے ہیں کہ مزاحمت کرنے والوں نے حماقت کی۔ افغان جہاد کی ایک تاریخی حقیقت یہ ہے کہ سوویت یونین کے خلاف جہاد امریکہ کی سرپرستی میں شروع نہیں ہوا تھا۔

افغانستان میں جہاد کی جڑیں مضبوط ہوئیں تو امریکہ چلتی ہوئی دکان میں سرمایہ کاری کرنے کے لیے آگیا۔ بلاشبہ سوویت یونین کے خلاف جہاد میں امریکہ کا اسلحہ استعمال ہوا، لیکن جنگیں اسلحہ سے نہ لڑی جاتی ہیں نہ جیتی جاتی ہیں۔ جنگیں جذبے، قربانیوں اور قربانیوں پر استقامت سے لڑی اور جیتی جاتی ہیں، اور سوویت یونین کے خلاف مجاہدین نے یہ تینوں کام کر کے دکھائے۔ سلیم صافی نے سوویت یونین کے خلاف جہاد کے حوالے سے ولی خان کی مثال خوب دی ہے۔ ولی خان کا خاندان وہ خاندان ہے کہ برصغیر کے مسلمان اسلامی ریاست کے لیے جدوجہد کر رہے تھے تو یہ خاندان ہندوؤں اور بھارت کے ساتھ تھا۔ افغانستان میں سوویت یونین کے خلاف جہاد ہو رہا تھا تو یہ خاندان لادین سوویت یونین کی گود میں بیٹھا ہوا تھا۔ افغانستان میں امریکہ کے خلاف معرکہ برپا ہوا تو یہ خاندان امریکہ کی کٹھ پتلی بن کر کھڑا ہو گیا۔ سلیم صافی نے یہ بھی خوب کہا کہ سوویت یونین کو فتح کر کے مجاہدین نے یا سر عرفات کو امریکہ اور فلسطینیوں کو اسرائیل کے آگے ڈال دیا۔ سوال یہ ہے کہ کیا اسرائیل بھی مجاہدین نے بنوایا تھا؟ کیا عربوں نے اسرائیل سے تین جنگیں بھی مجاہدین کی وجہ سے اور سوویت یونین کے خاتمے کے سبب سے ہار دیں؟ بلاشبہ افغانستان میں جہاد کی کامیابی کے ثمرات نہ سیٹھے جاسکے، لیکن اس سے سوویت یونین کی شکست کی اہمیت کو کم نہیں کیا جاسکتا۔

جہاں تک امریکہ کے خلاف مجاہدین کی کامیابی کا تعلق ہے تو یہ کامیابی انسانی تاریخ میں اپنی مثال آپ ہے۔ اس لیے کہ مجاہدین اور امریکہ کی کشمکش میں کہیں ایک اور ایک لاکھ کا مقابلہ تھا۔ کہیں ایک اور ایک کروڑ کی جنگ تھی۔ کہیں ایک اور ایک ارب کا معرکہ تھا۔ اس معرکے میں امریکہ کی شکست کی گواہی اب خود امریکہ اور یورپ سے آرہی ہے۔ امریکہ کے 55 فیصد لوگ سمجھتے ہیں کہ امریکہ افغانستان میں ناکام ہو گیا ہے۔ امریکہ کی قومی سلامتی سے متعلق 16 اداروں کا اصرار ہے کہ افغانستان 2017ء تک طالبان کے قبضے میں چلا جائے گا۔ امریکہ جن طالبان کو خون آشام کہتا تھا ان سے مذاکرات کر رہا ہے۔ مغرب کے مبصرین کی اکثریت کہہ رہی ہے کہ امریکہ افغانستان میں کوئی ہدف حاصل نہیں کر سکا۔ سوال یہ ہے کہ امریکہ کی

