CHIEF EDITOR DR. SYED MUBIN AKHTAR

KARACHI PSYCHIATRIC HOSPITAL

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PAKISTAN RESOLUTION 23 DAY MARCH

"... We are nation with our own distinctive culture and civilization, language & literature, art & architecture, name & nomenclature, sense of values & proportion, legal laws & moral code, custom & calendar, history & tradition, aptitudes & ambition: in short, we have our own distinctive outlook on life & ambitions.

By all canons of international law, we are a nation..."

Quaid-e-Azam Mohammad Ali Jinnah

محترم منظر عارفی، ڈاکٹر سید مبین اختر صاحب
کو اپنی کتاب پیش کر رہے ہیں۔

محترم تنویر سوز ڈیروی، ڈاکٹر سید مبین اختر صاحب
کو اپنی کتاب پیش کر رہے ہیں۔

ربیع الاول کی مناسبت سے تحریک نفاذ اردو کی ماہانہ نشست سے ناظم گلبرک ٹاؤن فاروق نعمت اللہ، سرپرست اعلیٰ تحریک نفاذ اردو ڈاکٹر سید مبین اختر،
تنویر سوز ڈیروی، شاعر علی شاعر، منظر عارفی، حکیم سید مجاہد برکاتی، سیف اللہ سالم سیفی و دیگر خطاب کر رہے ہیں۔

KARACHI PSYCHIATRIC HOSPITAL

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MONTHLY BULLETIN

(Medical and General Articles)

تین گناہ

حضرت ابوذرؓ سے روایت ہے کہ نبی کریم ﷺ نے ارشاد فرمایا: تین آدمی ایسے ہیں کہ اللہ تعالیٰ قیامت کے دن ان سے ہم کلام نہیں کریں گے، نہ ان کو نظر رحمت سے دیکھیں گے، نہ ان کو گناہوں سے پاک کریں گے اور انہیں دردناک عذاب دیں گے۔ یہ آپ ﷺ نے تین مرتبہ فرمایا۔ حضرت ابوذرؓ نے عرض کیا: یہ لوگ تو سب ناکام ہوئے اور خسارے میں رہے۔ یا رسول اللہ ﷺ! یہ لوگ کون ہیں؟ آپ ﷺ نے ارشاد فرمایا: اپنا تہبند (ٹخنوں سے نیچے) لٹکانے والا، احسان جتانے والا اور جھوٹی قسمیں کھا کر اپنا سودا فروخت کرنے والا۔ (صحیح مسلم)

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

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THE RESURGENCE OF ISLAMIC PARTIES IN THE MUSLIM COUNTRIES

(From an article by Tanveer Ahmed Khan in the News)

It was the beginning of the last decade of the 20th century. Disenchanted with the brand of socialism that had reigned supreme since their epic war of liberation, the Algerian people were turning in increasing numbers to the Islamic Salvation Front (FIS) , itself committed to the electoral process. When it won the first round of elections in 1991, alarm bells rang not only in the ruling National Liberation Front (FLN) but, more ominously, across the Mediterranean. Working as Pakistan's ambassador to France at the time, I asked a very senior French diplomat about the western reaction. With inimitable urbanity, he said FIS's victory was unacceptable to Europe. Based on that conversation and some Arab inputs I advised Islamabad that there would be no second round and that Algeria would almost certainly explode into an armed conflict. It did and over the next few years no less than 200,000 Algerians died violently.

Decades later, Palestinians held a free and fair election partly in response to carping criticism in the West that they had no democratic institutions and no elected interlocutors with Israel. Hamas won it handsomely. The West refused to accept the verdict and resorted to a raft of hostile measures to overturn it. The consequences were nothing short of the tragic.

Call it history's revenge or a plain restatement of the fact that Muslim politics cannot be completely severed from an enduring undercurrent of fidelity to Islam. The Arab Spring is gradually giving way to resurgence of Muslim politics in land after land; it is beginning to look like an inseparable aspect of the process by which Arab societies struggle to translate the initial revolutionary wave into stable institutions of political expression and governance. No less remarkably, Islamists that were brutally suppressed by pro-west dictators as "terrorists" are demonstrating unprecedented deliberation and pragmatism in facilitating non-military civilian rule by elected leaders.

The most dramatic example is that of Egypt. In the midst of apprehensions that the contention with Hosni Mubarak might be replaced with a new contest between the Egyptian armed forces and the doctrinaire elements of the Tahrir Square movement, the Muslim Brotherhood and other Islamist parties

have taken part in the elections. The former has reorganised its political wing as Freedom and Justice Party and won 40% of the votes. The new banner echoes Erdogan's triumphant restructuring of the Islamic wave in Turkey; so does its order of priorities in reconstructing Egyptian polity. Another party representing Salafist thought is less compromising but has, nevertheless won 20% vote.

In Tunisia, the Arab nation that leads in education and westernisation, the redoubtable Rachid Ghanouchi, the founder of En-Nahda party, returned from exile and helped En-Nahda bag 40% of the vote. Significantly this party as well as the Justice and Development Party in the neighbouring Morocco acknowledge Erdogan's AKP as their model. Implicitly, they use the new kinship with Turkey to assert that the western dogma of a hopeless and unbridgeable gulf between Islam and modernity is no longer valid. The case of Libya is complicated by the existence of diverse militias holding on tenaciously to their turf and weapons but the best guess is that whenever the Libyans shift to electoral institutions, the result is not going to be very different. In Yemen too, an Islamist Party may well supplant the challenged regime of Ali Abdullah Saleh. Revolutionary winds are unpredictable and the outcome of revolutions remains uncertain for decades. But there are signs that the Arab spring would mark a new Arab order based on respect for nationalism and Islam.

NETHERLANDS TO APOLOGISE FOR 1947 INDONESIA MASSACRE

Dr Syed Mubin Akhtar

It is stated the Dutch government will formally apologize to Indonesia for the Dutch army's 1947 executions of scores of people.

Dutch troops fighting to retain Indonesia as a colony swept into the Javan village of Rawagede and carried out the mass executions. Dutch officials say 150 people were killed, but a support group says the death toll was 431.

In September, a Hague-based court ruled in favour of seven widows and a survivor of the massacre in the village east of Jakarta, known today as Balongsari. An eighth widow in the case died earlier. The Netherlands agreed to pay 180,000 euros ($242,000) total in compensation.

"The Dutch ambassador to Indonesia apologized in the name of the Dutch government for what happened," foreign ministry spokesman Aad Meijer said, adding that the ambassador would address residents during a ceremony in the village.

When is the British government going to apologize and pay compensation for the greatest genocide of the 20th century in 1857 when almost 9-10 % of the population of the India was exterminated, mainly Muslims, men and women.

MYTH AND REALITY OF WAR CRIMES IN 1971 WAR

(From an article by Alam Rind in the News)

It is a historic fact that Shaikh Mujibur Rahman had sought help from Indian Government to effect secession. He publicly conceded this fact in front of a huge gathering in his address on 7th June, 1972 at Ramna Race Course now Suhrawardy Udyan of Dhaka. Naeem Hasan in Mujib's Bangladesh in the Eyes of Foreign Journalist (London 1977) had quoted the daughter of Shaikh Mujibur Rahman, Shaikh Hasina Wajid (present Prime Minister of Bangladesh) that Mujib had visited Agartala in 1962 to organize help from India for secession of East Pakistan. Similar facts were also reported by an ex-MP Abdul Razzak in an interview given to weekly Meghna in September 1995. That establishes Agartala conspiracy as a fact.

