

CHIEF EDITOR DR. SYED MUBIN AKHTAR
KARACHI PSYCHIATRIC HOSPITAL

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BULLETIN

MAY 2013

(Medical and General Articles)



UNDERSTANDING PSYCHIATRIC ILLNESS



The chief guest Prof. Dr. Moin Ahmed Ansari addressing the conference.
Dr. Kamal Parvaiz Dr. Mubin Akhtar and Prof. Inayat Ali Khan are seated on the stage.

UNDERSTANDING PSYCHIATRIC ILLNESSES



Dr. Syed Mubin Akhtar MD, KPH talking to News & T.V. People.



Stall of books and handicrafts developed by indoor patients in Karachi Psychiatric Hospital Hyderabad.

سنت کو زندہ کرنا

حضرت بلال بن مارتہ رضی اللہ عنہ سے روایت ہے کہ رسول اکرم ﷺ نے فرمایا: "جس نے میری کسی ایسی سنت کو زندہ کیا جو میرے بعد امت میں تھی تو اس کو ان لوگوں کے ثواب کے برابر دیئے گئے گا جنہوں نے میری پر عمل کیا اور ان کے ثواب میں بھی کچھ کی کچھ ہوگی، اور جس نے کوئی بدعت کا کام ایسا کیا جسے اللہ تعالیٰ اور اس کے رسول ﷺ پسند نہیں فرماتے تو اس کو ان لوگوں کے کٹا ہونے کے برابر کٹا دئے گا جنہوں نے اس پر عمل کیا اور ان کے کٹا ہونے میں کچھ کی کچھ ہوگی۔" (حدیث - ترمذی)

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(Medical and General Articles)

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ظاہر ہے کہ ہمارے ملک کی ترقی کے لئے ہمیں

مسلم خواتین کا بطور ریپنسٹ کام کرنا غیر اسلامی قرار

عدم ممانعت کا غلطی مرض اور ذہنی امراض

This magazine can be viewed on Website: www.kph.org.pk

POPE BENEDICT EMBRACES ISLAM

Abby Starri, Vatican- 27 February 2013

HOLY SEE - In a shocking press conference, Pope Benedict XVI revealed to the world that he will be stepping down from the Catholic Church's highest office. "Through prayer and reflection over the past years," the world's holiest man began, "I've realized that Allah is the one true God."

Amid clattering camera shutters and roaring reporters, Pope Benedict patiently answered questions, citing traditional Muslim folklore as well as passages from the Qur'an to explain his decision. His session was interrupted only once, when he swiveled South-East to face Mecca, stooped to the ground, and recited the Asr, one of the five daily prayers central to Muslim belief.

The startling reversal comes as a shock to many familiar with the Pope's policies on Islam. "Show me just what Muhammad brought that was new and there you will find things only evil and inhuman, such as his command to spread by the sword the faith he preached," the Bishop of the Vatican famously said of Islam in his 2006 lecture *Faith, Reason and the University-Memories and Reflections*.

When asked about the quote, Pope Benedict sighed with good-humored remorse and chuckled quietly to himself. "Yeah I've regretted that for some time. But I was young and naïve... I see things much clearer now. Besides, I've always kinda liked the thought of having a sword. The Cardinals were a real pain on that

one."

When asked whether he would be reverting to his born name, Pope Benedict enthusiastically interjected. "I've decided to change my name to Sajjad Sayyid Ratzinger," His Ex-Holiness explained. "I'm keeping my surname purely for logistical reasons, so my Facebook friends and Twitter followers won't be confused."

His transition hasn't been without opposition. Hours after the press conference, a special Fox and Friends segment aired on FOXNEWS, featuring a picture of the Pope photoshopped to include stereotypical Islamic features, including: a turban in place of his mitre, darkened complexion, black hair, and Arabic letters spelling out an endorsement of Barack Hussein Obama tattooed across his chest. Beneath the picture, the panel discussed the possible involvement of Pope Benedict XVI, 85, in 9/11. The segment's title, "The Holy Heathen," emblazoned the lower left corner of the screen.

This morning, newspapers nationwide featured an editorial by Bill O'Reilly detailing the parallels between the Pope's "betrayal of God-loving Christians everywhere" with the "betrayal of the American people and the Constitution by Benedict Arnold, his liberal agenda, and his radical left-wing entourage."

<http://deadseriousness.com/dead-seriousness-news-pope-benedict-xvi-resigns-papacy-converts-to-islam/>

MORE AMERICAN SOLDIERS DIED OF SUICIDE THAN IN BATTLE COMBAT

(From an article in The News)

'The storm' is coming

As the U.S. military suicide rate soared to record heights during 2012, the families of service members say they, too, are witnessing a silent wave of self-harm occurring within their civilian ranks: spouses, children, parents and siblings. Some suicides and suicide attempts are spurred by combat losses. Others may be triggered by exhaustion and despair. As some veterans return debilitated by anxiety, many spouses realize it's now up to them - and will be for decades - to hold the family together. Specific figures are lacking as no agency tracks civilian suicides within military families.

However, Kristina Kaufmann, a long-time Army wife, knows of three other Army wives, all friends, who took their lives in recent years.

One was Faye Vick, described by Kaufmann as "the perfect picture of an Army wife - pretty, nice, always with a smile." Vick and her family lived around the corner from Kaufmann and near Fort Bragg, N.C.

In 2006, when Kaufmann's husband was in Afghanistan and Vick's husband was deployed overseas, the 39-year-old

mother placed herself, her infant and her 2-year-old son in a car inside a closed garage and started the engine, asphyxiating all three with carbon monoxide, according to Kaufmann and to local news reports at the time.

"And I know of too many others through the grapevine," said Kaufmann, executive director of Code of Support, an Alexandria, Va.-based nonprofit that seeks to bridge the gap between civilians and military America.

"When you know that you are the anchor - and if you go down, the family's going down - the problem is that you can only do that for so long," said Kaufmann.

"That population (of spouses) is at the most risk. Because the storm is going to happen when everybody comes home. That's where we are, unfortunately, going to see an uptick in lots of negative outcomes, including suicide, including suicide among the spouses."

On Jan. 14, Department of Defense officials acknowledged that during 2012, service members committed suicide at a record pace as more than 349 people took their own lives across the four branches.

The military suicide rate is slightly lower than that of the general public. However, one active-duty member died by suicide every 25 hours last year.

The Army sustained the heaviest branch toll at 182 suicides, which meant that soldier suicides outpaced combat deaths for the first time, according to Pentagon officials.

Defense Secretary Leon Panetta informed Congress last July that American armed forces are in the grip of a suicide "epidemic."

One of the darkest undercurrents of the glaring statistics is that one suicide in a family boosts future suicide risks for everyone else inside the home.

Numerous researchers have explored the so-called contagion effect of suicides within families and "there's no question the data supports there's at least a doubling of risk," among surviving family members, said Dr. Alan L. Berman, Ph.D.

"It's understood that risk, in part, is biological," Berman said, given that disorders like depression have a genetic component.

"But it's also based on social modeling behavior: The suicide of a parent presents a model (for children in that family) of how to deal with problems, and that's no less true for a spouse."

Added Van Dahlen: "The closer that family member is to you, the greater risk you're at. We believe, psychologically, it opens the possibility and ends a taboo."

PROTEST AGAINST US DRONE WAR DISRUPTS SENATE HEARING - AFP

Protesters denouncing US drone attacks disrupted a US Senate hearing on the nomination for the next CIA director, forcing police to escort demonstrators from the hall. "Stand up against drones" yelled a protester as President Barack Obama's pick to lead the CIA, John Brennan, was repeatedly interrupted as he tried to deliver his opening remarks to the Senate Intelligence Committee.

After five instances of protesters disrupting proceedings, the chairman of the panel, Dianne Feinstein, ordered police to clear the room and to bar the return of protesters from the anti-war "Code Pink" activist group. Brennan is widely seen as the architect of the large-scale covert drone war against al-Qaeda, which Obama and his aides have declined to discuss openly. One demonstrator held up a hand-made sign that read: "Brennan = drone killing". Another shouted at Senator Feinstein: "Are your children more important than the children of Pakistan?"

MAHATMA GANDHI WAS HOMOSEXUAL -AFP

A rare collection of letters between Indian independence icon Mahatma Gandhi and a South African bodybuilder with whom he shared a close relationship went on display in New Delhi.

The bond between Gandhi and Hermann Kallenbach has been a subject of speculation and gossip for years owing to their closeness, with previously published correspondence suggesting they may have had a physical relationship. One of the handwritten letters from Gandhi to Kallenbach that went on show on Wednesday, the 65th anniversary of Gandhi's assassination, is addressed to "My dear Lower House" and signed "Sinly yours, Upper House".

However scholars looking for clear evidence on the full extent of the men's relationship were left disappointed, with curators acknowledging that they had only put a sample of correspondence on display at the National Archives museum.

"These are original letters and we have provided a sample of the correspondence between Gandhi and Kallenbach. There is a lot that is new and significant," Mushirul Hasan, chief of the National Archives, told AFP.

Gandhi lived with Kallenbach, a German-born Jewish architect, in Johannesburg for about two years from 1907 before returning to India in 1914 where he helped unify the gathering

political movement against British colonial rule.

The archive of letters and photos belonging to Kallenbach was purchased by the Indian government last year, just before they were due to be auctioned by Sotheby's in London. Hasan denied that the collection had been screened and controversial letters left out keeping in mind the exalted status that Gandhi enjoys in the country.

"Nothing controversial has been left out or necessarily included," Hasan said.

"They had a marvellous relationship and the archives reveal the intensity of that relationship." The relationship between Gandhi and the wealthy South African was most recently chronicled in a book by former New York Times editor Joseph Lelyveld.

"How completely you have taken possession of my body," Gandhi was quoted as saying in a letter to Kallenbach in Lelyveld's book, entitled "Great Soul: Mahatma Gandhi And His Struggle With India".

"This is slavery with a vengeance," the man known as the "father of the nation" in India is quoted as adding. Lelyveld was forced to defend his book against accusations that he had suggested Gandhi was bisexual. "The word 'bisexual' nowhere appears in the book," he wrote afterwards.

Raj Bala Jain, part of the National Archives team that studied the collection in detail, said she was surprised how their relationship had been misconstrued.

"I do not know from where he (Lelyveld) quoted those letters. I did not find even a single letter with sexual overtones," she told AFP. "Friendship can be misinterpreted. I think Gandhi was very normal and above such things," she said of the man who took a public vow of celibacy in his 30s, adding it was not possible to display all correspondence between the two. "We have displayed what we thought was most interesting."

Among other documents were dozens of letters written by Gandhi's sons to Kallenbach that provide details of his life after his return to the country from South Africa.

In one of them, Harilal, one of the four sons of Gandhi, complains to Kallenbach about how his father had "neglected us". "For my failures in exams I hold him responsible," he wrote.