باطل قوتوں کی مزاحمت مسلمانوں کا کارنامہ یا جرم؟

اسلام میں زندگی کا اصل شہادتِ حق ہے، جہاد ہے، باطل کی مزاحمت ہے

شاہنواز فاروقی

ہر قوم اپنے کارناموں پر فخر کرتی ہے لیکن مسلمانوں کی تاریخ عجیب ہے۔ ہماری تاریخ کے ہر اہم مرحلے پر ہمارے درمیان ایسے لوگ نمودار ہو جاتے ہیں جو مسلمانوں کے ہیروز کو ولن اور مسلمانوں کے کارناموں کو جرم بنانے کی کوشش کرتے ہیں۔ برصغیر کے مسلمانوں نے انگریزوں کے خلاف غیر معمولی مزاحمت کی، حالانکہ مسلمانوں کے پاس نہ کوئی مرکزی قیادت تھی اور نہ ان کی تحریکِ آزادی منظم تھی۔ اس مرحلے پر سرسید کو مسلمانوں کی مزاحمت پر سخت غصہ آیا اور انہوں نے تحریکِ آزادی کے مجاہدین کو جی بھر کر برا بھلا کہا۔ انہوں نے مجاہدین کو وحشی، درندے، نمک حرام اور حرام زادے قرار دیا۔ دنیا کے نقشے پر پاکستان کی صورت میں دنیا کی سب سے بڑی اسلامی ریاست ابھر رہی تھی تو فیض احمد فیض فرما رہے تھے

یہ داغ داغ اجالا یہ شب گزیدہ سحر

وہ انتظار تھا جس کا یہ وہ سحر تو نہیں

پاکستان بن گیا تو سرحد کے سرخ پوش رہنما خان عبدالغفار خان نے گاندھی جی سے شکایت کی کہ آپ نے پاکستان کو تسلیم کر کے ہمیں بھیڑیوں کے آگے ڈال دیا ہے۔ افغانستان میں سوویت یونین اور امریکہ کے خلاف بے مثال اور تاریخ ساز جدوجہد ہوئی ہے لیکن معروف صحافی سلیم صافی نے روزنامہ جنگ میں امریکہ کی بار اور ہماری جیتنے کے تحت شائع ہونے والے اپنے حالیہ کالم میں سوویت یونین اور امریکہ کے خلاف کامیاب مزاحمت کو مسلمانوں کا جرم بنا دیا ہے۔ لیکن اس اجمال کی تفصیل کیا ہے؟

سلیم صافی نے لکھا ہے کہ ہم نے افغانستان میں سوویت یونین کے خلاف امریکہ کی جنگ لڑی اور وہ نظریہ اشتراکیت ختم ہو گیا جو امریکہ کو چیلنج کر رہا تھا۔ نتیجہ یہ کہ امریکہ افغانستان میں چند سو ارب ڈالر صرف کر کے دنیا کی واحد سپر پاور بن گیا، مگر ہم افغانستان میں امریکہ کو فتح کو اپنی جیت سمجھ رہے تھے اور اس کا جشن منا رہے تھے، حالانکہ سوویت یونین کی مزاحمت نے افغانستان کو تباہ کر دیا اور سوویت فوجوں کے انخلا کے بعد مجاہدین آپس میں لڑ پڑے۔ سلیم صافی نے اس سلسلے میں خان عبدالولی خان کا یہ تبصرہ بھی کوٹ کیا ہے کہ اپنی سرزمین پر اپنے بھائیوں کو مروا کر ہم نے یاسر عرفات کو امریکہ اور فلسطینیوں کو اسرائیل کے قدموں میں ڈال دیا۔ سلیم صافی نے لکھا ہے کہ سوویت یونین کے خاتمے کے بعد امریکہ سوویت یونین سے بڑے جارح کی صورت میں سامنے آیا تو ہماری صفوں میں صفِ ماتم بچھ گئی۔ جماعت اسلامی جیسی جماعتیں جو سوویت یونین کے خلاف مجاہدین کی فتح کا جشن منا رہی تھیں امریکہ مردہ باد کی مہمیں چلانے لگیں۔ اب جبکہ امریکہ افغانستان میں دس سال گزارنے کے بعد واپس جا رہا ہے تو کہا جا رہا ہے کہ امریکہ کو افغانستان میں شکست ہوئی ہے اور وہ اپنا کوئی بھی ہدف حاصل کرنے میں کامیاب نہیں ہو سکا ہے۔ لیکن سلیم صافی کے بقول ایسا نہیں ہے، ان کے بقول امریکہ نے القاعدہ کی کمر توڑ دی ہے اور اب وہ امریکہ کے خلاف نائن الیون یا سیون سیون جیسی کارروائیوں کے قابل نہیں۔ اگرچہ القاعدہ پہلے سے زیادہ پھیل گئی ہے لیکن عالم اسلام میں جبکہ امریکہ اور برطانیہ میں اس کی کارروائیوں کی صلاحیت ختم ہو گئی ہے۔ سلیم صافی کے بقول امریکہ نے ایسی چال چلی ہے کہ مسلم ملکوں میں مسلمان آپس میں دست و گریباں ہیں۔ پھر امریکہ نے اسامہ بن لادن کو قتل کر کے ایک نفسیاتی فتح حاصل کر لی۔ اگرچہ امریکہ افغانستان سے نکل رہا ہے مگر وہ کئی صورتوں میں وہاں موجود رہے گا۔ سلیم صافی کے بقول افغانستان میں امریکہ کے چند