It is the same venom against Pakistan that Prime Minister of Bangladesh Shaikh Hasina Wajid has ordered constitution of an International Crimes Tribunal (ICT) to try those Bangladeshis accused of collaboration with Pakistani forces in committing atrocities. It kills two birds with one stone. The ploy has provided her with an opportunity to take vengeance from political opponents while defaming and maligning Pakistan Armed Forces of carnage during 1971 war. Reportedly, so far only seven individuals have been arrested, two from the main opposition party Bangladesh Nationalist Party and five from Jamaat-e-Islami. Though there are serious reservations regarding capacity and impartiality of the judicial tribunal, yet, it will serve the purpose of Awami League government.

Along with Indians they have been harping for last over thirty years that more than three million people were killed in the conflict and hundreds of thousands of women were raped by Pakistani soldiers. Most of the people in Bangladesh and other parts of the world may believe this but the facts are quite contrary.

A recent book written by Sarmila Bose an Indian research scholar dubs this notion as a "narrative of the victorious side." It was part of propaganda that suited Awami League as well as Indians. The carnage was unleashed by Indian trained Mukti Bahinis. They initially operated along the border with India and gradually penetrated deep into then East Pakistan. They brutally massacred Bayharies and other Bangalis who were supporting united Pakistan. These illegitimate sons of the soil continued to perpetrate crimes against their own kinsmen with the brutality that matches that of terrorists, while Indian and global media continued to apportion blame on to Pakistan Army.

It is tragic that we often forget the valiance and courage with which Pakistani solders fought in East Pakistan. They were confronted with insurmountable odds while being highly diluted and resource constrained. In those difficult conditions they had almost defeated Mukti Bahinis. Indian intervention came once Indians realized that Mukti Bahinis will not be able to achieve the objective of separation of East Pakistan. Pakistani troops deployed for

internal security duties were degraded to the extent that they could not change their posture with the required swiftness to check Indian onslaught. General Niazi was confronted with a difficult decision. Reinforcement was not insight and continuation of war would have meant annihilation of the men under his command. His decision to surrender under no circumstances denudes Pakistani men in uniform of their high morale ascendancy and valour. Indian duplicity and propaganda has been aptly exposed by Sarmila Bose where she maintains that empirical evidence doesn't support the claims of excesses by Pakistani troops as harped by the propagandists.

Though Pakistan was dismembered, India only hoped to dominate Bangladesh by ensuring governments of their liking. The attitude of these governments towards Pakistan continued to fluctuate, what remained unchanged was the affinity between the people of the two countries as Muslims, the very foundation of two nation's theory; which necessitated division of India. No amount of propaganda can change this reality. The only possibility is that other nationalities struggling for independence from so-called secular but Hindu dominated India may achieve their objectives some day.

Editor's notes: The workers of Jamaat e Islami, and its allied student organization, the Islami Jamiat e Talba, formed the Al-Badar and Al-Shams brigades and helped the pro-Pakistan forces and for this they lost lives, were tortured and continue to suffer till today, as many Jamaat e Islami leaders in Bangladesh are presently in jail, with charges of helping the Pakistan Army and facing death sentences.

"SUCCESS OF JINNAH AND ZIA IN PAKISTAN AND FAILURE OF OTHERS - A PERSPECTIVE"

From an article by Muhammad Akram Khan Niazi

In view of present scenario, when Pakistan is suffering from violent conflict between Pakistan army and Islamic Fighters and both are cutting throats of each other and killing each other mercilessly, and no one is there to stop them from this madness; in fact some ethnocentric parties and India are enjoying this bloody film continuously, and are trying to pour more fuel on this fire. In such condition it is the responsibility of Intellectuals of Pakistan to try to stop this blood shed and to analyze the past history of Pakistan and find out that why Pakistan was stable in the era of Quaid-e-Azam and General Zia, and was a most stable and strong country of the region in spite of all adversaries and enmity of the British Empire, India and Soviet Union and why it has become so much unstable in the era of General Musharaf and Mr. Zardari in spite of support of World Super power USA, NATO and other nations.

Quaid-e-Azam was a leader who united the whole population of Muslims of the subcontinent on one platform in spite of all their weaknesses. He proved that he was a well wisher of Muslims and would never compromise against their interests. During the time of General Zia Pakistan was an Island of peace in the whole region. His devotion for Islam and Pakistan made him a successful ruler of Pakistan. Due to his policies there was no anti state or separation activities except that of Al-Zulfiqar of the Bhuttos.

Islamization of Society

Zia's Islamizing policies restored a sense of dignity and religious integrity back to the country. There was no extremism or separation movements in the era of Jinnah and there were no Talibans and Extremists in the era of General Zia-ul Haq,

The non-religious and ethnocentric rulers such as Musharaf and Zardari do not have any Ideology and neither have any courage to go in the masses and are unable to protect even Islamabad and the city of Rawalpindi where the General Head Quarter of Pakistan Army is located, because these rulers have chronically failed in proving their sincerity with Islam, Muslims and the people of Pakistan. **This was proved on the day of death the of Benazir Bhutto, when workers and supporters of these non-religious leaders committed many crimes against the innocent and peaceful citizens of Pakistan. Both Musharaf, who was in power at that time, and Zardari who was the successor of Benazir failed miserably in protecting the assets and lives of citizens from their violent supporters, therefore how can people of Pakistan support and trust such selfish and deceptive leaders. The national loss in those three days of loot and plunder was in billions of rupees and no criminal was later apprehended.**

Industrial Development

General Zia greatly favoured egalitarianism and industrialization. Between 1977 and 1986, the country experienced an average annual growth in the GNP of 6.8%, one of the highest in the world at that time. While

in the era of Secular leaders like Zulfiqar Ali Bhutto and Pervez Musharaf Pakistan became one of the poorest nations of the world.

Strengthening the Defense of Pakistan

Zia brought the Pakistan Army up on modern weaponry so that in 1986 when Indira Gandhi was ready to invade Pakistan-(Operation Brass Tacks) she was informed as to what waited for her soldiers and she withdrew from the borders. It was his commitment with the nation that he lost his life after observing the performance of the Abraham Tank for the defense forces.

Collapse of Super Power Soviet Union

Due to General Zia's support for the Afghan Jihad the once mighty Soviet Union was broken down into many countries and this way Pakistan was able to take revenge for the fall of East Pakistan from the Soviet Union. Due to General Zia's policies many countries of Eastern Europe and Central Asia were liberated from the claws of Soviet Union and both East and West Germany were reunited.

Service to Humanity

In the era of Quaid-e-Azam Millions of Indian refugees took shelter in Pakistan as a safe haven and in the era of General Zia-ul-Haq three million Afghan refugees took shelter in Pakistan. The Bahai faith Minority of Iran, and Rohingya people of Burma were also given shelter in Pakistan. While in the era of secular leaders General Yahya Khan and Zulfiqar Ali Bhutto, Ten million citizens in East Pakistan were forced to take shelter in India, and in the era of Musharaf and Zardari millions of Pakistanis were displaced internally in Pakistan, and were also humiliated by preventing them from going to safer places.

Zardari's Pakistan - There is corruption in every hook and corner of the government with Zardari leading the pack. From 10% he has now become 100%.