India has in the past fretted about private auctions of Gandhi's belongings, saying that they insult the memory of a man who rejected material wealth. Auctions of Gandhi's personal items like spectacles and other memorabilia often raise an uproar in the country where many people feel the items are part of the country's cultural legacy.

"We are talking about Gandhi. Such emotions are justified considering the glory that he brought to India," said Hasan.

INDIAN EC DEBARRED 3,377 CANDIDATES FROM POLLS

(From an article by
Sabir Shah in The News)

Before the 2004 polls, the Indian Election Commission had barred 3,377 candidates from contesting the Lok Sabha (Lower House of the Parliament) and the local Legislative Assembly elections for not filing expenditure statements within the stipulated time limit, for being involved in corrupt practices and for court convictions in criminal offences.

A prestigious Indian newspaper "The Hindu" had reported on March 26, 2004 that of these 3,377 candidates, 114 were taking part in the Lok Sabha polls and 3,263 were fighting for seats in the local state/legislative assemblies.

They were disqualified for periods ranging from three to six years.

The three-year disqualification was awarded for non-filing the expenditure statements and six years for corrupt practice and convictions in criminal cases.

AMERICAN WOMAN FIRED FOR BEING TOO SEXY - AFP

An "irresistible" Iowa dental assistant fired for threatening her boss's marriage - even though she turned away his advances - has lost her discrimination lawsuit.

Melissa Nelson, who is married with children, had worked for James Knight for 10 years before his wife complained about his infatuation with her.

About nine years into the job, Knight started to complain that her clothes were "distracting" because they "accentuated her body," and he sometimes asked her to cover up with her lab coat.

At one point, Knight told Nelson that "if she saw his pants bulging, she would know her clothing was too revealing," court records showed. After she told him that his complaint about the tightness of her shirt wasn't fair, he texted back that it was a good thing she didn't wear tight pants too "because then he would get it coming and going," the court records showed.

And at one point when Knight discussed infrequency in Nelson's sex life, he told her "that's like having a Lamborghini in the garage and never driving it." Knight's wife, who also worked in the dental office, put her foot down when she discovered the two were texting each other.

After meeting with their pastor, Knight agreed to fire Nelson because she was a "big threat to our marriage."

Knight had his pastor by his side when he told Nelson that their relationship - even if

there was no sexual affair - had become a "detriment" to his family and that for the sake of both their families they shouldn't work together.

He later told Nelson's husband she had not done anything wrong or inappropriate, but that he was worried "he would try to have an affair with her down the road if he did not fire her."

Since Nelson did not consider Knight's behavior to be sexual harassment, the Iowa Supreme Court determined the question to be "whether an employee who has not engaged in flirtatious conduct may be lawfully terminated simply because the boss views the employee as an irresistible attraction." While Iowa law prohibits discrimination against employees based on gender, the all-male court ruled that Knight's conduct was "unfair" but "did not amount to unlawful discrimination."

Editor's notes: This kind of situation is happening in all of Western Society (and those societies that copy them) but they do not accept the fact (as Dr. Knight did) that women are an irresistible attraction for men specially if they wear tight or revealing clothes. The solution tried was "Cover yourself with a lab coat". It is the equivalent of a "Burqa." That didn't work either then the woman was asked to leave/fired) and that is the equivalent of the Islamic injunctions of "Segregation of the Sexes."

PHARMACEUTICAL OVERDOSE DEATHS, UNITED STATES, 2010

Paulozzi LB, et al- JAMA

In an analysis of CDC vital statistics data, among overdose deaths involving opioid analgesics, benzodiazepines were also found in 30.1% of the cases.

Antidepressants were involved in 13.4% of prescription opioid-related deaths, followed by anti-epileptic and anti-parkinsonism drugs at 6.8%, and anti-psychotics and neuroleptics at 4.7%. This analysis confirms the predominant role opioid analgesics play in pharmaceutical overdose deaths, either alone or in combination with other drugs. It also, however, highlights the frequent involvement of drugs typically prescribed for mental health conditions, such as benzodiazepines, antidepressants, and antipsychotics in overdose deaths.

According to the National Center for Health Statistics, drug overdose deaths continued to rise in 2010, with prescription opioid analgesics driving that increase.

Other pharmaceuticals are usually involved in opioid overdose deaths, the researchers explained, but their involvement is less well characterized.

Researchers looked at data from the National Vital Statistics System multiple cause-of-death file and found 38,329 drug overdose deaths in the U.S. in 2010, about 58% of which involved pharmaceuticals.

The most common drugs involved in those deaths -- whether alone or in combination -- were opioids (75.2%), benzodiazepines (29.4%), antidepressants in (17.6%), and

anti-epileptic and anti-parkinsonism drugs (7.8%). When looking at deaths involving those other pharmaceuticals, opioids were often also present in:

77.2% of benzodiazepine deaths, 65.5% of anti-epileptic and anti-parkinsonism drugs, 58% of antipsychotic and neuroleptic drugs, 57.6% of antidepressants,

56.5% other analgesics, anti-pyretics, and anti-rheumatics.

54.2% of other psychotropic drugs.

Patients with mental health disorders are at increased risk for heavy therapeutic use, nonmedical use, and overdose of opioids.

The screening, identification, and appropriate management of these disorders is an important part of both behavioral health and chronic pain management.

There is greater use of tools such as prescription drug monitoring programs (PDMPs) and electronic health records (EHRs) in order to "identify risky medication use and inform treatment decisions, especially for opioids and benzodiazepines."

They acknowledged that the death certificate data they used have limitations, but said these records are the sole source for detailed death information at the national level. In particular, they were limited by the 25% of death certificates in which the type of drugs involved were not specified.

BRITISH 'SEXUAL PREDATOR' SAVILE ABUSED CHILDREN AS YOUNG AS EIGHT - AFP

Late BBC presenter Jimmy Savile was a predatory sex offender who abused children as young as eight over more than 50 years, using his fame and eccentricity to hide "in plain sight", British police said.

A three-month investigation with child protection experts found that Savile, one of the biggest TV stars in Britain in the 1970s and 1980s, took every opportunity to abuse young girls, boys and adult women across the country. He used his fame as presenter of BBC TV's "Top of the Pops" chart show and children's programme "Jim'll Fix It" to rape and assault victims on BBC premises as well as in schools and hospitals, where he was welcomed by his fans.

The scandal has thrown the BBC into crisis although police said that the world's biggest public broadcaster should not shoulder the blame for his abuse. "It is clear that Savile cunningly built his entire life's work around gaining access to vulnerable children in order to carry out his abuse," said Peter Watt of the NSPCC children's charity, which worked with Scotland Yard.

"He hid in plain sight behind a veil of eccentricity, double-bluffing those who challenged him," Watt said. David Gray, head of Scotland Yard's paedophile unit, said Savile "spent every moment of every waking day thinking about it, and

whenever an opportunity came along, he took it".

The investigation report was published as Britain's top prosecutor admitted that action could have been taken over three allegations made against Savile in 2009 if police had taken the victims more seriously. Director of Public Prosecutions Keir Starmer apologised but outlined changes to how the authorities dealt with sexual abuse cases, saying he hoped the Savile case would be seen as a "watershed moment".

Savile, who died in October 2011 at the age of 84, was a hugely popular but eccentric figure, famed for his shock of white hair, tracksuits and chunky gold jewellery. He was knighted in 1990.

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CAFFEINE: THE MOST WIDELY ABUSED DRUG

Recent studies and TV coverage have highlighted uses or possible abuses of caffeine. Although most people do not think about caffeine use and abuse, alcohol and drug treatment programs are very attuned to these issues because caffeine is too often used as a stimulant by our patients. Caffeine is a bitter substance, rarely found in its pure form that was first isolated from coffee in 1821. "Decaffeinating" entailed grinding or crushing toasted coffee beans and leaching out the caffeine with hot water. (The caffeine from decaffeinated coffee was then sold to soda manufacturers because some laws stated that to be called "cola," soda must contain caffeine!) Caffeine content is variable, though an average cup of coffee has 100mg of caffeine; a can of soda has 50 mg. In the United States, an average adult consumes 210 mg of caffeine daily as compared to the Finns who drink at least twice that amount. Canadian Indians and Eskimos consume approximately 400 mg per day, even though they drink tea. Caffeine does have some negative aspects because it is a stimulant. Caffeine has been mixed with, and sold under the name of, other drugs for a stronger stimulant effect. For the person who doesn't want to use illegal drugs or Pharmaceuticals, caffeine offers legal intoxication. Restlessness, nervousness, muscle twitches, fast heart rates, sweats and stomach or bowel disturbances may appear if too much caffeine is consumed withdrawal can occur from as little as one cup of coffee per day over several months. Withdrawal occurs

12 - 24 hours after the last cup. The most common complaint is headache, noted in 50 - 75% of users. The caffeine withdrawal headache is now thought to be the real cause of post-operative headaches, rather than the anesthesia, as previously believed. Tremors, fatigue and a flu-like syndrome may appear. These symptoms can last for up to a week. Pregnant women who drink greater than 8 cups of coffee per day can have serious adverse effects. Spontaneous abortion and stillbirth have been reported. In the 1970's, caffeine was blamed for pancreatic cancer, but this has never been proven. Medical concerns include the increase in anxiety, depression and insomnia when caffeine is used. Caffeine is not considered a "gateway drug" (leading to more significant drug use), though it is related to heavier cigarette use. Caffeine has frequently been touted for its ability to increase intellectual performance. This has only been proven when performance was impaired due to fatigue or boredom, again, utilizing the stimulant effect. Debate is heating up about the purposeful use of caffeine in soft drinks, with some suspicion being pointed at the industry for using caffeine to addict the users in the same way as nicotine was used to increase the smokers.

Editor's notes: In Pakistan tea is imported upto thirty billion rupees yearly, this is wasted foreign exchange as tea has no nutritional value and poor people specially waste their sparse money on this addiction which could be used to buy nutritious items which they desperately need.

ENERGY DRINKS ARE DANGEROUS

Kevin Pho M.D

Energy drinks are a booming industry, with over \$10 billion in annual sales. But they are having growing health consequences, with emergency room visits caused by these drinks doubling over the past year.

I discuss whether these drinks should be treated more like drugs in today's USA Today column: According to the recent survey by the Substance Abuse and Mental Health Services Administration, there were more than 20,000 emergency room visits involving energy drinks in 2011, double the number from 2007. Last year, the Food and Drug Administration received reports of 18 deaths and over 150 injuries that might have been associated with the drinks.

These safety concerns require energy drinks to be more closely scrutinized. Beverage manufacturers should clearly label the caffeine content. Adults should limit their caffeine intake to about 500 mg per day (or about two tall cups of Starbucks brewed coffee), less for teens and older patients and those with heart or liver problems.

Doctors need to do a better job screening for and counseling those who consume high amounts of energy drinks. Finally, we should consider the approach taken by our neighboring countries.