مسلم دنیا عربی، فارسی اور اردو جیسی بڑی زبانوں کی دنیا ہے لیکن اس دنیا میں مغربی زبانیں ایک مسئلہ بنی ہوئی ہیں۔ اردو نے بڑا مذہبی ادب اور بڑی شاعری پیدا کی ہے۔ اردو کے لسانی سانچے نے جدید علوم کو جذب کیا ہے لیکن پاکستان جیسے ملک میں اردو انگریزی کی سلطنت میں سانس لے رہی ہے۔ مسلمان زبانوں کے سلسلے میں کبھی متعصب نہیں رہے چنانچہ مسلمانوں میں انگریزی کے خلاف بھی کوئی تعصب نہیں پایا جاتا۔ مسلمانوں کی عظیم اکثریت سمجھتی ہے کہ انگریزی ایک بڑی زبان ہے اور اسے سیکھنا اور سمجھنا ضروری ہے۔ مگر مسئلہ یہ ہے کہ غلامی کے تجربے نے انگریزی کو ایک زبان کے بجائے ایک "عصبیت" بنا دیا ہے۔ چنانچہ انگریزی پڑھنے کا مطلب انگریزی پڑھنا نہیں بلکہ اس کا مطلب مہذب ہونا ہے۔ ذہین ہونا ہے برتر ہونا ہے۔ صاحب علم ہونا ہے۔ جدید ہونا ہے۔ برتر طبقے سے متعلق ہونا ہے۔ انگریزوں کی غلامی کا تجربہ نہ ہوتا تو انگریزی ہمارے لیے محض ایک زبان ہوتی۔