Editor's notes: No doubt Zia's was a military dictatorship with all the ills that accompany such a form of govt. however he was instrumental in bringing about many Islamic changes to our constitution and society, which was in consonance with the letter and spirit of 1973 constitution.

This constitution already stated that the name of the country will be 'The Islamic Republic of Pakistan'. That Islam will be the state religion. The preamble of the constitution states, 'Whereas sovereignty over the entire universe belongs to Almighty Allah alone, and the authority to be exercised by the people of Pakistan within the limits prescribed by HIM is a sacred trust ..... Wherein Muslims shall be enabled to order their lives, in the individual and collective spheres, in accordance with the teachings and requirements of Islam as set out in the holy Quran and Sunnah...'

However Zia promulgated several Islamic sections (later enacted into the constitution by the parliament) including the Islamic Ideological Council, Shariat Court and the Shariat Bench of the Supreme Court.

Moreover section # 6 of the constitution states that a candidate for the parliament (National assembly and Senate) with sub sections as follows:

(d) he is of good character and is not commonly known as one who violates Islamic injunctions;

(e) he has adequate knowledge of Islamic teachings and practices obligatory duties prescribed by Islam as well as abstains from major sins;

(f) he is sagacious, righteous, non-profligate, honest and ameen, there being no declaration to the contrary by a court of law;

If these sections of the constitution were to be implemented probably only the honest people of Jamaat e Islami would be qualified to be members of parliament.

WATCHING THE PTI NEWCOMERS FROM THE SIDELINES

(From an article by Umar Cheema)

As Pakistan Tehreek-e-Insaf (PTI) Chairman Imran Khan presided over a press conference, taking into arms yet another flock of politicians, it appeared to be the repeat telecast of the early days of PML-Q.

All of the new entrants, with very few exceptions, were the leftovers of the famous King's Party, PML-Q, midwifed allegedly by the ISI's political wing to counter Nawaz Sharif and Benazir Bhutto in 2002.

Surrounded by the former ministers of previous cabinet like Jehangir Tareen, Ishaq Khakwani, Awais Laghari, Ghulam Sarwar Khan, Dr Waseem and others, it sounded as if Imran had joined the PML-Q instead.

"Are you swarming the PTI or reviving the PML-Q," said a question to Imran, it went unheard though. If you intend to bring change through these faces, shouted a female journalist from the backbenches, they are already tested and a failed lot.

The crowded hall was filled with frustration being vented out by the party activists and journalists alike. Many thought the PTI exercise is doomed to fail. Some even speculated that stage is being set to nurture a party by the intelligence agencies only to be controlled by them later.

"Even if Imran persists, the new entrants with known allegiance to the establishment could serve as his counterweight in decision-making," said an experienced journalist who has seen the rise and fall of different governments.

The questions being thrown at Imran also gave voice to the party old guards who say they are being thrown out of mainstream as the opportunists team up to join.Responding to such a question, Imran didn't care for the old guards: "This is a party. This is not a club (where people get seats on first-come-first basis)."

A PTI activist referred to the fate of Mian Azhar, who was sidelined in the PML-Q upon arrival of Chaudhrys of Gujrat in King's Party. Incidentally, Azhar has already joined the PTI. One of his old associates, Col (r) Ghulam Sarwar Cheema, was the new entrant into party during the recent show.

Col (r) Cheema has flip-flopped with three parties; namely, the PPP, PML-N and PML-Q. So quickly, he changed parties that people at his constituency would often ask "which party is he in these days?"

Other new entrants during Monday's press conference also have an impeccable record of changing loyalties all the time. Jehangir Tareen was the head of group that announced allegiance to Imran, together with two dozens of politicians, prominent among them were Q-Leaguers who served under Pervaiz Musharraf.

Tareen had been dreaming of forming a separate group but finally submitted to the

PTI. Before, Tareen has been in the PML-Q and PML-Pagaro. He served as federal minister and was a PM-hopeful under Musharraf. IN present dispensation, Tareen was Punjab Chief Minister Shehbaz Sharif's adviser and Task Force Chairman.

One probable reason of Tareen's joining PTI is his reported dispute with Makhdoom Ahmad Mahmmood, his brother-in-law, as the two had serious trouble over business share.

Sons of former President Farooq Leghari, Awais and Jamal, have also joined the ranks. Before this, they have been with Millat Party and PML-Q. Ghulam Sarwar Khan, former federal minister, has served with PPP and PML-Q before coming to the PTI.

Ishaq Khakwani, former state minister during Musharraf time, has remained with Millat Party and then PML-Q. Dr GG Jamali from Fata was also minister at Musharraf's time. Sikandar Hayat Bosan, former PML-Q member, was also federal minister under Musharraf's watch.

IMRAN MEETS MUNTER, RAPHEL AT PTI SECRETARIAT

(From an article by Mariana Baabar in the News)

It was an extremely insecure Imran Khan, Chairman of Pakistan Tehreek-e-Insaf (PTI), who met the American Ambassador to Pakistan Cameron Munter and former ambassador Robin Raphel at the PTI central secretariat in Islamabad, on his own, with not a single senior member of his party present. Raphael is a senior adviser to Mark Grossman, Special Representative of US President on Pakistan-Afghanistan, and she came with Munter and two other senior US officials.

THE central vice president on foreign policy and security issues, Dr Shireen Mazari when asked that since this was her area and why she did not accompany Khan, said, "I did approach the chairman if I was expected to attend, but he clearly said that only he would represent the PTI."

Matters of 'mutual interest' in the region were discussed. What matters of 'mutual interest'? Wait for the WikiLeaks!

THROUGH NRO MUSHARRAF AGREED TO WITHDRAW ALL THE CASES OF CORRUPTION AND OTHER CRIMES AGAINST BENAZIR, ZARDARI AND MQM ETC

(From an article by Ansar Abbasi in the News)

The SC's detailed judgment in the NRO review petition case recollected that the NRO was meant to benefit criminals and the corrupt.

Referring to some provisions of the NRO, promulgated on October 5, 2007, the judgment said: "These two provisions, abundantly, make it clear that the NRO, 2007 has extended benefit only to the criminals, involved in the minor or heinous crimes and 'holders of public office' involved in corruption and corrupt practices, as such it cannot be considered to be a legislation for achieving the object of national reconciliation."

Recollecting its December 16, 2009 verdict on NRO, the judgment said it appeared from the book - Reconciliation: Islam, Democracy and the West -, itself, of late Mohtarma Benazir Bhutto that the NRO, 2007 was designed to benefit a certain class of individuals against whom cases were registered between 1st January, 1986 to 12th October, 1999.

MUTAHIDA BELIEVES IN THE POLTICS OF THE BULLET - AFAQ AHMED

(From an article by M. Waqar Bhatti in the News)

Afaq Ahmed, who was recently released from prison, said incarceration had afforded him a lot of time for introspection, and after looking back he reached the conclusion that his decision of parting ways with Altaf Hussain was 100 percent correct.

He said the Muttahida Qaumi Movement, not the Mohajir Qaumi Movement led-by by him, had confronted each and every political group, ranging from the religious parties to the ethnic groups.

"We are only accused of raising arms against the Muttahida, but look at them. They [Muttahida] have been accused by every political, religious and nationalist group of killing their workers," he said.

The MQM-Haqiqi chief now wants to solicit support from every political entity in the city for de-weaponising Karachi and then holding free, fair and transparent elections in the city.