Canada will soon cap energy drink caffeine content to 180 mg per can or

bottle, which, if instituted in the U.S., would require reformulation of a substantial number of drinks. Mexico is seeking to ban the sales of energy drinks to those younger than 18.

SINGAPORE BOOSTS 'BABY BONUS' SCHEME

-AFP-

Singapore announced increased cash bonuses for parents of newborn babies and introduced paternity leave as part of a package of measures to boost population and reduce dependence on foreigners.

Parents of Singaporean babies born since August 26 last year will receive a cash gift of Sg\$6,000 (\$4,900) - a rise of 50 percent, which applies to each of a couple's first two children.

The financial incentive will rise to Sg\$8,000 for a couple's third and fourth babies, as the government attempts to offset the high cost of raising a family - one of the gripes often aired by young couples in the city-state.

At least one parent must be a Singapore citizen to be eligible for the handout.

VITAL SIGNS: BINGE DRINKING AMONG WOMEN AND HIGH SCHOOL GIRLS - UNITED STATES

Kanny D, et al

About 12.5% of adult women in the U.S. reported binge drinking in 2011, downing four drinks or more in one sitting.

The proportion is even higher among high school girls, with about 20% reporting that they consume alcohol excessively.

It's more of a problem among men and boys, but it's an important women's health issue.

He said the agency is calling attention to the issue because it's "an under recognized women's health issue."

In 2011, more than 13.6 million U.S. adult women binge drank an average of three times a month, Brewer and colleagues reported. During each of those binge sessions, women consumed an average of six drinks.

Bingeing is most common among women ages 18 to 34, and then gradually falls off with age. About 24% of women, ages 18 to 24, and 20% of those, ages 25 to 34, reported bingeing on alcohol.

White women and women with a household income of \$75,000 or more were more likely to binge, they found.

Among high school students, white and Hispanic girls were more likely to binge than African-American girls (about 22% for each versus 10%) and 12th graders were about twice as likely to drink as

freshmen (27% versus 13%).

About twice as many men binge drink compared with women, but the proportions are similar for high school boys and girls.

Women are typically at greater risk from the harms of alcohol than men because they metabolize it differently. It puts them at higher risk of breast cancer, sexually transmitted disease, heart disease, and unintended pregnancy.

And drinking during pregnancy -- particularly among women who continue to binge not knowing they're pregnant -- can lead to severe birth defects.

Among the 23,000 women who die every year in the U.S. from excessive alcohol intake, about half are related to binge drinking, whether it's alcohol poisoning, motor vehicle crashes, or interpersonal violence.

The data on adult women come from the 2011 Behavioral Risk Factor Surveillance System (BRFSS), totaling 278,000 women, and the data on high school girls come from the 2011 Youth Risk Behavior Survey (YRBS), totaling 7,500 U.S. high school girls.

<https://bay002.mail.live.com/default.aspx?id=64855#n=871031541>

THREE HUNDRED GIRLS WERE MASSACRED IN THE LAL MASJID ATTACK

(From an article by Sabooq Syed in The News)

Umme Hassan, Principal of Jamia Hafsa and the wife of Maulana Abdul Aziz, who was the imam of Lal Masjid, recorded her statement before the judicial commission set up by the Supreme Court.

While recording her statement, she said that 'Aunty Shamim' told her that she supplied girls to former federal minister Sheikh Rashid. It is believed that Sheikh Rashid may also be called by the commission for recording his statement. Umme Hassan said that she told Allama Abdul Rasheed that there were unarmed and innocent girls in the Lal Masjid who were brought from Khyber Pakhtunkhwa and Kashmir, and, in case of an operation, they would be killed. Due to this Allama Abdul Rasheed accepted the demands of the government. However, she said, General Pervez Musharraf, General Waheed Arshad and Rashid Qureshi made the talks unsuccessful.

Umme Hassan told the head of the judicial commission that she would accept the decision whatever it would be, and after that she herself wanted to fire into the chests of Pervez Musharraf, General Waheed and Rashid Qureshi because they were responsible for killing innocent girls.

She said that over 300 female students were killed in the Lal Masjid/ Jamia Hafsa tragedy.

She said that when the female students of Jamia Hafsa occupied the library, former federal minister Ijazul Haq told her that the army would not tolerate her and kill all of them and throw their bodies stuffed into gunny bags at a place where no one could find them.

She told the judicial commission that her father-in-law Maulana Muhammad Abdullah held meetings with Osama bin Laden and Mulla Omar, and he was directed by the agencies not to talk about these meetings in public.

But, she said, her father-in-law narrated his meetings with Osama and Mulla Omar during his Friday sermon.

She said that she herself saw Maulana Abdullah being murdered on October 18, 1998, when a boy was shaking hands with him, after which he shot him. She said the female students were baton charged soon after the 7/7 incident occurred in England.

Several female students were injured and were not provided medical treatment in Polyclinic Hospital. She said the medical superintendent of that hospital was drunk and said that these girls were not allowed any medical

treatment here.

Umme Hassan said that the law enforcing agencies used to harass the girl students by raiding Jamia Hafsa and the girls used to sleep wearing burqas at night from 2004 to 2007.

She said that the army personnel had pulled the drips from the injured female students in Polyclinic.

She said when her madrassa was attacked, the kitchen was demolished, and the students had nothing to eat, so they chewed on leaves for their survival. She said that Ijazul Haq, Sheikh Rashid and Sherpao had alleged that bunkers and underground vaults were built in Jamia Hafsa and Lal Masjid. Umme Hassan appealed to the judicial commission to order an excavation of the Jamia Hafsa and Lal Masjid site to prove the allegations false.

She said the allegation of the presence foreign militants in Lal Masjid was also levelled; however, the persons whose pictures were issued to the media by showing them as foreign militants were residents of Shakardara, Kohat, and Attock.

She said that her 70-year old mother-in-law and mother of Allama Abdul Rasheed Ghazi was brutally killed and her body was never handed over to them.

She said that she had only her 20-year son and she kissed his forehead and told him not to run and not let her down on the day of judgement. Umme Hassan said that she wanted the Pakistan of Quaid-i-Azam.

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WHY PPP CAN'T FIND BENAZIR'S KILLERS?

(From an editorial in the News)

The murder of Benazir Bhutto five years earlier remains unsolved. A considerable part of the blame for this lies on the shoulders of those who have invented the phrase 'the trial of Benazir's grave'. It is still not clear whether she died by bomb or bullet. Neither a UN investigation nor one by Scotland Yard were able to get to the bottom of the case and both concluded that some sort of cover-up had been in operation, with the UN report being particularly explicit about this. It is a crime that should have attracted enormous effort on the part of the PPP government to resolve, but that was not to be. The waters have been further muddied by Bilawal Bhutto Zardari who in his speech on December 27 blamed the judiciary for failing to prosecute. This is nonsense. Courts do not prosecute, they hear evidence and it is up to agencies such as the police and the Federal Investigation Agency (FIA) to collect and present the evidence in pursuit of a prosecution. The FIA appears to be unable to properly complete a challan, without which there can be no prosecution anyway; and submitted no less than eight incomplete documents. After 'delaying tactics', the agency eventually came up with the right paperwork several months ago allowing charges to be framed. The delay was entirely the responsibility of an agency controlled by the government, and not with the judiciary.

The FIA was also hobbled by frequent changes at the top - there have been ten directors in five years - which no doubt contributed to its poor performance. Now, whatever case there was seems to be gradually withering away. Originally 127 witnesses were to appear before the court but this number was reduced to 55 and more recently to 17.

There is little forensic evidence as the crime scene was swiftly washed down. As time passes, memories dim and events become clouded in the minds of those who might give evidence in support of a prosecution. President Zardari is on record as saying, on several occasions, that he knows who killed his wife - but he has never shared their names with us. Those he and his party initially accused of being 'qatils' have become their partners in politics. Now Bilawal has entered the fray, adding his own diversions and perversions of reality as the ruling dynasty continues skirmishing with the judiciary. The teenager who killed Benazir Bhutto was blown to pieces. The Taliban too have been pointed out as the culprits - recruiting and training the bomber/shooter. If so, what remains a mystery is whether they were acting on their own cognizance or was there a commissioning agent or agency? With father and son both on the same page in terms of sowing the seeds of confusion, we must assume that we will never know.

TRANSPARENCY RAISES QUESTIONS ABOUT RS5 BN BILAWAL HOUSE IN LAHORE

(From an article by in The News)

The newly constructed 200-kanal palace in Bahria Town Lahore named Bilawal House, said to be worth Rs5 billion and allegedly gifted to the President of Pakistan, has come under severe criticism from Transparency International.

TIP, in a letter to the Supreme Court, NAB and many other organisations, has asked how the president can receive the 'gift', as no government servant can accept any gift while in service. The spokesman of Bahria Town, Col (R) Khalil when contacted said it was not in his knowledge and only Malik Riaz can reveal the actual situation. Malik Riaz Hussain could not be contacted for comments.

The Supreme Court of Pakistan, the chairman National Accountability Bureau, the chairman Public Accounts Committee and the federal minister of finance have also been sent letters by the Transparency International regarding 200-kanal palace allegedly gifted to the president just ahead of the general election.

Transparency International Pakistan has referred to the international and national press reports. That sources told that the house located in popular Bahria Town Lahore having worth of Rs5 billion, is a bullet-proof bungalow built on over 200 kanals of land. That the house carries a

runway for landing of private jets.

"The press reports have not been denied by anyone, and it is therefore assumed that the reports of Rs5 billion house built by Malik Riaz and gifted to President Asif Ali Zardari are correct. Transparency International Pakistan would like to inform the president that according to the Rules and Instructions relating to the Conduct of Government Servants, Government Servants (Conduct) Rules, 1964 Section 5 (1) quoted below, gifts shall not be accepted. 5. Gifts: (1) Save as otherwise provided in this rule, no government servant shall, except with the previous sanction of the government, accept, or permit any member of his family to accept, from any person any gift the receipt of which will place him under any form of official obligation to the donor. If, however, due to very exceptional reasons, a gift cannot be refused, the same may, under intimation to the Cabinet Division, be kept for official use in the Department or Organisation in which he is working."

Transparency International Pakistan has requested the secretary general to the president to process the gift of Rs5 Billion House at Bahria Town Lahore to be transferred to the government of Pakistan if the news reports are correct.

DOLLAR 2.5 BILLION SIPHONED OFF FROM PAKISTAN IN A DECADE

(From an article by Hanif Khalid in The News)

Crime, corruption and tax evasion have cost the developing world nearly \$8 trillion over the past decade, a financial watchdog said in a new report. Mentioning Pakistan, it said \$2.5 billion was siphoned out of the country from 2003 to 2010.

Giving breakdown, it said \$44 million was illegally transferred abroad in 2003, \$202 million in 2005, \$505 million in 2007, \$728 million in 2008, \$298 million in 2009 and \$729 million in 2010.