سنسکرت دنیا کی تین چار بڑی زبانوں میں سے ایک ہے۔ مسلمانوں کے لیے بھارت پر ہزاروں سال حکومت کی مگر انہوں نے سنسکرت سیکھ کر نہ دی۔ اس کی وجہ یہ تھی کہ سنسکرت مسلمانوں کے غلاموں کی زبان تھی۔ حالانکہ کہ مسلمان اگر سنسکرت سیکھ لیتے تو چار سو، پانچ سو سال پہلے ڈاکٹر ڈاکر نامک جیسے درجنوں لوگ پیدا کر سکتے تھے اور کروڑوں لوگوں کو مشرق بہ اسلام کر سکتے تھے۔ سنسکرت سیکھنے کا صرف یہی ایک فائدہ نہیں تھا۔ سنسکرت ویدوں کی زبان تھی۔ گیتا کی زبان تھی۔ مہابھارت کی زبان تھی۔ والہی جیسے شاعر کی زبان تھی۔ لسانیات کے بڑے بڑے مفکروں کی زبان تھی۔ لیکن چونکہ سنسکرت ہمارے غلاموں کی زبان تھی اس لیے اس کی طرف ہم نے نگاہ غلط انداز سے بھی نہیں دیکھا۔ مغرب کی غلامی کے تجربے کا ایک اثر یہ ہوا کہ حکمت کی پوری روایت مشتبه ہو کر رہ گئی۔ یہاں تک کہ ہمارے زمانے تک آتے آتے یہ صورت حاصل ہو گئی کہ ڈاکٹروں کے مقابلے پر لوگ حکیموں کا مذاق اڑاتے ہیں۔

لباس کا معاملہ بالکل سیدھا سادا ہے۔ اسلام کسی خاص لباس پر اصرار نہیں کرتا۔ اس کا اصول یہ ہے کہ لباس کو ساتر ہونا چاہئے۔ لباس کا دوسرا پہلو اصول تشبہ سے متعلق ہے۔ چونکہ پینٹ شرٹ ایک عالمگیر لباس بن گیا ہے اس لیے اب وہ کسی خاص قوم سے مخصوص نہیں لیکن غلامی کے تجربے نے پینٹ اور شرٹ کو بھی ایک "تہذیبی اسکینڈل" بنا دیا۔ اردو ادب کی ایک معروف شخصیت نے اپنی جوانی میں ایک گھر میں اپنا رشتہ بھجوا تو لڑکی کی والدہ نے فرمایا کہ میں ان صاحب کے ساتھ اپنی بیٹی کی شادی نہیں کروں گی کیونکہ یہ صاحب پا جامہ پہنتے ہیں یعنی جدید نہیں ہیں، قدیم ہیں، مغربی نہیں ہیں مقامی ہیں۔

ملائیشیا کے ایک دانشور نے کہیں لکھا ہے کہ وہ 1980 کی دہائی میں بھارت کے شہر کو لکتہ کے ایک ریستورنٹ میں کھانا کھانے پہنچا تو اسے ریستورنٹ میں داخل ہونے کی اجازت نہیں دی گئی اور اس کی وجہ یہ تھی کہ ملائیشیا کے دانشور نے ملائیشیا کا مخصوص لباس پہنا ہوا تھا۔ ہمیں اچھی طرح یاد ہے کہ جب ہم میٹرک اور انٹر کے طالب علم تھے تو ہمارے پاس بسوں میں سفر کرتے ہوئے ہمیشہ اسکول کا کالج کا شناختی کارڈ ہوتا تھا اور اس کی وجہ تیبہ ہی کہ اس کارڈ کو دکھا کر ہمیں کرائے میں رعایت مل جاتی تھی لیکن اس معاملے کا دلچسپ اور اہم پہلو یہ تھا کہ ہم جب بھی شلو اور قمیض زیب تن کیے ہوتے تو کنڈیکٹر ہم سے کارڈ دکھانے کی فرمائش کرتا اور جب ہم پینٹ شرٹ میں ہوتے تو کنڈیکٹر سے یہ کہہ دینا ہی کافی ہوتا تھا کہ ہم "Student" ہیں۔ اس صورت حال سے ہم نے یہ نتیجہ نکالا کہ کنڈیکٹر سمجھتے ہیں کہ جو لڑکا پینٹ شرٹ پہنے ہو وہ یقیناً اسٹوڈنٹ ہوتا ہے اور جو لڑکا شلو اور قمیض میں ہوتا ہے اس کا اسٹوڈنٹ ہونا طے شدہ امر نہیں۔