"Without de-weaponising Karachi, the real mandate of Karachiites can never be ascertained as the Muttahida will continue to make people hostage at gunpoint and to give the impression that it is the sole representative of the people of Karachi," he said.

He held the view that only the Muttahida Qaumi Movement did not want to de-weaponise the city. "If Karachi is the economic hub of Pakistan and its destabilisation affects the whole of Pakistan, then it should be de-weaponised first, but the biggest hurdle is the Altaf-led Muttahida because it only believes in the politics of the bullet," he alleged.

"Over 3,500 people, including 380 workers of my party, were killed in Karachi in 2010. Nobody can blame me for these killings because I was in jail, and my workers were expelled from their areas," he added.

GOVT TOP GUNS PAY NEGLIGIBLE SUM OF INCOME TAX

(From an article by Umar Cheema in the News)

The finance minister as well as other top guns of the governments pay negligible amount of income tax, a fact re-affirmed by their latest tax returns.

Abdul Hafeez Shaikh, the finance minister, has paid only Rs26770 under this head, an amount far smaller than many of his subordinates' deposit.

Like Hafeez Shaikh, Senator Ahmed Ali, the Chairman of Senate Standing Committee on Finance and Revenue, has deposited Rs37068 only as income tax for 2010-11, though he is otherwise considered a very rich man running a big pharmaceutical business.

Farooq Naek, the Chairman Senate, has deposited Rs85491 under the head of income tax this year. This is tax on his salary income only. Incidentally, he had paid Rs58973 as income tax when elected as a Senator, a time when he was making millions of rupees through legal practice.

Fehmida Mirza, the National Assembly Speaker, has registered a decline in tax payment with a deposit of Rs286215 this year as compared with Rs1045427 that she had paid in 2007-08, the year she contested the latest election for National Assembly seat.

Senator Faisal Raza Abidi, a big mouth of PPP that is often seen on talk shows discussing the real problems the country is facing, has deposited Rs27204 under this head. He is equally matched with the PML-N information secretary Ahsan Iqbal with the same amount deposited, though both of them have their businesses other than the salary they collect as lawmakers.

Babar Ghouri, the minister for Ports and Shipping, has deposited Rs515190 under the head of income tax. Syed Khurshid Shah, the federal minister for Religious Affairs, has been charged Rs43333 as income tax.

Ch. Ahmed Mukhtar, Defence Minister, has deposited relatively reasonable amount only if compared with the above said office-bearers who has paid Rs1090902 this year. As for the finance minister's latest income tax of Rs26 770, it has shown a significant increase if compared with the previous details when he had zero tax for consecutive three years.

The minister's tax detail for the financial year 2010-11 obtained by The News reveals that the revenue czar has not mentioned his agriculture and other incomes. These details had previously been part of his nomination papers for Senate election wherein he disclosed paying Rs9630 each for three financial

years as agriculture tax.

Hafeez Shaikh and Hina Rabbani Khar (former state minister, now foreign minister) had shown zero tax payment as they filed nomination papers for participating in Senate and National Assembly elections respectively. They were only two, out of 25 cabinet members in addition to the prime minister, who had not paid a penny in income tax for three consecutive years ending in 2008 when they had contested elections.

According to the latest details, the salary (Rs. 594,899) is the only source of income of the finance minister. The bonuses accompanied the salary have not been mentioned in tax details hence has been deemed non-taxable.

He deposited Rs49835 out of which Rs23065 have been refunded, thus contributing only Rs26770 to exchequer as tax money. Likewise, Senator Ahmad Ali deposited Rs115067, out of which Rs78800 have been refunded, leaving behind Rs37068 under the head of income tax.

Likewise, Hina Rabbani Khar had been deputy economic affairs minister in Musharraf time and then in the PPP government until recently. She had also confessed in 2008 election's nomination papers not paying a penny under the head of income tax. In three years before the 2008 election, she had only paid agriculture tax not exceeding Rs8000 each year; she belongs to a feudal family though.

COUNTRY FACING 58PC FOOD INSECURITY

(From an article by Mansoor Ahmed in the News)

Despite being an agricultural country, the food insecurity in Pakistan is 58 percent out of which 28.4 percent population faces food insecurity without hunger, 19.8 percent are food insecure with moderate hunger and 9.8 percent are food insecure with severe hunger.

This was the finding of the National Nutrition Survey 2011 conducted by various local institutions in collaboration with the UNICEF.

It says that food insecure households with moderate hunger are those where intake for adults was reduced to the extent that they experience physical sensation of hunger. However the children are provided full calories.

The survey report further states that food insecure people with hunger are those that are unable even to provide adequate food for their children as well. The children feel hunger while adults experience more extensive reduction in food intake.

Dissemination of national and provincial results of the survey reveals that 48 percent of urban dwellers are food secure while only 39.4 percent of the rural population enjoyed food security. The results have exposed the myth that food distribution is better in the rural areas.

INTERNATIONAL URDU CONFERENCE

(From an article by Zaib Azkaar Hussain in the News)

The concluding session of the four-day International Urdu Conference demanded of the government to implement Urdu as the official language.

President Arts Council of Pakistan Muhammad Ahmed Shah observed that there was no clash of languages in Pakistan.

However, he said Urdu had produced powerful literature throughout the world and deserved to be implemented as the official language in the country.

The resolution held that as Urdu was a powerful medium of expression, it must be spread through translations.

The audience and the members of the presidium of the concluding session consisting of Dr Qazi Afzal Hussain, Dr Shamim Hanafi, Obaid Siddiqui (from India), Dr Farman Fatehpuri, Zahida Hina, Intizar Hussain Secretary Arts Council Prof Ejaz Farooqui and others fully supported the resolution and it was passed unanimously.

The four-day conference paid homage to legendary Urdu poet Dr Allama Iqbal at a session where Dr Naumanul Haque read a paper titled 'Allama Iqbal Aur Ikeesvien Sadi Ka Manzarnama'. Dr Ziaul Hasan hosted the session and later famous actor, director, producer, broadcaster, moderator and writer Zia Mohyeddin recited poetry of Dr Allama Iqbal.

Earlier, a session discussed at length the issues related to the media while senior journalists, writers and media persons read their papers on the contemporary methods and mediums of communication and the overall role of the media in Pakistan.

The presidium consisted of Raza Ali Abidi, Hasina Moin, Farhad Zaidi, Ghazi Salahuddin, Ahfazur Rehman and others. Fazil Jameeli conducted the proceedings of the sessions where Obaid Siddiqui, Ameen Yousuf, Hasina Moin and other speakers suggested that the media should play its due role in the promotion of healthy journalistic, literary and cultural values in society.

The conference, during its four-day sessions, discussed Meer Taqqi Meer, Mirza Asadullah Khan Ghalib, Dr Allama Iqbal and Faiz Ahmed Faiz in the light of their works.

HOW TO STOP AIDS AND OTHER TERRIBLE SEXUAL DISEASES

Dr Syed Mubin Akhtar

The dedication to touch the issue of AIDS on a yearly basis lies in the fact that the disease has killed more than 25 million people between 1981 and 2007. While an estimated 33.2 million people worldwide live with HIV, making it one of the most destructive epidemics in recorded history. Despite recent, improved access to antiretroviral treatment and care in many regions of the world, the AIDS epidemic still claims an estimated 2 million lives yearly.