China accounted for almost half of the \$858.8 billion in dirty money that flowed into tax havens and Western banks in 2010, more than eight times the amounts for runners-up Malaysia and Mexico.

Total illicit outflows increased by 11 percent from the prior year, Global Financial Integrity (GFI), a Washington-based group that campaigns for financial accountability, said in its latest report released. "Astronomical sums of dirty money continue to flow out of the developing world and into offshore tax havens and developed country banks," said Raymond Baker, the GFI director. "Developing countries are hemorrhaging more and more money at a time when rich and poor nations alike are struggling to spur economic growth. This report should be a wake-up call to world leaders that more must be done to address these harmful outflows," he said.

EOBI TERMS MQM HURDLE IN RENT RECOVERY FROM SHOPS

(From an article by Asim Yasin in the New)

A top official at the Employees Old-age Benefit Institution (EOBI) told the Public Accounts Committee (PAC) that a nexus of nine private companies and local political workers with close links to the MQM had occupied shops at the EOBI Plaza, Karachi, without paying rent since 2001. EOBI Director General Investment Wahid Khursheed expressed his inability to get the shops vacated due to interference and influence of the MQM and the matter had now reached the sector in-charge of the political party, who was a huge hurdle in the recovery of rent.

PPP member of the PAC Yasmeen Rehman said the issue would be taken up with MQM members Haider Abbass Rizvi and Wasim Akhtar.

The DG Investment said the shops were closed whenever the recovery staff went to collect the rent. "We have taken up this issue with the local political party to resolve it," he told the committee.

PPP Member Noor Alam Khan said that if the EOBI was unable to get the shops vacated from defaulters, he was prepared to send people for the purpose. "This is a serious issue but the EOBI seems uninterested in the recovery of dues," he added. To a question, the EOBI officials told the PAC that as per the last assessment, the market value of the plaza was Rs4.4 billion.

EXCERPTS FROM ALTAF HUSSAIN'S SPEECH

"Forty thieves" gathered in Idara-e-noor-e-Haq (Central Office of Jamat-e-Islami, Karachi) and spoke rubbish. I wish to tell those "forty thieves" that by God (what are you doing here is) due to my decency. Oh God! Give me patience, the patience of Ayub (AS), patience of Hussain (RA), patience of messenger of God (PBUH). O lord give me that patience, they "forty thieves" hold these conferences to abuse MQM in Karachi and it is only due to my civility, by God if I lost my patience, then shall I tell you "O forty thieves, "sons of bitches", and I tell all those thieves mullahs and their dependents, flatterers and sons of bitches that be a human being, otherwise if I lost my dignity and patience and asked my workers to use their free will then you and your families will be disgraced and sent to anonymity and no one will even know you. I tell all workers (of MQM) that if any one of those forty thieves, gathered at Idara-e-Noor-e-Haq, is found in your streets, locality, I do not tell you to beat him up, but tell him to leave this place with nobility and take away your hatred and bigotry with you. From now on you will not exist in Karachi and if you are found then what people will do to you, I shall not be liable for the consequences. You all writers, intellectuals and anchor persons! They will say we are threatened, I am not threatening, only hinting them. Come back, if you are on wrong track. This is

better for you. Otherwise when this way of revolution will take others to the task, you people will not be spared either. And those anchor persons speaking nonsense against MQM, yes, they have right to differ, but have no right to speak nonsense. If you did not change then God has given us hands as well."

APPEAL TO THE QUEEN

we the peaceful citizens of Pakistan, appeal to the Her Majesty Queen Elizabeth second, prince Charles, prime minister Gordon Brown and respected members of the parliament to take serious notice of the hateful telephonic speeches delivered by a Pakistani origin British national Mr. Altaf Hussain in which he is threatening the political workers of various parties and journalists who differ from his opinion.

Mr. Altaf Hussain and his organization are involved in the continued killings of innocent citizens in Karachi, the capital Hub of Pakistan during last 25 years. Scotland Yard is investigating the murder of an ex-leader of MQM who was killed after departing from his arch colleague Altaf Hussain.

We strongly appeal that Mr. Altaf Hussain be restrained from delivering such hateful speeches and the British land should not be allowed to be used to destabilize the situation in Karachi and Pakistan.

180 Million Citizens of Pakistan.

A PHASE III, RANDOMIZED DOUBLE-BLIND STUDY OF DOXEPIN RINSE VERSUS PLACEBO IN THE TREATMENT OF ACUTE ORAL MUCOSITIS PAIN IN PATIENTS RECEIVING HEAD AND NECK RADIOTHERAPY WITH OR WITHOUT CHEMOTHERAPY

Miller R, et al - ASTRO 2012; Abstract LBA2

A mouth rinse containing the tricyclic antidepressant doxepin appears to relieve mucositis pain among patients with head and neck cancers better than plain water. Within 15 minutes, pain assessed on a visual analog scale dropped 1 point with water and 2 points with doxepin, Robert Miller, MD.

The pain relief was maintained for about an hour before rebounding. But even after 4 hours, pain was still 1.5 points lower with doxepin compared with about a half-point lower with water, a difference that achieved statistical significance ($P=0.0003$).

Compared with placebo oral doxepin rinse is an effective treatment for oral mucositis in patients undergoing head and neck cancer therapy.

The plenary session following the morning briefing turned out to be the only time that a plenary was given in front of a live audience, because the effects of Hurricane Sandy forced cancellation of the afternoon plenary session. That session was later recorded in an empty ballroom for posting online.

Doxepin is a tricyclic antidepressant approved in the U.S. for depression/anxiety and moderate pruritus.

Preliminary small studies suggested doxepin reduces mucositis pain in cancer patients when used as a mild topical aesthetic rather than swallowed as a systemic treatment.

He noted that radiation and chemotherapy-induced oral mucositis pain is a significant clinical problem, often incompletely relieved with narcotics and traditional mouth rinses. Doctors use a lot of different methods to relieve that pain but unfortunately there is still a lot of pain left with most treatment.

To explore doxepin's possibilities further, the researchers conducted a randomized trial. Patients, who were enrolled at 26 different institutions, were eligible for the study if they were receiving radiotherapy and chemotherapy for head and neck cancers. The radiation dose was greater than 50 Gray.

The researchers enrolled 155 patients from December 2010 and May 2012, of whom 140 were eligible for assessment. Baseline factors were evenly distributed across arms.

Patients with oral mucositis pain of at least 4 on a 1-10 visual analog scale were randomized to receive doxepin or placebo on Day 1 and then were crossed over on a

subsequent Day 2 and then were offered doxepin every 4 hours as needed. Patients were advised to rinse the mouth for one minute and then spit out the solution. The doxepin solution included 25 mg of the drug in 5 ml of water.

The solution can be mixed very simply. It was mixed in Mayo's pharmacy and shipped to the other centers for this trial. The placebo was plain water.

In the study, pain decreased over the first 30 minutes with both solutions, but decreased further with doxepin. The average pain level at baseline was 5.5 on the visual analog scale. It was characterized 5.5 on the scale as moderate pain, especially experienced when a patient would eat or drink.

When patients were asked if they preferred continued use of the solution,

64% said yes, which was also significant ($P=0.002$). Doxepin was well tolerated, but caused more stinging, burning, unpleasant taste, and drowsiness. Because of its tendency to cause drowsiness some patients elected to use it in the evening before going to sleep.

Mucositis is an underappreciated adverse event in cancer treatment. It is right up there as the number one or two issues with quality of life. If you talk to any patient who has gone through head and neck surgery and radiation and chemoradiation, this is where that treatment impacts on them. That is why this is so important. There is actually something that looks like it is promising. It can make a huge difference in patients' lives. The use of doxepin may have other uses treating oral mucositis pain outside of cancer.

ATTENTION PSYCHIATRISTS, PG TRAINEES & OTHER DOCTORS INTERESTED IN RESEARCH ARTICLES

All Psychiatrists, PGs, Trainees & other Doctors who are interested in psychiatric research articles are requested to send their name, address & phone numbers to the Karachi Psychiatric Hospital Bulletin which will be send to them free of cost.

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EFFECT OF RAMIPRIL ON WALKING TIMES AND QUALITY OF LIFE AMONG PATIENTS WITH PERIPHERAL ARTERY DISEASE AND INTERMITTENT CLAUDICATION. A RANDOMIZED, CONTROLLED TRIAL

Ahimastos AA, et al - JAMA

Walking duration and pain-free walking both improved significantly in patients with claudication after treatment with the ACE inhibitor ramipril, a randomized trial showed.

The average pain-free walking time increased by more than 60% and maximum walking time more than doubled after 6 months of treatment with the ACE inhibitor.

Almost all secondary outcomes improved significantly with ramipril versus placebo, including ankle-brachial index (ABI), an impairment scale specific to peripheral arterial disease (PAD), and functional aspects of health-related quality of life, an Australian research team reported.

ACE inhibition is not specifically recommended for the relief of intermittent claudication. This is the first adequately powered randomized trial demonstrating that treatment with ramipril is associated with improved treadmill walking performance in patients with PAD."

About a third of patients with PAD have intermittent claudication, characterized by pain during walking that is relieved by rest. Intermittent claudication can substantially impair ambulatory function, leading to

disability and severe lifestyle limitations.

Treatment for PAD focuses on reducing cardiovascular risk improving function and quality of life. Medical therapy usually has no more than a modest effect on walking distance. For example, the only drugs approved for PAD in the U.S. (pentoxifylline and cilostazol) increase walking distance by 15% to 25%, the authors noted.

A pilot study of ramipril showed significant improvement in pain-free and maximum walking time in patients with intermittent claudication. Investigators extended the evaluation in a larger, randomized, placebo-controlled trial.

The trial involved 212 patients with symptomatic PAD. The patients were randomized to daily ramipril or matching placebo and followed for 24 weeks. Patients underwent treadmill assessments before randomization and at the end of the trial. The primary endpoints were change in duration of pain-free walking and in maximum walking time.

Patient-reported symptoms and functional status were assessed by the Walking Impairment Questionnaire (WIQ), and health-related quality of life was assessed

by the SF-36 survey.

Baseline characteristics did not differ significantly between treatment groups. The patients had a mean age of 65 to 66 and a mean body mass index of 25 to 26. Half of the patients had hypertension, about 28% had never smoked, and about a fourth of the patients had diabetes.

The baseline mean pain-free walking time was 140.3 seconds in the ramipril arm and 144.2 seconds in the placebo group. Maximum walking time averaged 233.6 and 238.4 seconds in the ramipril and placebo groups, respectively, and limiting-leg ABI at rest of 0.57 and 0.55 in the respective groups.