ہمارے نوجوان بی اے اور ایم بی اے کرنا چاہتے ہیں تو تنخواہ کے لیے۔ ہمارے نوجوان کمپیوٹر میں مہارت حاصل کرنا چاہتے ہیں تو مالی فائدے کے لیے۔ یہاں تک کہ ہمارے مدارس بھی اپنے طلبہ کو صرف روزگار کے حصول کے قابل بنارہے ہیں۔ بلاشبہ تعلیم روزگار کے حصول کا بھی ذریعہ ہے مگر تعلیم کا اصل مقصد اچھا انسان پیدا کرنا ہے۔ تخلیقی انسان کو وجود میں لانا ہے۔ علم اور ایجاد و اختراع کے امام پیدا کرنا ہے۔ بلاشبہ انگریزوں نے مسلمانوں کو عسکری طور پر شکست دے دی تھی لیکن عسکری شکست معمولی شکست ہوتی ہے۔ تاہم سرسید نے اپنی غلامانہ فکر اور شخصیت سے عسکری شکست کو تہذیبی شکست میں تبدیل کر دیا۔

اکبر آلہ آبادی کو اس بات کا پورا شعور تھا کہ برصغیر کے مسلمانوں کو شکست عسکری شکست ہے چنانچہ انہوں نے اپنی بے مثال شاعری میں دکھایا ہے کہ اسلامی تہذیب مغربی تہذیب سے کہاں کہاں برتر ہے لیکن غلامی کا تجربہ اکبر کے شعور پر بھی اثر انداز ہوا تھا چنانچہ اکبر نے کہا ہے.....

شعر اکبر کو سمجھ لو یادگار انقلاب

اس کو یہ معلوم ہے ملتی نہیں آئی ہوئی

یعنی اکبر کو محسوس ہوتا تھا کہ اگرچہ ہماری تہذیب ہی برتر تہذیب ہے مگر انگریزوں کا غلبہ حتمی اور دائمی ہے اور اب ہماری زندگی کا بڑا حصہ انگریزوں کے زیر اثر بسر ہو گا۔ اس کے معنی یہ ہوئے کہ غلامی کا تجربہ اکبر جیسی شخصیت کے مستقبل سے متعلق فکر اور یقین کو نگل گیا تھا اور یہ صرف اکبر کا معاملہ نہیں تھا۔ برصغیر کے علماء کی عظیم اکثریت نے مغربی فکر اور مغربی تہذیب کو مسترد کر دیا تھا۔ مگر علماء کی اکثریت بھی سمجھتی تھی کہ اب اسلام عقائد، عبادات اور اخلاقیات تک محدود ہو گا اور ریاست و سیاست اور معیشت وغیرہ کے معاملات سے اس کا کوئی تعلق نہ ہو گا۔ حالانکہ انگریزوں کی آمد سے قبل ان کا خیال یہ تھا کہ اسلام ایک گل ہے اور وہ پوری زندگی کا احاطہ کیے ہوئے ہے لیکن مغرب کی غلامی کے تجربے نے علماء کے تناظر کو بھی محدود کر دیا تھا۔ یہ مغرب کی فکر اور عصر حاضر میں ایک غالب قوت کی حیثیت سے مغرب کی موجودگی کا خیال ہی ہے جس نے مسلمانوں میں ایسی تحریکیں پیدا کیں جو خود کو غیر سیاسی کہتی ہیں۔ حالانکہ اسلام میں سیاست ایک مذہبی سرگرمی ہے اس لیے کہ اس کا تعلق ملت اور امت کے اجتماعی زندگی اور اس کے معاملات سے ہے۔ ان تحریکوں نے درس قرآن کے بجائے مخصوص احادیث کے درس دیا جائے گا تو اس میں جہاد اور ریاست و سیاست کے معاملات بھی آئیں گے اور مغرب کو یہ بات پسند نہیں۔