PREVENTION IS THE ONLY CURE

AIDS - once contracted, there is simply no cure and the person silently treads towards death. The only way to be safe is through prevention.

Those who use drugs by injecting are a high risk group. Unfortunately, they are also donors who donate blood to raise money for quenching their lust for drugs. Hence they pose a high risk of spreading HIV at a fast pace in Pakistan. There are many shady blood banks that easily give unscreened blood to anyone in need, increasing this risk manifold.

High number of prostitutes and the lack of knowledge amongst them regarding this disease is another risk factor. Prostitution is prevalent in major cities and on truck routes. Behavioural and mapping studies in three large cities found a prostitute population of 100,000 with limited understanding of safe sexual practices. They also do not seek treatment for sexually transmitted diseases, hence if they have contracted HIV, it often goes undetected until it becomes AIDS. Those who visit these prostitutes might contract HIV and if they are married, they transfer the disease to their spouses and any children they might bear in future. It is a vicious cycle. Large numbers of workers leave their villages to seek work in cities, in the armed forces, or on industrial sites. A significant number (around 4 million) are employed overseas. Away from their homes for extended periods of time, they may be at increased risk for illicit sex and thus exposure to HIV. Thus young men should make sure that they are married and have their wives with them when they go abroad for long periods.

The big question is how AIDS can be prevented from spreading. There are many impediments in the way. The first and foremost is the lack of awareness and low literacy rate. People do not have enough knowledge about the disease.

Before giving any attention to social taboos that may risk one from paying attention to the relevance of this disease should remember that HIV/AIDS cannot be treated. It is a fatal disease that leads to slow and painful death. Prevention is extremely vital. Be aware, stay

safe.

AIDS in Numbers

Pakistan's first reported case of HIV occurred in 1987. Till late 1990s, the cases that came forth mostly included men who had become infected while living or working abroad. People who are at high risk of contracting AIDS are injecting drug users, prostitutes and prisoners. The adult HIV prevalence is (0.1%). HIV prevalence among injecting drug users significantly increased from 10.8 percent in 2005 to 21 percent in 2008. Transgender prostitutes are also disproportionately affected by HIV/AIDS in Pakistan with HIV prevalence among them being 6.1 %.

AIDS IN ASIA

According to UNAIDS estimates, there are now 34 million people living with HIV. During 2010 some 2.7 million people became newly infected with the virus, including an estimated 390,000 children. Despite a significant decline in the estimated number of AIDS-related deaths over the last five years, there were still almost 1.8 million AIDS-related deaths in 2010.

Today, around 4.87 million people are living with HIV/AIDS in South, East and South-east Asia. Although national HIV prevalence in most Asian countries is relatively low, the population of some countries is so vast that these low percentages actually represent very large numbers of people living with HIV. For example, in India, an estimated 0.1 per cent of adults aged 15-49 are HIV positive, which seems low when compared to HIV prevalence in some parts of sub-Saharan Africa. However, with a population of around one billion, this actually equates to 2.3 million adults living with HIV in India.

Indonesia

Around 314,000 people are HIV/AIDS positive in Indonesia, which has the fastest growing epidemic in Asia. This number has risen sharply in recent years and is expected to more than double by 2014 if approaches to HIV prevention are not improved.

Vietnam

Around 280,000 people have HIV and AIDS in Vietnam. Vietnam's epidemic is still in a concentrated phase.

The number of people living with HIV doubled between 2000 and 2005.

Bangladesh

The first HIV/AIDS case in Bangladesh was reported in 1989. Since 1994, HIV infection levels have increased, although the problem is still relatively small, with around 6,300 infected people.

Nepal

An estimated 64,000 people have HIV and AIDS in Nepal, including 0.4% of the adult population.

Cambodia

Cambodia's HIV epidemic can be traced back to 1991. Initially the number of people with HIV increased rapidly but levels declined after the late 1990s and by 2003 HIV prevalence was estimated at 1.2%. Results published in 2009 from the first national population-based survey estimated HIV prevalence at 0.6%.

China

China's first AIDS case was reported in Beijing in 1985. Today, an estimated 740,000 people in China are HIV positive and it is feared that this number will increase dramatically in the future years. In 2009 an estimated 26,000 people died from AIDS in China. Yunnan, Guangxi, Henan, Sichuan, Xinjiang and Guangdong are most the

affected areas, representing around 70 to 80 % of the national reported number of HIV and AIDS cases.

HIV/AIDS are mostly spread through sex outside of marriage. In Western countries almost all men and women are involved in this, and they can't even begin to think of stopping this, and therefore do not consider this a viable option in the prevention of AIDS. However in Muslim societies, this is a rare phenomenon and if we stop mimicking the Western way of life and stick to segregation of sexes in social and other functions, as well as avoidance of alcohol and other addictions, we can stop the spread of this disease completely.

Prostitution (glamorized as commercial sex work) is the other reservoir of HIV and if Islamic rules are followed and this is stamped out then AIDS can be completely obliterated. Then there will be no HIV via intravenous drug users nor via infected blood products, if we stop drug addiction specially by intravenous injections and make sure the blood banks perform proper screening of donors and the donated blood.

Moreover the society should consider sex outside marriage a heinous crime as such persons not only endanger themselves but also their spouses and the society at large.

NEARLY ONE IN FIVE AMERICAN WOMEN RAPED IN LIFETIME

Nearly 20 percent of women in the United States have been raped at least once and one in four has been severely attacked by an intimate partner, the Centers for Disease Control and Prevention reported.

Almost 80 percent of female victims were first raped before age 25 and more than half were raped by a current or former partner, according to the CDC's analysis of data from the National Intimate Partner and Sexual Violence Survey of 18,049 men and women in the United States in 2010.

The survey, which the CDC said was the first of its kind, found that one in eight female rape victims said the perpetrator was a family member.

One in seven men reported having experienced severe physical violence by an intimate partner and one in 71 men said they had been raped at least once.

The report highlights numerous long-term health problems associated with sexual violence, including headaches, chronic pain and difficulty sleeping.

"This landmark report paints a clear picture of the devastating impact these violent acts have on the lives of millions of Americans," U.S. Health and Human Services Secretary Kathleen Sebelius said in a statement.

The CDC numbers show rape "is still a crime that impacts almost every family in America," said Scott Berkowitz, president of the nonprofit group Rape, Abuse and Incest National Network.

Editor's notes: This rape occurs inspite of the fact that men and women consider it a forgone conclusion that sex will take place when they are out socializing i.e. dating and prostitutes are easily and legally available.(Reuters)

SEXUAL MISTAKES MEN MAKE

By Martin F. Downs _ Reviewed by Louise Chang, MD - WebMD Feature

Hey guys, think you know everything there is to know about having sex with women? That erotic encyclopedia you carry around in your head may contain a lot of basic errors and omissions about women's sexuality -- errors that can lead to sex mistakes.

That's because -- after learning the facts of life -- most of us are left to figure out sex for ourselves. Guys tend to take a lot of cues from adult movies, and we all know how true-to-life those are. Experience may help, but many women can be shy when talking about what they like.

o Sex Feels the Same for Men and Women

Paget says there tends to be a "huge disconnect" between men and women in the ways that sex feels good.

When a man has intercourse with a woman, and his penis goes into her body, that sensation is so off the charts for most men, they cannot imagine that it isn't feeling the same way for her. It couldn't be further from the truth.