When the trial ended, the results showed significant improvement with ramipril versus placebo for:

Pain-free walking time: 88 seconds better in the ramipril group versus a gain of only 14 seconds in the placebo group, $P < 0.001$
Maximum walking time: 277 seconds better versus 23 seconds better, $P < 0.001$
Limiting-leg ABI at rest: 0.08 better versus no improvement, $P < 0.001$
Limiting-leg ABI after exercise: 0.07 better versus no improvement, $P < 0.001$
WIIQ scores: $P < 0.001$ for walking distance, walking speed, and stair climbing
SF-36 physical domain: 6.3 versus 0.2, $P = 0.02$
Previous studies and a meta-analysis yielded inconsistent results for evaluations of ACE inhibitor therapy in PAD. Mary McGrae McDermott, MD, commented in an accompanying editorial. However, the trials involved few patients, employed different ACE inhibitors, and several were conducted in the 1990s, raising questions about their relevance to management of

PAD in contemporary populations.

Given the paucity of effective therapies for treating functional limitation in PAD and recent randomized controlled trials that have failed to demonstrate improved walking performance in response to novel medical therapies in PAD, the magnitude of improvement with ramipril in the study by Ahimastos et al. is particularly notable. However, several issues were raised warranting a cautious interpretation of the results: possible inherent differences in patient populations outside of Australia, potential differences in the activity of various ACE inhibitors, a relatively minor improvement in the placebo group as compared with previous studies, and use of exclusion criteria that might limit the generalizability of the findings.

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WHEN TO USE AN I.T CONSULTANT AND WHEN YOU MAY NOT NEED ONE!

By Rosemarie Nelson Published

Should physicians use a consultant to help choose a practice management system or EHR for their practice? According to recent Medical Group Management Association surveys more than 50% of physicians used the services of a healthcare consultant or firm at least once in the previous 3 years.

But did they have to? Was it a smart move? The Answer: It Depends Not every practice needs a consultant's assistance when replacing and choosing a new system.

You don't need a consultant if you've done your homework and have been diligent in determining your needs.

The size of your practice is not a determining factor as to whether to use a consultant. It depends more on your knowledge of the various products in the marketplace and how to integrate one into your operations.

Consultants will usually know more about the systems that are out there than you do. They typically work with 20 to 30 practices a year, and each of those might have a different system.

Consultants also attend trade shows where they see, hear, and learn about other, often newer, technologies. A good consultant will have a better-informed perspective of all the options available.

Naturally, you'd think a consultant would provide an objective view of all these options but objectivity isn't always a given. There are consultants who have some sort of relationship with a vendor or vendors, and that presents a conflict of interest, so always check references for the consultant, just as you would for a vendor.

Tips for the Do-It-Yourselfer

How do you proceed if you decide to forgo a consultant? First acknowledge the reason you're looking for a new system. Look at what you're doing now. There's a reason you're looking for a system; acknowledge that reason.

The system you choose should address the problem, but also retain the positive attributes of the system you already have in place.

Keep your patients' wants and needs in mind, too. Your new technology should provide them with services they find useful, such as a web-based portal where they can access information or make or change appointments.

Speaking of web-based, it would be foolish not to think about the cloud because that is the future. Look for systems offered via the cloud and examine your own expertise for supporting a system on premises.

Document your wants and needs:

Actually put a list on paper of the features and functions you want a new system to perform. Keeping an active list to compare and contrast solutions will keep your selection process on track. The process is complex and it is easy to get distracted by bells and whistles.

Put a selection team together that includes an expert from each area of your practice. You'll have a nurse expert, a physician expert, a receptionist expert, a billing expert, and a medical records expert on your in-house consulting team.

Listen to them as if you're paying them a consulting fee ? they represent the collective knowledge of your operations.

Cost must not be the initial decision point, but you do have to manage the cost discussion efficiently. Create a matrix that identifies all the costs for the two systems that ranked highest in your "shopping."

Project the costs out over 5 years so you get a realistic long-term picture of what each of the systems would mean.

Then start your negotiations with the vendors.

But remember, just because you don't always have to use a consultant doesn't mean it isn't a good idea at times.

If you have any uncertainties at all, then why not use a consultant?

You'd refer your patient to a specialist, so why not refer your business to a consultant?

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SURGICAL STAPLES COMPARED WITH SUBCUTICULAR SUTURE FOR SKIN CLOSURE AFTER CESAREAN DELIVERY

Figueroa D et al. - Obstet Gynecol

As the cesarean delivery rate climbs, we are increasingly obliged to determine best practices for the procedure. In particular, averting wound-related complications would lower postcesarean morbidity considerably. Whether skin staples are better than subcuticular suture closure is not known; thus, investigators in Alabama conducted a randomized, controlled trial of the two methods in 393 women undergoing scheduled or unscheduled cesarean deliveries.

Regardless of maternal body-mass index (BMI; mean, 36 kg/m²), women in the staple group were more likely than those in the suture group to suffer wound disruption or infection by 4 to 6 weeks postpartum (14.5% vs. 5.9%; relative risk, 2.5). Most complications consisted of wound disruption (RR, 3.8), and much of the difference in outcomes occurred before hospital discharge. Use of subcuticular closure added 10 minutes to median operating time (from 48 to 58 minutes; $P < 0.001$). Patient-centered measures such as pain, cosmesis, and satisfaction did not differ between groups.

MILK ADULTERATION PLAYS HAVOC WITH CONSUMER'S HEALTH

(From an article by Mansoor Ahmad in the News)

Milk is a sole natural food for infants for first few months of life and source of good quality nutrient for elderly. It is subjected to adulteration some of which is injurious to health making this complete, readily digested, and absorbed food a health hazard.

Lax attitude of civic bodies and regulators in stopping adulteration in milk is playing havoc with the health of consumers making them vulnerable to cancer, kidney failure, abnormal growth and diseases of joints and high blood pressure. Its adulteration is also keeping the majority of children underweight.

According to official statistics, annual milk production in Pakistan has crossed 38 billion liters making the country fourth largest global milk producer after India, United States and China. Dairy experts point out that milk the world over is watered/skimmed to increase profit. This, they contend, amounts to cheating the patients but this level of adulteration is not injurious for health.

They further reveal that in order to maintain its physical appearance as natural after adulteration of water the milkmen add starch, flour, urea, cane sugar, vegetable oil, etc. They say milk is a perishable commodity having shelf life of four hours after milking, so during summer months, it is likely to be spoiled during

transportation. The middlemen, they add, therefore add chemical preservatives, such as penicillin, strepto-penicillin, formaldehyde, hydrogen peroxide, sodium bi-carbonate, urea, hair removing chemicals etc. to prolong its shelf life.

They say the other way to preserve the shelf life of milk is either to pack it in special packing after ultra heat treatment that increases the shelf life by up to three months or to pasteurise it as is done in most of the developed and developing countries that prolongs the shelf life to 48 hours.

The oldest and simplest method of adulterating milk is dilution with water. If the water thus used is pure it does not harm other than to defraud the consumer, but if impure, as it often is when drawn from wells near manure heaps, in barnyards, or country privies, it may prove fatal.

The adulterants/ preservatives assume the proportion of health hazards for end consumers; particularly infants and elderly. "Formaldehyde is the substance most commonly used for preserving milk and is rarely, if ever, added to any other food. Its use is inexcusable and especially objectionable in milk served to infants and invalids," said Hanif Khalid, a dairy farmer. He said district administrations in all cities are aware of the malpractices in milk sales

and periodically takes samples that after tests are found to be adulterated by the above mentioned chemicals but has been unable to eliminate or tackle this menace. In Lahore in some cases the regulators even found Aflaxocin M1 in powder milk samples and also in some of the loose milk samples.

Dr Abid Khokar, a medical practitioner, said abnormal growth, nervous disorder in babies, diseases of joints, kidneys and high blood pressure stem from adulterated milk. Melamine, in particular in combination with cyanuric acid, causes deposition and precipitation of birefringent (double refraction) crystals, thereby causing renal failure. He said in cases where antibiotics or formalin are used to preserve milk it would not be possible to break the milk in to curd by adding lemon juice or a spoon of curd.

An orthopedic surgeon Dr Abdul Rauf said a more dangerous trend developed in recent years among the dairy farmers is to inject growth hormone (rBGH) to dairy cows or buffaloes to increase milk production. He said it has now been established that growth hormones induce prolonged negative energy balance for at least eight weeks during which increased milk production is paralleled by reduced total body fat, excessive tissue loss and hypertrophy of foregut tissue.

He said traces of this hormone are found in the milk consumed by human beings. He said this milk contains higher quantity of fat with long chain fatty acids.

Besides, he added this milk induces premature growth stimulation in infants, gynecomastia (excessive development of

the breasts in males) in young children and breast cancer in women. He said this unethical practice should be curbed through stern administrative action.

A worker of a milk processing plant confided to The News that when a cream separator at a creamery is cleaned it is often found to contain a residue of manure, hairs, dirt, and perhaps pus and blood from inflamed udders. This speaks volumes about the way we collect and sell milk.



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SPoonFUL OF VINEGAR MAKES THE BLOOD SUGAR GO DOWN?

By Jack Challem *European Journal of Clinical Nutrition*

Strange as it might seem, including some vinegar in your diet may improve your blood sugar. Although vinegar has a bit of a checkered past - it has too often been hyped in weight-loss diets and miracle cures - solid research has clearly shown that it can improve glycemic control.

"Scientific studies over the past 10 years show benefits from vinegar consumption," says Carol Johnston, Ph.D., head of the nutrition department at Arizona State University, Tempe. Vinegar decreases both fasting and postprandial (after-meal) glucose levels, she says. "It's inexpensive and can be easily incorporated into the diet. Used in combination with diet and exercise, it can help many people with type 2 diabetes." Much of the vinegar research comes out of Johnston's laboratory and that of Elin Ostman, Ph.D., at Lund University in Lund, Sweden. VIN

The biologically active constituent of vinegar is acetic acid, also the source of the liquid's lip-puckering pungency. Nobumasa Ogawa, Ph.D., of Tokyo University in Tokyo, discovered that the acetic acid inhibits the activity of several carbohydrate-digesting enzymes, including amylase, sucrase, maltase, and lactase. As a result, when vinegar is present in the intestines, some sugars and starches temporarily pass through without being digested, so they have less of an impact on blood sugar.

According to Johnston, some people have far greater responses than others to vinegar. However, she says, "We documented small but important average decreases in hemoglobin A1C in people with type 2 diabetes - over the course of 12 weeks, taking a couple teaspoons of apple-cider vinegar daily," she says.

In another study, Johnston found that taking 2 tablespoons of apple-cider vinegar along with 1 ounce of cheese before bedtime led to a 4 to 6 percent decrease in fasting blood sugar levels, according to an article in *Diabetes Care* (November 2007). Meanwhile, Lund University's Ostman found that people were less hungry a couple hours after consuming vinegar with bread, as opposed to bread alone).

Because taking a teaspoon or two of vinegar alone seems to cause burping and acid reflux in a lot of people, Johnston suggests that people include vinegar with food. The easiest way is by using oil and vinegar salad dressing, made with balsamic, apple-cider, or any number of flavored vinegars (avoid the fruity, sweet ones, of course, or you may cancel out the benefit). When making the dressing, use about 50 to 75 percent vinegar, and add some diced garlic, dried oregano, and basil - or stir in a little Dijon mustard.