مسلم دنیا کی حالیہ تاریخ میں اقبال، مولانا مودودی، حسن البنا اور سید قطب کی اہمیت غیر معمولی ہے لیکن اس غیر معمولی اہمیت کا ایک پہلو یہ ہے کہ یہ لوگ نہ صرف یہ کہ اسلام کی عظمت سے واقف ہیں بلکہ وہ مغرب سے بھر پوری طرح آگاہ ہیں۔ اس واقفیت کو ان شخصیات نے مغرب کے استزاد اور مسلمانوں کی اجتماعی نفسیات کو اس سے آزاد کرانے کے لیے استعمال کیا ہے۔ یہ بات کروڑوں مسلمانوں کو پسند ہے چنانچہ امت مسلمہ کا ایک بڑا حصہ اقبال، مولانا مودودی، حسن البنا اور سید قطب کو اپنا محسن سمجھتا ہے۔ اس سے معلوم ہوتا ہے کہ "امت مسلمہ کے لیے مغرب کی غلامی کا مسئلہ کتنا سنگین ہے۔ اُردو ادب کے محدود دائرے میں محمد حسن عسکری صاحب کی یہ اہمیت اس لیے ہے کہ عسکری صاحب نے چالیس سال تک مغرب کو پڑھا، سمجھا اس کی تفہیم بیان کی اور پھر اسے مسترد کر دیا۔ اس تناظر میں عسکری صاحب مغرب کے ایسے بھیدی بن کر سامنے آتے ہیں جنہوں نے مغرب کی لٹکا ڈھانے میں اہم کردار ادا کیا ہے۔ اُردو ادب میں مغرب کے منفی اثر کی ہولناک ترین مثال پروفیسر کلیم الدین ہیں۔ کلیم الدین احمد کا مسئلہ یہ ہے کہ انہوں نے مغربی تنقید کے اصول اُردو ادب پر منطبق کر کے اسے سمجھنے کی کوشش کی۔ نتیجہ یہ کہ انہوں نے اُردو کی سب سے بڑی اور سب سے تخلیقی صنف غزل کو "نیم وحشی" صنف سخن قرار دے کر مسترد کر دیا۔ ایسا کرتے ہوئے انہوں نے ایک لمحے کے لیے بھی سوچا کہ جس صنف نے مولانا روم، حافظ، بیدل، میر اور غالب جیسے شاعر پیدا کیے ہوں وہ نیم وحشی کس طرح ہو سکتے ہے؟

مغرب کی غلامی کا تجربہ

شاہنواز فاروقی (جسارت)

مسلمانوں اور مغرب کے تعلق کے بارے میں ایک بنیادی سوال یہ ہے کہ اگر مسلمان مغرب کے ساتھ ان کے معاملات کی نوعیت کیا ہوتی؟ اس سوال کا ایک پس منظر ہے۔ مسلمان مکہ اور مدینہ سے نکلے اور انہوں نے آدھی دنیا کو فتح کیا۔ اس عمل میں ان کا رابطہ کئی تہذیبوں اور کئی ثقافتوں سے ہوا۔ مسلمانوں نے ہر تہذیب اور ہر ثقافت سے سیکھنے کے لائق بات سیکھی مگر کبھی احساس کمتری میں مبتلا نہ ہوئے لیکن مغرب کی غلامی نے انہیں مغرب کو معروضی یا Objectively انداز میں دیکھنے اور برتنے کے قابل نہ چھوڑا۔ یہی وجہ ہے کہ دو سو سال سے مغرب کے ساتھ ہمارے تعلق کی نوعیت معمول کے مطابق یا Normally نہیں ہے اور مغرب کے ساتھ تعلق کی ہر صورت میں ایک ہولناک احساس کمتری در آیا ہے۔