The inside of the vagina is probably less sensitive than the outer parts for most women. Also, deep thrusting may not feel so nice on the receiving end. If the penis is too long, "it feels like you're getting punched in the stomach. It makes you feel nauseous.

o You Know Your Way Around a Woman's Anatomy

Most guys know generally what a clitoris is and where to find it. That's not to say that they really understand it.

More than 30 years ago, at the start of the "sexual revolution," a best-selling book called the Joy of Sex got Americans hip to the orgasmic importance of the clitoris. But the belief that women must be able to orgasm from vaginal penetration stubbornly persists.

I still get letters from people who say things like, my wife can't [orgasm] from intercourse unless she has clitoral stimulation -- please help "I want to write back and say, 'OK, what's the problem?'" For the majority of women, it's not going to happen that way.

Men also lack information about how to touch it and how sensitive it is.

How can you find out how she likes to be touched? Try asking her.

o Wet = Turned On

Guys sometimes get hung up if a woman doesn't get slippery enough for easy penetration. Don't worry about it.

I think there's a myth that if you're turned on, you're wet. Not necessarily.

Some women tend to get wetter than others, and how much natural lubrication a woman has can change from day to day. It varies by the phase of her menstrual cycle, and it's subject to influences like stress and medications.

o Silence Is Golden

A lot of guys think they should be silent during sex, but unless you speak up, your partner has to guess what's doing it for you and what isn't.

If you're respectful about it, a woman who wants to please you will probably appreciate some directions.

For instance telling her that, 'this is how I like it,' is a very useful conversation to have.

YOUTH AND MENTAL ILLNESS

Dr. Simon Davidson and Dr. Ian Manion - Canadian Psychiatric Association

Sound Familiar?

"Nobody could possibly understand how I feel." "If I start to cry, I'm sure I'll never stop." "I'm so bad that no one could ever like me." "If I don't hit something, I'm going to explode." "If people knew what I was thinking, they would say that I'm crazy." "I try as hard as I can, but I just don't understand things like I used to." "My family is driving me crazy!" "I just don't enjoy anything anymore." "I wish I could just stop feeling."

Adolescent Mental Illness

Adolescents are at high risk for mental illness. Research has shown that in Ontario alone, about one out of five 4 to 16 year-olds suffers from some type of psychiatricdisorder.

In the U.S., adolescents represent the only age group where the mortality rate continues to increase. **Combined, the top three causes of death - accidents, suicide and homicide - account for 75% of adolescent deaths.**

What Is Mental Illness?

In general, mental illness refers to clinically significant patterns of behavioural or emotional functioning that are associated with some level of distress, suffering (pain, death), or impairment in one or more areas of functioning (such as school, work, or social and family interactions).

Myths and Facts

A number of myths surround child, adolescent and adult mental illness. Society can go a long way to de-stigmatize mental illnesses by having a better understanding of mental health issues.

Myth: People with a mental illness are psycho or dangerous, and have to be locked away.

Fact: Many individuals with a mental illness can have difficulty coping with day-to-day living. When in great distress, such individuals are at greater risk of harming themselves than others.

Myth: People with a mental illness never get better.

Fact: With the right help, many people with a mental illness do recover and go on to lead healthy, productive, and satisfying lives.

Myth: You can tell if someone has a mental illness by looking in their eyes.

Fact: Although there are many signs and symptoms for when someone may be developing a mental illness, diagnosis is a difficult task best undertaken by health professionals. Quick judgements and stereotypes are poor substitutes for comprehensive assessments by professionals.

Myth: Only crazy people see shrinks.

Fact: People of all ages and all walks of life seek help from a variety of mental health professionals, including psychiatrists. Seeking and accepting help are signs of coping and of preventing situations from getting worse.

Myth: If you talk about suicide, you won't attempt it.

Fact: Suicidal comments have to be taken seriously as they often lead to plans, attempts, or completions.

Mental Illness

Different kinds of mental illnesses are commonly seen in adolescence and have significant effects on a teen's day to day living. Some of these include:

Depression:

Many teens feel down and blue at times, but for some these feelings do not seem to go away but are there day and night. Life can become a chore. These teens may not realize that they are experiencing symptoms of a potentially treatable disease.

Suicide:

Suicidal thinking and behaviour often go hand in hand with depression in adolescence. Suicide is the second most common killer of Canadian teens. While some suicidal behaviour may be impulsive, all indicators of suicidal thoughts and actions should be taken seriously.

Anxiety:

Many physical symptoms (such as headaches, stomach aches, or a racing heart) can be associated with anxiety in adolescents. Feelings of fear and dread can become so intense that they can keep an adolescent from going to school, from being in a group, and from many activities that would not otherwise be a problem. Anxiety can be tied to a past trauma (for example, a car accident or incident of abuse) or an identifiable source (such as snakes or heights), or present in everything one does.

Risk-taking behaviour:

Accidents represent the number one cause of death in Canadian teens. Many accidents can be traced to risk-taking behaviour. Risk taking is a broad category of behaviours that includes: alcohol and substance abuse, extramarital sex, thrill seeking, and delinquent behaviours. Adolescents who engage in one risk-taking behaviour are likely to engage in others. Such behaviours, which can result in real tragedies, are often symptomatic of various mental illnesses.

Eating disorders:

Two psychiatric eating disorders, anorexia nervosa and bulimia, are on the increase among teenage girls. They also occur in boys, but much less often. Both disorders are characterized by a preoccupation with food and a feeling of lack of control over aspects of one's life. Teenagers with anorexia nervosa are often perfectionistic but suffer from low self-esteem and an irrational belief of being overweight, regardless of how thin they become. Teenagers with bulimia binge on huge quantities of food and then purge their bodies of dreaded calories by self-induced vomiting, laxative use, and often excessive exercising.

Eating disorders can be fatal. Adolescents with these disorders are typically very good at avoiding discovery. Denying the presence of their problem delays much needed help.

Conduct disorders:

Conduct disorders are a complicated group of behavioural and emotional problems in adolescence. These teens have great difficulty following rules and behaving in a socially acceptable way. Their major problem is expressing anger. They are often aggressive to peers and adults, and may lie, steal, destroy property and be sexually inappropriate.

Risk-taking behaviours are common in this group, including the full range of suicidal behaviours. They frequently have contributing problems including school failure and negative family and social experiences. Conduct disorders can co-occur with adolescent depression and attention deficit disorder.

Mental Illness Is A Family Affair

Many of the major psychiatric illnesses that are commonly seen in adults surface during adolescence. Although not directly linked, there is a strong predisposition for mental illness within families. Some families can also operate in such ways as to trigger mental illness within their members, especially their most vulnerable members.

Family awareness, early identification and prevention are often the first steps to effective treatment. Relatives can play a key role in identifying and treating a teen with a mental illness, and the family members themselves often need help and support.

Don't Ignore The Signs

Parents, teachers and friends are usually the first to recognize that an adolescent may be having significant problems with emotions or behaviour. The following signs in your teen, student, brother, sister, classmate or friend might indicate that a psychiatric evaluation will be useful.