Johnston recommends also using vinaigrette dressings drizzled over

steamed veggies, such as cauliflower. Another option is to dip small, thin slices of whole-grain bread into a mix of olive oil and balsamic vinegar. Or, better, try sourdough bread, which contains a substance that also seems to mediate blood sugar response.

Vinegar is a natural meat and fish tenderizer, so you can use it to marinate meat and chicken. It's also used to cook brisket, sauerbraten, and in the preparation of the spicy Korean vegetable, kimchi. Look for low-sodium versions of dill

pickles, and consider other condiments and veggies pickled or preserved in vinegar.

As for the weight-loss claims attributed to vinegar, Johnston noticed in one study that people consuming a tablespoon of vinegar before lunch and dinner lost an average of 2 pounds over four weeks. It may be a case of "if it sounds too good to be true..." but consider this: The study was conducted in November and December, when people often eat more than usual. There may be something to it after all.

WORLD NO TOBACCO DAY 31st May 2013

SOME FACTS

- o Each puff of tobacco smoke contains a dangerous mix of 7,000 chemicals, hundreds of which are poisonous and 70 of which can cause cancer.
- o Tobacco use remains the leading cause of preventable death in the United States.
- o More than 300,000 children suffer each year from infections caused by tobacco smoke.
- o Nearly 3,000 nonsmokers die each year from lung cancer caused by secondhand smoke.
- o Nonsmokers who are exposed to secondhand smoke at home or at work increase their risk of developing heart disease by 25-30%.
- o According to the U.S. Department of Health and Human Services, smoking has numerous adverse reproductive and early childhood effects, including increased risk for stillbirth and sudden infant death syndrome.
- o Compared with nonsmokers, smoking is estimated to increase the risk of men developing lung cancer by 23 times, and women developing lung cancer by 13 times.
- o Like heroin or cocaine, nicotine alters the way your brain functions and causes you to crave nicotine more and more.
- o Worldwide, tobacco use causes more than 5 million deaths per year, and current trends show that tobacco use will cause more than 8 million deaths annually by 2030.
- o According to the Centers for Disease Control and Prevention, on average smokers die 13 to 14 years earlier than nonsmokers.

TOFACITINIB (CP-690,550) IN COMBINATION WITH METHOTREXATE IN PATIENTS WITH ACTIVE RHEUMATOID ARTHRITIS WITH AN INADEQUATE RESPONSE TO TUMOUR NECROSIS FACTOR INHIBITORS

Gerd R Burmester & others

Together with colleagues from the international rheumatic diseases research community, scientists of the Charité -- Universitätsmedizin Berlin have presented a new therapy approach for the treatment of rheumatoid arthritis (RA), a chronic form of joint inflammation. The new therapy study was especially directed at patients who showed no adequate response to conventional treatment with tumor-necrosis-factor directed reagents (anti TNF). The new approach represents a combined form of treatment with the medication Methotrexat and Tofacitinib.

Rheumatoid arthritis is a widespread autoimmune disorder where long lasting inflammatory processes cause strong pain and gradually destroy the joints of the patients affected. In the majority of RA patients, there is an enhanced level of a certain cytokine in the body, the so-called tumor-necrosis-factor (TNF). This mediator is formed by immune cells, and is, among other factors responsible for the painful symptoms. The treatment with anti-TNF agents neutralises the signal effects of TNF and thus alleviates the suffering of those affected. However, should such a treatment show no effect, then alternative treatment methods have to be applied. During the course of a six month study, 399 patients in 13 countries participated, who were suffering from a moderate to severe form of rheumatoid arthritis. They

were all treated with a combination of Methotrexat, a standard drug for the treatment of RA and Tofacitinib, a new type of medication which can be administered orally as a tablet. Tofacitinib is a kinase inhibitor, which inhibits special enzymes which are involved in the inflammatory reactions in patients with rheumatoid arthritis. When the so-called Janus kinases are inhibited, painful immune reactions are reduced.

This current study has shown that the combination of Methotrexat and Tofacitinib has a high degree of efficacy in the treatment of RA, even in patients, who failed to react to standard treatment of severe cases with anti TNF agents. After half a year, the additional administration of the new medication led to an improvement in the initial symptoms in more than half of the patients. This meant that conditions of painful joint inflammation can now be efficiently treated with this drug, even in cases that had been refractory to anti-TNF treatment.

Prof. Burmester, the Principal Investigator of the Study views the results as a highly effective alternative in the treatment of rheumatoid arthritis. As a next step, long-term examinations are to be initiated, for the purpose of recording the effectiveness and the compatibility as well as any possible risks of the new combination therapy.

NO EXTRA DEATH RISK SEEN FOR MODERATE OBESITY

Flegal K, et al - JAMA

Among nearly 3 million participants in 97 studies with good data on BMI and all-cause mortality, death rates were similar in those of normal weight (BMI 18.5 to 24.9), the simply overweight (BMI 25 to 29.9) and the moderately obese (BMI 30 to 34.9).

However, with individuals considered normal weight as the reference, the hazard ratio for all-cause mortality for people with BMI of 35 or higher was 1.29 (95% CI 1.18 to 1.41).

For the moderately obese, the corresponding hazard ratio was 0.95 (95% CI 0.88 to 1.01). On the other hand, BMI values in the overweight range appeared to be slightly protective, relative to normal weight, with a hazard ratio of 0.94 (95% CI 0.91 to 0.96).

Sole use of BMI as a health risk phenotype aggregates people with substantial differences in nutritional status, disability, disease, and mortality risk together into similar BMI categories.

For individuals who appear overweight but not severely so, "traditional risk factors, including blood pressure, blood lipid levels, and fasting blood glucose level" should be considered along with BMI or waist circumference in assessing their risks.

Heymsfield and Cefalu also suggested that Flegal and colleagues may have used too broad of a definition of normal weight, possibly inflating mortality rates in their reference group.

By setting the lower end of the "normal" BMI range at 18.5, Flegal and colleagues may have included too many individuals who should really be considered underweight, the editorialists indicated. In fact, several earlier studies had established a range of 22 to 25 as the optimal BMI range, whereas "persons with a BMI between 18.5 and 22 have higher mortality.

For their analysis, they searched the published literature for observational studies that reported hazard ratios for all-cause mortality in these BMI categories, in which participants were members of the general population. Studies limited to teens or to people with specific medical conditions were excluded.

The researchers eventually found 97 studies meeting their criteria. Their aggregate enrollment was 2.88 million, of whom more than 270,000 died during follow-up.

Results of most of the individual studies either reflected adjustments for age, smoking and gender or "demonstrated that adjustments or exclusions to avoid bias had shown little effect on their findings," Flegal and colleagues indicated.

On the other hand, about one-third of the studies may have been "overadjusted" because the reported results involved adjustments for hypertension or other factors likely to mediate a causal relationship between obesity and mortality,

which Flegal and colleagues wanted to avoid. It was noted that earlier studies had also found hints of lower mortality associated with moderate overweight and obesity. Possible explanations have included earlier presentation of heavier patients, greater likelihood of receiving optimal medical treatment, cardio-protective metabolic effects of increased body fat, and benefits of higher metabolic reserves. The results "provide little support for the suggestion that smoking and preexisting illness are

important causes of bias. Most studies that addressed the issue found that adjustments or exclusions for these factors had little or no effect." But a different type of bias did appear to be important - differences between participant-reported and measured BMI values. Other limitations to the analysis included the possibility of publication bias, lack of data on cause-specific mortality or on body composition parameters other than BMI, and potential errors or omissions in study selection and data abstraction.

PATIENT ATTITUDE TOWARDS THE USE OF FECAL MICROBIOTA TRANSPLANTATION IN THE TREATMENT OF RECURRENT CLOSTRIDIUM DIFFICILE INFECTION

Zipursky JS et al. - Clin Infect Dis

Stool transplantation (now, sometimes known by the more elegant name of fecal microbiota transplantation [FMT]) is the safest and most effective treatment for recurrent *Clostridium difficile* infection (CDI). FMT involves recolonizing the gastrointestinal tract with microbes from stool provided by a healthy volunteer; the stool suspension is infused via a nasogastric tube or rectally. Despite its efficacy, implementation has been slow, partially because of logistic difficulties and partially because of aesthetic considerations. But, how unappealing do patients actually find FMT? Investigators surveyed 400 patients who attended a single clinic; the survey described recurrent CDI and elicited treatment preferences. Response rate was about 50%; most respondents were women (70%), white (94%), and age 50 or older (59%). Respondents were informed that

chances of cure were 65% with antibiotics and 90% with a technique called "floral reconstitution" (initially, floral reconstitution was not described further). Eight-five percent said they would opt for floral reconstitution; after they were apprised of floral reconstitution's full nature, 81% still opted for it. If floral reconstitution could be packaged in an odorless, colorless pill, 90% would accept it; if the patient's physician recommended floral reconstitution (in any form), 94% would accept it. Reasons for declining floral reconstitution included concerns about safety or efficacy, and, for about 40% of those who declined (a small percentage), that it was just "too gross." Older age predicted higher likelihood of accepting floral reconstitution.

http://general-medicine.jwatch.org/cgi/content/full/2013/115/7?q=topic_aging

EARLY SURGICAL MENOPAUSE IS ASSOCIATED WITH A SPECTRUM OF COGNITIVE DECLINE

Bove R, et al-AAN

Hysterectomy at a younger age might accelerate cognitive decline, while hormone replacement therapy (HRT) could slow the loss, an observational study suggested.

Early age at surgically-induced menopause correlated with faster decline in memory and overall cognition.

Duration of HRT afterward was associated with a slower decline in cognition overall ($P=0.037$) in the meta-analysis of two longitudinal studies slated for presentation. Ongoing evaluation of the neuroprotective effects of HRT after early surgical menopause is warranted.

A possible mechanism is that the level of estrogen plays a role in cognitive decline for women, the group noted, although "studies have been conflicting and the utility of HRT remains unclear.

Nor do these observational study findings change that. These are only preliminary data. They don't warrant any new medical advice at this point.

The analysis included a total of 1,837 women, between ages 53 and 100, with data on reproductive histories at baseline in the Religious Orders Study and the Memory and Aging Project, both longitudinal studies of cognitive decline. Among them, 33% had surgically-induced menopause. Early age at menopause was associated with faster decline across

longitudinal testing in three of the five domains tested:

Semantic memory ($P=0.002$)

Episodic memory ($P<0.001$)

Global cognition ($P<0.001$)

Age at hysterectomy also correlated with neuropathologic measures in brain samples obtained at death. The effect was primarily in regard to the neuritic plaques associated with Alzheimer's disease ($P=0.01$) and global pathology score ($P=0.04$).