عسکری صاحب نے اپنے مضمون وقت کی راگنی میں لکھا ہے کہ مسلمان برصغیر میں آئے تو یہاں ہندوؤں نے فن موسیقی کو مرتبہ کمال پر پہنچایا ہوا تھا۔ مسلمانوں نے اس شعبے میں ہاتھ ڈالا تو انہوں نے فن موسیقی کو ہندوؤں سے چھین لیا اور اس فن میں بھی ان کے استاد بن کر کھڑے ہو گئے۔ موسیقی کے جائز یا ناجائز ہونے کی بحث سے قطع نظر یہاں کہنے کی اصل بات یہ ہے کہ ایسا اس لیے ممکن ہوا کہ مسلمان برصغیر میں فاتح بن کر آئے تھے چنانچہ وہ اپنے "غلاموں" کے کسی فن اور ان کی کسی اہلیت اور صلاحیت سے متاثر ہوئے ہوں تو ہوئے ہوں "مرعوب" ہرگز نہیں ہوئے۔ لیکن مغرب کا معاملہ اس کے برعکس یہ ہے کہ مسلمان ہر دائرے میں مغرب سے مرعوب ہو گئے۔ یہاں تک کہ بعض صورتوں میں انہوں نے اپنے انفرادی اور اجتماعی تشخص ہی کو کھو دیا۔

برصغیر کے مسلمانوں کی تاریخ میں اس کی سب سے بڑی مثال سرسید احمد خان ہیں۔ دنیا کی تاریخ میں شاید ہی کوئی ایسا اہم شخص موجود ہو جس نے غلامی کو سراہا ہو لیکن سرسید نے غلامی کی تعریف کی ہے اور فرمایا ہے کہ برصغیر پر انگریزوں کی حکومت اللہ تعالیٰ کی مہربانیوں میں سے ایک مہربانی ہے چنانچہ برصغیر کے ہر باشندے کا فرض ہے کہ وہ انگریز حکومت کا فرما بردار بن کر رہے۔ دنیا کی تاریخ جنگ آزادی لڑنے والوں کے قصیدوں سے بھری ہوئی ہے۔ جو لوگ جنگ آزادی نہیں لڑ پاتے وہ بھی جنگ آزادی لڑنے والوں کو احترام کی نظر سے دیکھتے ہیں لیکن سرسید احمد خان نے برصغیر کے مجاہدین آزادی کو وحشی، درندے نمک حرام اور حرام زادے قرار دیا ہے۔ مغرب کے علوم فنون کو علم فنون کی حیثیت سے پڑھنے میں کوئی مضائقہ نہیں تھا مگر سرسید نے ان علوم کو وحشی کی سطح پر رکھ کر پڑھایا اور خود وحشی کے بارے میں انہوں نے فرمایا کہ یہ "ملکہ نبوت" کے سوا کچھ نہیں۔ یعنی سرسید کے نزدیک قرآن مجید کی حیثیت احادیث کے برابر ہے۔ سرسید نے اپنی تحریروں میں جہاں جہاں برطانیہ ملکہ کا ذکر کیا ہے حد درجہ ادب کے ساتھ کیا ہے لیکن رسول اکرم صلی اللہ علیہ وسلم کو سرسید نے "محمد صاحب" کہہ کر بھی پکارا ہے۔ انگریز اپنے ساتھ ایک عدد عقل پرستی بھی لے کر آئے تھے۔ اس عقل پرستی کے زیر اثر سرسید نے حدیث کا انکار کیا۔ فرشتوں جنت اور دوزخ کے خارجی وجود کا انکار کیا۔ اگرچہ سرسید جدید تعلیم کے ذریعے مسلمانوں میں "لیاقت" بھی پیدا کرنا چاہتے ہوں گے مگر ان کی اصل خواہش یہ تھی کہ مسلمان جدید تعلیم حاصل کر کے اچھی نوکریاں حاصل کریں اور روزگار کے معاملے میں ہندوؤں کے پیچھے نہ رہیں۔ وہ دن ہے اور آج کا دن ہے ہماری تعلیم روزگار کے کوہو کا بیل بنی ہوئی ہے۔ ہمارے نوجوان ڈاکٹر اور انجینئرز بننا چاہتے ہیں تو روزگار کے لیے۔