- marked drop in school performance or increase in absenteeism
- excessive use of alcohol and/or drugs
- marked changes in sleeping and/or eating habits
- many physical complaints (such as headaches or stomach aches)
- aggressive or non-aggressive consistent violations of rights of others: opposition to authority, truancy, thefts, vandalism, etc.
- withdrawal from friends, family and regular activities
- depression shown by sustained, prolonged negative mood and attitude, often accompanied by poor appetite, difficulty sleeping or thoughts of death
- frequent outbursts of anger and rage
- low energy level, poor concentration or complaints of boredom
- loss of enjoyment in what used to be favourite activities
- unusual neglect of personal appearance
- intense fear of becoming obese with no relationship to actual body weight
- uncharacteristic delinquent, thrill seeking or promiscuous behaviour
- marked personality change
- comments about "feeling rotten inside", wanting "to end things", and "no longer being a problem for others soon"

What Does "Help For Mental Illness" Include

The cornerstone of successful help for a mental illness is a comprehensive assessment by a child or adolescent psychiatrist, and/or other qualified professionals who coordinate information from parents, educators, and other relevant sources.

Treatment can include psychotherapy (individual, family or group), skills programs (learning, social skills and behaviour) and psychiatric medication, and can be provided in a variety of inpatient, outpatient or day treatment settings, including special schools, residential placements, hospitals, private offices or community clinics.

Effective treatments depend upon the strong partnership between patient, family and professionals.

Where To Go For Help

Research shows that teens are most likely to tell a friend about concerns that they have regarding symptoms of a mental illness. Unfortunately, a friend might be a great listener but might not be the best person to get help. You can be a better friend by looking for signs and symptoms of mental illnesses and helping someone you know reach out to some of the following people.

- family doctor or paediatrician
- school counsellor or teacher
- parent and other family member
- psychologist
- psychiatrist
- social worker
- help line
- emergency department

MP3 PLAYERS CAUSE EARLY HEARING LOSS

Despite being an agricultural country, the food insecurity in Pakistan is 58 percent out of which 28.4 percent population faces food insecurity without hunger, 19.8 percent are food insecure with moderate hunger and 9.8 percent are food insecure with severe hunger.

This was the finding of the National Nutrition Survey 2011 conducted by various local institutions in collaboration with the UNICEF.

It says that food insecure households with moderate hunger are those where intake for adults was reduced to the extent that they experience physical sensation of hunger. However the children are provided full calories.

The survey report further states that food insecure people with hunger are those that are unable even to provide adequate food for their children as well. The children feel hunger while adults experience more extensive reduction in food intake.

Dissemination of national and provincial results of the survey reveals that 48 percent of urban dwellers are food secure while only 39.4 percent of the rural population enjoyed food security. The results have exposed the myth that food distribution is better in the rural areas.

JOINT COMMISSION ISSUES INPATIENT SUICIDE ALERT

By Emily P. Walker - MedPage Today

The Joint Commission has issued an alert on preventing patients in hospital medical/surgical units and emergency departments from committing suicide.

The Joint Commission already requires psychiatric hospitals and general hospitals treating individuals for emotional or behavioral disorders to follow certain strategies to identify suicidal patients.

The new alert warns that it's not just patients who are admitted to psychiatric units who are committing suicide, and offers strategies for general hospitals to reduce the risk of suicide.

Suicidal patients are often admitted to emergency departments that "are not designed or assessed for suicide risk and do not have staff with specialized training to deal with suicidal individuals" instead of going to a psychiatric setting specifically designed to be safe for suicidal patients.

These patients have more access to items that can be used to attempt suicide and are alone more often than in a psychiatric unit.

The methods of self-harm most frequently used in healthcare settings -- hanging, jumping, cutting with a sharp object, intentional drug overdose, and strangulation -- are more accessible in a nonpsychiatric unit.

The Joint Commission advises hospitals to educate staff about risk factors and warning signs that a suicide attempt might be imminent; to empower staff to call a mental health professional to screen and assess the at-risk patient; and to empower staff to take other "substantive action" such as placing the patient under constant observation.

Since 1995, suicide has ranked in the top five most frequently reported events, according to the Joint Commission. The commission's Sentinel Event Database includes 827 reports of inpatient suicide, but the actual number is likely much higher because reporting is voluntary.

Of those 827 reported suicides, 14% occurred in non-behavioral health units of hospitals; 8% in emergency departments; and 2% in other nonpsych settings, including physical rehabilitation hospitals or long-term care hospitals.

It is evident from the increasing number of reports that action must be taken to prevent suicide in the general hospital setting.

The Joint Commission lists a number of warning signs that might indicate a hospitalized patient is seriously considering suicide, including irritability, increased anxiety, agitation, impulsivity, decreased emotional reactivity, complaining of unrelenting pain, refusing visitors, having

crying spells, declining medications, and requesting early discharge.

The Joint Commission offers strategies that hospitals can follow to help prepare their staffs and to better care for suicidal patients, including:

- Watch for behaviors or mental status that might indicate risk of suicide, such as depression, anxiety, delirium, dementia, chronic pain, chronic illness, and terminal cancer, and screen patients with those risk factors for suicide risk.
- Provide suicide screening in the emergency department, and screen all patients for depression as part of the hospital inpatient admission process.
- If a patient is determined to be at increased risk for suicide, hospital staff should check the patient for any contraband that might be used for suicide, involve the person in care-planning and decision-making, offer the patient a family member or volunteer "sitter," and offer to have peer support specialists who have had similar experiences talk with the patient.
- During hand-offs, each healthcare worker caring for the patient should inform the next healthcare worker of the patient's condition and whether he or she exhibited any suicide warning signs.

Suicide is the 11th leading cause of death in the U.S, accounting for 33,300 fatalities in 2006, according to the Joint Commission.

http://www.medpagetoday.com /tbprint.cfm?tbid=23532

PAKISTAN IMPORTS TWO CRORE KILOGRAMS INDIAN TEA

Pakistan's dependence on Indian tea is gradually increasing as in 2011 Pakistan has imported 20 million kilograms of CTC teas from India which is one of the highest in recent years.

Pakistan is largely a market for CTC variety and said to be the second largest importer after Russia. **Its total official tea import volume is around 120 million kilograms. But tea industry sources say a high import duty results in additional tea making its way into the country through grey channels.**

Almost 65-70 percent of its total official tea import comes from Kenya, while India accounts for 15 percent. - PPI

Editor's notes: Thus billions of rupees of foreign exchange is wasted specially on an enemy country like India, as tea has no nutrition value and many harmful side effects. Let's start a movement against it by reducing our consumption.

PHOBIAS AND FEARS

Symptoms, Treatment, and Self-Help

Almost everyone has an irrational fear or two. Some get nervous at the thought of needles. Others shriek at the sight of a mouse. Still others get woozy when they look down from tall buildings. For most people, these fears are minor. But for some, these fears are so severe that they cause tremendous anxiety and interfere with normal day-to-day life.

When fears are irrational and disabling, they are called phobias. If you're living in fear because of your phobia, take hope. You can overcome phobias and fears with the right treatment and self-help strategies. So don't wait to seek help.

What is a phobia?

A phobia is an intense fear of something that, in reality, poses little or no actual danger. Common phobias and fears include closed-in places, heights, highway driving, flying insects, snakes, and needles. However, we can develop phobias of virtually anything. Most phobias develop in childhood, but they can also develop in adults.

If you have a phobia, you probably realize that your fear is unreasonable, yet you still can't control your feelings. Just thinking about the thing you fear may make you anxious. And when you're actually exposed to your phobia, the terror is automatic and overwhelming.

The experience is so nerve-wracking that you may go to great lengths to avoid it - inconveniencing yourself or even changing your lifestyle. If you have claustrophobia, for example, you might turn down a lucrative job offer if you have to ride the elevator to get to the office. If you have a fear of heights, you might drive an extra twenty miles in order to avoid a tall bridge.