But incidence of Alzheimer's disease didn't differ by age at surgically-induced menopause ($P=0.093$). Alzheimer's disease was diagnosed clinically by National Institute of Neurological and Communicative Disorders and Stroke and Alzheimer's Disease and Related Disorders Association (NINCDS-ADRDA) criteria. Analysis by how many years women cycled before hysterectomy showed similar associations.

Adjustment for factors such as age, education and smoking didn't change the results. However, the same wasn't true for women in the cohorts who had natural menopause without surgery.

We are planning a more detailed analysis into the various types of HRT used, as well as of the timing of HRT start relative to age at menopause. Further studies in other cohorts are also warranted.

LETTER FROM AMERICA

Respected Sir,

It is good to hear from you. May Allah keep you healthy and in peace of mind. Sir, if you allow me I like to send the article and others material which I come across during my studies and it may be of your interest.

Sir, I came here with great enthusiasm and with dream of a bright future, but in Urdu, people say "دور کے ذمہ ہاتھ" some thing similar happened to me. Within very few days, I come to know that America is no more like in the past, when any body who came here managed to find his way and start living like a born American. At that time the laws were a bit flexible and one could easily get the status of living here lawfully. Now they have made several amendments in their laws to stop undue load over their society. I and my brother tried our level best to find some way but alas and finally decided to get some education which I could get with this status of visa and which could be beneficial for me in future. Now a days I am totally empty minded and recalling each and every word that you spoke to me. I am very much undecided, what will be the future out come.

May Allah help me. Please pray for me.

Khurshid Javaid - former psychiatrist at Karachi Psychiatric Hospital.
(skjavaid@yahoo.com)

QUESTION

Syed Majid Ali

North Karachi.

Role of DOT therapy in psychiatric patients, (Direct Observation Therapy) till drug serum level is achieved. How a G.P can help consultant?

ANSWER

Dr. Syed Mubin Akhtar

It is true that compliance with medicines is very poor in psychiatric patients specially those suffering from the severe illnesses, but getting them to come to a doctor every day may be very difficult, if not impossible. The family must be advised to ensure compliance at home. Moreover long acting depot injections are available for patients who are non compliant. Finally severely ill patients have to be admitted for initial treatment till they gain enough insight for future compliance. In the hospital Depot injections and Electro Convulsive Therapy is usually administered for rapid recovery. Furthermore Suicidal patients can be kept in a safe environment till they get better.

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for doctors and
their dependents*

UAN 111-760-760

PSYCHIATRIC CONSULTATION BY PHONE AND E-MAIL

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

Patients can also contact us directly for consultation and advice.

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

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

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

Dubai Islamic Bank. Title: Karachi

Hospital (Pvt) Ltd. A/c. No. 0102284001.
The patients can choose the doctor according to the fees they can afford.
The phone operators can guide in this matter.

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



Say No to tobacco used in any form and other intoxicating and habit forming drugs

طالبان اور متحدہ ایک ہی چیز کے دو نام ہیں

..... مولانا فضل الرحمن

چیزیں اور اعتراضات تسلسل کے ساتھ ایم کیو ایم پر لگائے جا رہے ہیں۔ انہوں نے کہا جہاں طالبان ہیں وہاں ایم کیو ایم کی ضرورت نہیں اور جہاں ایم کیو ایم ہے وہاں طالبان کی ضرورت نہیں۔ جس جماعت کی سیاست قتل و غارت ہو وہ سیاست ہمیں قابل قبول نہیں۔ ہم کراچی میں تمام جماعتوں کو عسکریت سے پاک دیکھنا چاہتے ہیں۔ جب تک سیاسی جماعتیں اپنے عسکری ونگ ختم نہیں کرتیں، کراچی کے حالات بہتر نہیں ہو سکتے۔ ایک دوسرے کو حالات کی خرابی کا ذمہ دار ٹھہر کر اپنے آپ کو بری الزمہ قرار دینا لوگوں کو بے وقوف بنانے کے مترادف ہے۔

تبرہ مدیر: ایک بات قابل ذکر ہے کہ تقریباً تمام جماعتوں کے افراد اور جلسے طالبان کے حملوں کے حدف بننے ہیں، مگر متحدہ (MQM) پر کوئی حملہ نہیں ہوا۔

جمعیت علماء اسلام (ف) کے سربراہ مولانا فضل الرحمن نے کہا ہے کہ طالبان اور ایم کیو ایم ایک ہی چیز کے دو نام ہیں، جو کام طالبان کر رہے ہیں وہی کام ایم کیو ایم کر رہی ہے۔ ایک نجی ٹی وی کو انٹرویو میں مولانا فضل الرحمن نے کہا کہ طالبان اور ایم کیو ایم ایک ہی شے کے دو رخ ہیں جہاں طالبان ہیں وہاں ایم کیو ایم کی ضرورت نہیں اور جہاں ایم کیو ایم ہے وہاں طالبان کی ضرورت نہیں، سب جانتے ہیں ایم کیو ایم بھتہ خوری، قتل و غارت، مارگٹ کلنگ، اسلحہ کے فروغ میں ملوث ہے اور وہی کام طالبان بھی کر رہے ہیں۔ ایم کیو ایم کا کراچی کے حالات میں صرف طالبان کو ہی مورد الزام ٹھہرانا اپنے اقدامات کو چھپانے کے مترادف ہے۔

کراچی میں طالبان کا نام لیا جاتا ہے مگر طالبان جنگ و جدل، جنگجو، اسلحہ کے فروغ کا نام ہے تو یہ راز خود ایم کیو ایم پر کھلتا ہے۔ ایم کیو ایم کا نام ہے جنگجو کا، ایم کیو ایم کا نام ہے اسلحہ، مارگٹ کلنگ اور لسانیت کا۔ یہ ساری

مسلم خواتین کا بطور ریپیشنٹ کام کرنا غیر اسلامی قرار

اسلام میں مسلم خواتین کو بے پردہ مردوں کے سامنے آنے کی اجازت نہیں، دارالعلوم دیوبند کا فتویٰ

کر سکتی ہے، اس کے جواب میں دارالعلوم نے کہا ہے کہ خواتین کا دفاتر میں بطور ریپیشنٹ کام کرنا غیر اسلامی ہے کیونکہ مسلم خواتین کو بے پردہ ہو کر مردوں کے سامنے آنے کی اجازت نہیں ہے۔

دریں اثناء صدر اتر پردیش امام آرگنائزیشن اور عالم مفتی ذوالفقار علی نے فتویٰ کی حمایت کرتے ہوئے کہا کہ مسلمان خواتین صرف پردے ساتھ اداروں میں کام کر سکتی ہیں۔ تاہم ریپیشنٹ کو مردوں کے ساتھ بات چیت کرنا پڑتی ہے اس لیے ایسا نہیں ہونا چاہئے۔

دارالعلوم دیوبند ہند نے مسلم خواتین کے ریپیشنٹ کے طور پر کام کرنے کو غیر اسلامی قرار دیتے ہوئے اس کے خلاف فتویٰ جاری کر دیا ہے۔ بھارتی میڈیا رپورٹ کے مطابق سرکردہ اسلامی ادارے دارالعلوم دیوبند ہند نے مسلم خواتین کے ریپیشنٹ کے طور پر کام کرنے کی خلاف فتویٰ جاری کرتے ہوئے اسے غیر شرعی اور غیر قانونی قرار دیا ہے۔ یہ فتویٰ ایک پاکستان میں کمپنی کی جانب سے 29 نومبر کو پوچھے گئے سوال کے بعد جاری کیا گیا، جس نے پوچھا تھا کہ آیا وہ قانون ریپیشنٹ بھرتی

ہو جاتی ہیں۔ تہدیق اور فنگس (fungus) بھی دماغ پر حملہ کرتے ہیں۔ اس مرض میں استعمال ہونے والی ادویات بھی دماغ پر منفراثرات ڈالتی ہیں۔

عدم مدافعت کا جنسی مرض (Aids)

اور اسلامی احکامات

☆ کیا ایڈز کے مریض کے لیے ان لوگوں سے علیحدگی واجب ہے جو ایڈز کے مریض نہیں؟

موجودہ دور میں متوفر میڈیکل معلومات اس کی بات کی غمازی کرتی ہیں کہ قوت مدافعت کی نقص یعنی ایڈز کا وائرس ایک دوسرے سے میل جول یا چھونے یا سانس لینے یا حشرات یا ایک دوسرے کا کھانا پینا استعمال کرنے یا سوئنگ پول استعمال کرنے، یا کرسی اور کھانے پینے کے برتن وغیرہ اور زندگی میں دوسرے روزمرہ کے استعمال کی اشیاء کے استعمال کے ذریعہ دوسرے کو منتقل نہیں ہوتا ہے۔

اس کی وجہ سے جب ایڈز کے مریض سے متعدی ہونے کا خدشہ نہ ہو تو اس کا اپنے دوست و احباب سے علیحدگی اختیار کرنا شرعی طور پر واجب نہیں، اور مریضوں کے ساتھ با اعتماد میڈیکل چیک اپ کے موافق معاملات کیے جائیں گے۔

☆ جان بوجھ کر ایڈز (عدم مدافعت) کی بیماری منتقل کرنا۔

ایڈز کا مرض جان بوجھ کر صحت مند اشخاص کو کسی بھی طریقہ اور صورت سے منتقل کرنا حرام ہے، اور یکسر گناہ میں شمار ہوتا ہے، اور اسی طرح اس سے دنیاوی سزائیں بھی واجب ہوتی ہیں اور بقدر فعل یہ سزا بھی مختلف ہوگی۔ لہذا اگر اس خبیث اور گندی بیماری کے پھیلاؤ نے کا مقصد معاشرے میں اس بیماری کو عام کرنا اسی طرح ہے جیسے زمین میں فساد اور نا چارقی پیلانا ہے، اور اس کی سزا مندرجہ ذیل آیت میں بیان کی گئی سزاں میں سے ایک سزا ہے اللہ تعالیٰ کا فرمان ہے:

”اور اللہ تعالیٰ اور اس کے رسول سے لڑیں اور زمین میں

فساد کرتے پھریں ان کی سزائیں ہے کہ وہ قتل کر دیے جائیں یا سوئی چڑھا دیے جائیں یا مخالف جانب سے ان کے ہاتھ پاؤں کاٹ دیے جائیں، یا انہیں جلا وطن کر دیا جائے، یہ تو ہوئی ان کی دنیاوی ذلت و رسوائی، اور آخرت میں ان کے لیے بڑا بھاری عذاب ہوگا“ (المائدہ: ۳۳)

اور اگر اس کے منتقل کرنے کا مقصد کسی معین شخص پر زیادتی اور ظلم کرنا ہو اور مرض بھی منتقل ہو جائے، اور ابھی وہ شخص جس کی طرف یہ بیماری منتقل ہوئی ہے فوت نہیں ہوا تو منتقل کرنے والے کو تعزیر اکوئی مناسب سزا دی جائے گی، اور فوت ہو جانے کی صورت میں اس پر قتل کی سزا لاگو کرنے پر غور کیا جائے گا۔ لیکن اگر کسی معین شخص میں یہ بیماری منتقل کرنے کا مقصد کیا جائے اور اس میں یہ بیماری منتقل نہ ہوئی ہو تو اس حالت میں اسے تعزیرا مناسب سزا دی جائے گی۔

☆ کیا ایڈز کا مرض مرض الموت شمار کیا جاسکتا ہے؟

جب مریض کے معارضے پورے ہو جائیں اور وہ عادی زندگی کے سارے معاملات سے بیٹھ جائے اور موت اس سے رابطہ کر لے تو ایڈز کا مرض شرعی طور پر مرض الموت شمار کیا جائے گا۔

(مجمع الفقہ الاسلامی صفحہ نمبر 204-206)

عدم مدافعت کا جنسی مرض (Aids) اور پاکستان

1986 سے اب تک صرف چار ہزار ایسے افراد ہیں جن میں عدم مدافعت مرض (HIV) کا جراثیم پھیل گیا ہے۔ یہ مرض زیادہ تر جن افراد میں پایا جاتا ہے وہ جن طوائفیں، ہجڑے، باہر کے ممالک میں رہنے والے پاکستانی اور وہ نشے باز جو انجکشن کے ذریعے نشہ لیتے ہیں۔ آج کل صرف نو سو (900) ایسے مریض ہیں جو اس مرض کی مفت ادویات لیتے ہیں۔ پورے ملک میں۔

☆.....☆.....☆.....

کا یہ وائرس داخل ہو جاتا ہے وہ اس کو دوسرے میں منتقل کرنے کی صلاحیت رکھتا ہے۔ یہ صلاحیت بیماری کے شروع میں یا بیماری کے آخر میں بہت زیادہ ہو جاتی ہے۔

ابتدائی علامات

شروع میں غیر محسوس معمولی زکام کی طرح کی بیماری ہو سکتی ہے۔ جس پر عموماً دھیان نہیں دیا جاتا۔ جس کے بعد مریض مہینوں یا برسوں تک بالکل ٹھیک نظر آ سکتا ہے۔ رفتہ رفتہ مکمل ایڈز کا مریض بن جاتا ہے۔

بڑی علامات

ایڈز کے مریض کی بڑی علامات درج ذیل ہیں۔

☆ مختصر عرصے میں جسم کا وزن دس فیصد سے زیادہ کم ہو جانا۔

☆ ایک مہینے سے زیادہ عرصے تک اسہال رہنا۔

☆ بخار کا ایک مہینے سے زیادہ عرصے تک رہنا۔

احتیاطی تدابیر

ایڈز سے بچنے کے لیے درج ذیل احتیاطی تدابیر کرنی چاہئیں:

☆ ہمیشہ اپنے جیون ساتھی تک محدود رہیں۔

☆ جنسی بے ادب روی سے بچیں اور طوائفوں کے پاس کبھی نہ جائیں۔

☆ اگر دونوں جنسی ساتھیوں میں سے کوئی ایک بھی ایڈز کا مریض ہو تو ڈاکٹر

کے مشورے سے کنڈم (Condom) کا صحیح استعمال کرنا چاہیے۔

☆ اگر نیکو گلوں یا ضروری ہو تو، مہیہ نئی سرنگ کے استعمال پر اصرار کریں۔

☆ خون کا انتقال تب کرنا کہیں جب اس کی اشد ضرورت ہو۔ اگر زندگی

بچانے کے لیے خون کا انتقال ضروری ہو تو اس بات کو یقینی بنائیں کہ

انتقال کیا جانے والا خون ایڈز اور دیگر قاتل و غیرہ کے وائرسز سے مکمل طور پر

پاک ہو۔

☆ زنا کی سزا 80 کوڑے یا رجم پر عمل کیا جائے اور طوائفوں کی قلع قمع کر دیا

جائے۔

کچھ حقائق

☆ اسلامی پردہ ہمارا طریقہ بن جائے، عورتوں اور مردوں کے اسکول کالج اور دفتر وغیرہ میں علیحدہ علیحدہ رکھا جائے۔

☆ اس مرض کے مریضوں کو زنا کی سزا دی جائے الا یہ کہ ثابت کر دیں کہ ان کو جنسی طور پر یہ مرض نہیں لگا ہے۔

☆ دنیا بھر میں ہر نو ماہ کے بعد ایڈز کے مریضوں کی تعداد دو گنا ہو جاتی ہے۔

☆ اس وقت دنیا بھر میں ایڈز کے مریضوں کی تعداد دو کروڑ سے زیادہ ہے۔

☆ دنیا بھر میں ہر روز چھ ہزار سے زائد افراد اس بیماری سے متاثر ہو رہے ہیں۔

☆ مغرب میں تقریباً تمام مرد و خواتین زون کے علاوہ دوسرے لوگوں سے

زنا میں ملوث ہوتے ہیں اس لئے وہاں اس مرض کو روکنا ممکن نہیں ہے۔

☆ صرف ایڈز (Aids) ہی نہیں کئی دیگر موزی امراض بھی اس بد معاشی سے

لگ جاتے ہیں، جو بجائے خود بھی شدید ہیں۔ مثلاً سوزاک

(gonorrhea)، آٹنگ (syphilis)، جنسی اعضا پر

سے (Genital warts)، وغیرہ وغیرہ۔ یا اللہ کا ایک طرح کا عذاب

ہے جو ان لوگوں کو آخرت میں سے پکڑتا رہا ہے جو زنا میں ملوث ہوتے ہیں۔

نفسیاتی و ذہنی امراض

☆ گھبراہٹ (Anxiety) اور یاسیت عام ہے۔ دماغ میں جراثیم چلتے

جاتے ہیں اور وہ گھٹنے لگتا ہے۔ جس سے بھول ہو جاتی ہے اور جسم میں کمزوری

اور کپکپاہٹ شروع ہو جاتی ہے۔ عقل و شعور بھی گھٹنے لگتا ہے۔ یہاں تک کہ

کپڑے پہننا اور صفائی ستھرائی کرنا بھی ممکن نہیں رہتا۔ مریض شک و شبہ میں

گرفتار ہو جاتا ہے اور اس کو ایسی آوازیں آتی ہے اور تصویریں دکھائی دیتی

ہیں جو کہ موجود نہیں ہوتی غماح ہو جاتا ہے اور پیٹاب پاخانہ کپڑوں میں ہی

نکل جاتا ہے۔

☆ سران کے امکانات بڑھ جاتے ہیں اور دماغ میں سوزش کی علامات

(Acquired Immune Deficiency Syndrome)

عدم مدافعت کا جنسی مرض اور ذہنی امراض

☆ ڈاکٹر سید حسین اختر ☆

وجوہات

ایڈز ایک مہلک اور جان لیوا مرض ہے جس کا انکشاف 1981 میں ہوا۔ قدرت نے انسانی جسم کو مختلف بیماریوں سے بچانے کے لیے ایک نہایت ہی موثر دفاعی نظام سے نوازا ہے جس کو مدافعتی نظام بھی کہتے ہیں۔ اسی کے ٹکڑے جسم میں انسانی قوت مدافعت کا رگزار ہوتی ہے۔ اس مدافعتی نظام میں خرابی کے باعث انسان مختلف قسم کی بیماریوں کا شکار ہو جاتا ہے۔

ایڈز کا مرض ایک وائرس virus کے ذریعے پھیلتا ہے جو انسانی مدافعتی نظام کو تباہ کر کے رکھ دیتا ہے۔ اس کے حملے کے بعد جو بھی بیماری انسانی جسم میں داخل ہوتی ہے نہایت سنگین اور مہلک صورت حال اختیار کر لیتی ہے۔ اس جراثیم کو ایچ آئی وی [Human Immune Deficiency Virus (HIV)] کہتے ہیں۔ اس کو انسانی جسم کے مدافعتی نظام کو تباہ کرنے والا وائرس بھی کہتے ہیں۔ ایڈز کا یہ وائرس زیادہ تر خون اور جنسی رطوبتوں میں پایا جاتا ہے۔ لیکن اس کے علاوہ یہ جسم کی دوسری رطوبتوں یعنی تھوک، آنسو، پیچہ، اور پسینہ میں بھی پایا جاسکتا ہے۔

یہ وائرس کسی بھی متاثرہ شخص سے اس کے جنسی ساتھی میں داخل ہو سکتا ہے یعنی مرد سے عورت، عورت سے مرد، ہم جنس پرستوں میں ایک دوسرے سے اور متاثرہ ماں سے پیدا ہونے والے بچے میں جاسکتا ہے۔ جنسی بے راہروی بیماری کے پھیلاؤ کا سب سے بڑا سبب ہے۔ اگر ہم زنا کو بند کر دیں تو یہ مرض بھی ختم ہو جائے گا، خصوصاً پیشہ فروش کا بالکل قلع قمع کرنے کی ضرورت ہے۔ ان لوگوں کو اگر اسلامی سزائیں دی جائیں تو یہ مرض مایہ ناز ہو جائیگا۔

خون سے ایڈز کا پھیلا

خون کے اجزاء کے ذریعے ایڈز کی بیماری درج ذیل صورتوں میں پھیلی ہے۔

☆ جب ایڈز کے وائرس سے متاثرہ خون یا خون کے اجزاء کو کسی دوسرے مریض میں منتقل کیا جائے۔

☆ جب ایڈز کے وائرس سے متاثرہ سرنج اور سوئیوں کو بارہ استعمال کی جائیں۔

☆ وائرس سے متاثرہ اوزار جلد میں چھینے یا پیوست ہونے سے مثلاً کان، ناک، چھیدنے والے اوزار، دانتوں کے علاج میں استعمال ہونے والے آلات، حجام کے آلات اور جراحی کے دوران استعمال ہونے والے آلات۔

☆ ایڈز کا وائرس متاثرہ ماں کے پیپے میں حمل کے دوران، پیدائش کے وقت یا پیدائش کے بعد منتقل ہو سکتا ہے۔

علامات

ایڈز کی علامات ظاہر ہونے سے پہلے اس کا وائرس انسانی جسم میں کئی مہینوں یا برسوں تک رہ سکتا ہے۔ کسی شخص کے ایڈز کے جراثیم کی اینٹی باڈیز (Antibodies) اس سے متاثر ہونے کے چند ہفتے یا اس سے زیادہ عرصہ میں بنتی ہیں۔ جسم میں ایڈز کے جراثیم کی موجودگی معلوم کرنے کے لیے خون میں اینٹی باڈیز کی موجودگی کو ٹیسٹ کیا جاتا ہے۔ بد قسمتی سے یہ اینٹی باڈیز کسی کو بھی یہ بیماری پیدا ہونے سے نہیں بچا سکتیں۔ جس کسی میں بھی ایڈز

Question on addiction, sex, psychiatry or the possession syndromes

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