Common types of phobias and fears

There are four general types of common phobias and fears:

- **Animal phobias.** Animal phobias are fears caused by an animal or insect. Examples include fear of snakes, fear of spiders, fear of rodents, and fear of dogs.
- **Natural environment phobias.** Natural environment phobias are fears cued by objects found in nature. Examples include fear of heights, fear of storms, fear of water, and fear of the dark.
- **Situational phobias.** Situational phobias are fears triggered by a specific situation. Examples include fear of enclosed spaces (claustrophobia), fear of elevators, fear of flying, fear of dentists, fear of driving, fear of tunnels, and fear of bridges.
- **Blood-Injection-Injury phobia.** Blood-injection-injury phobia involves fear

of blood, fear or injury, or a fear of shots or another medical procedure.

Common phobias and fears

- Fear of spiders
- Fear of snakes
- Fear of heights
- Fear or closed spaces
- Fear of storms
- Fear of needles and injections
- Fear of public speaking
- Fear of flying
- Fear of germs
- Fear of illness or death

Some phobias don't fall into one of the four common categories. Such phobias include fear of choking, fear of getting a disease such as cancer, and fear of clowns.

Agoraphobia

Agoraphobia is another phobia that doesn't fit neatly into any of the four categories. Traditionally thought to involve a fear of public places and open spaces, it is now believed that agoraphobia develops as a complication of panic attacks.

Afraid that they may have another panic attack, people with agoraphobia become anxious about being in situations where escape would be difficult or embarrassing, or where help wouldn't be immediately available. If you have agoraphobia, you are likely to avoid crowded places such as shopping malls and movie theaters. Standing in line is another situation that can be panic provoking. You may also avoid cars, airplanes, subways, and other forms of travel. In more severe cases, you might only feel safe at home.

To learn more about agoraphobia and panic disorder, including what can be done to help, see Panic Attacks and Panic Disorder.

Social phobia

Social phobia, also called social anxiety disorder, is fear of social situations where you may be embarrassed or judged. If you have social phobia you may be excessively self-conscious and afraid of humiliating yourself in front of others. Your anxiety over how you will look and what others will think may lead you to avoid certain social situations you'd otherwise enjoy.

Fear of public speaking, an extremely common phobia, is a type of social phobia. Other fears associated with social phobia include fear of eating or drinking in public, talking to strangers, taking exams, mingling at a party, and being called on in class.

To learn more about social phobia and how you can overcome it, see: **Social Anxiety Disorder and Social Phobia**

"Normal" fears vs. phobias

It is normal and even helpful to experience fear in dangerous situations. Fear is an adaptive human response. It serves a protective purpose, activating the automatic "fight-or-flight" response. With our bodies and minds alert and ready for action, we are able to respond quickly and protect ourselves.

But with phobias the threat is greatly exaggerated or nonexistent. For example, it is only natural to be afraid of a snarling Doberman, but it is irrational to be terrified of a friendly poodle on a leash, as you might be if you have a dog phobia.

Normal fears in children

Phobias in children are common. According to The Child Anxiety Network, 90% of children between the ages of 2-14 have at least one specific fear. The following fears are shared by many children and are considered normal:

- **0-2 years** - Loud noises, strangers, separation from parents, large objects.
- **3-6 years** - Imaginary things such as ghosts, monsters, the dark, sleeping alone, strange noises.
- **7-16 years** - More realistic fears such as injury, illness, school performance, death, natural disasters.

If your child's fear is not interfering with his or her daily life, then it is unlikely that treatment is needed. However, if the fear is interfering with your child's social activities, school performance, or sleep patterns, you should seek professional help from a qualified therapist.

Signs and symptoms of phobias

People with phobias experience many anxiety-related symptoms when they're exposed to the object or situation they fear. The symptoms are both emotional and physical. The symptoms of anxiety and fear can range from mild feelings of apprehension to a full-blown panic attack. Typically, the closer you are to the thing you're afraid of, the greater your fear will be. Your fear will also be higher if escape from is difficult.

Common phobia signs and symptoms:

- Shortness of breath or smothering sensation
- Palpitations, pounding heart, or accelerated heart rate
- Chest pain or discomfort
- Trembling or shaking
- Feeling of choking
- Sweating
- Nausea or stomach distress
- Feeling unsteady, dizzy, lightheaded, or faint
- Feelings of unreality or of being detached from yourself
- Fear of losing control or going crazy
- Fear of dying
- Numbness or tingling sensations
- Hot or cold flashes
- Fear of fainting

Symptoms of Blood-Injection-Injury Phobia

The symptoms of blood-injection-injury phobia are slightly different from other phobias. When confronted with the sight of blood or a needle, you experience not only fear but disgust. Like other phobias, you show an initial increase in heart rate and blood pressure. However, unlike other phobias, this acceleration is followed by a quick drop which causes nausea, dizziness, and fainting. Although a fear of fainting is common in all specific phobias, blood-injection-injury phobia is the only phobia where actual fainting occurs.

When to get help for phobias and fears

Although phobias are common, they rarely cause considerable distress or a significant disruption of everyday activities. For example, if you have a snake phobia, it may cause no problems in your daily life if you live in a city where you are not likely to run into one. On the other hand, if you have a severe phobia of crowded spaces, living in a

big city would pose a problem.

If your phobia doesn't really impact your life that much, it's probably nothing to be concerned about. But if avoidance of the object, activity, or situation that triggers your phobia interferes with your normal functioning or keeps you from doing things you would otherwise enjoy, it's time to seek help.

Consider getting treatment for your phobia if:

- It causes intense and disabling fear, anxiety, and panic.
- You recognize that your fear is excessive and unreasonable.
- You avoid certain situations and places because of your phobia.
- Your avoidance interferes with your normal routine or causes significant distress.
- You've had the phobia for at least six months.

Treatment for phobias and fears

The most frequently used treatment for phobias is a type of cognitive-behavioral therapy called systematic desensitization or exposure therapy. This treatment is very effective. According to the National Institute of Mental Health, about 75% of people are able to overcome their phobias through cognitive-behavioral therapy.

Exposure therapy for phobias

In exposure therapy, also known as systematic desensitization, you are exposed in a safe and controlled way to the object or situation you fear. The most commonly used exposure therapy involves gradual encounters with the fear-producing object, first in the imagination and then in reality.

Facing a fear of dogs

- Step 1: Draw a dog on a piece of paper.
- Step 2: Read about dogs.
- Step 3: Look at photos of dogs.
- Step 4: Look at videos of dogs.
- Step 5: Look at dogs through a closed window.
- Step 6: Look through a partly-opened window.
- Step 7: Look at them from a doorway.
- Step 8: Move further out from the doorway.
- Step 9: Have a helper bring a dog into a nearby room (on a leash).
- Step 10: Have the helper bring the dog into the same room, still on a leash.

Source: AnxietyBC

For example, if you have a dental phobia, you might first sit in the waiting room of a dental office, then talk with the dentist, and then sit in the dentist's chair. These exposures are combined with relaxation techniques and a therapist or friend at your side to provide support.

Through repeated experiences facing your fear, you begin to realize that the situation, while possibly unpleasant, is not harmful. With each exposure, you feel an increasing sense of control over your phobia. This sense of control over the situation and yourself is the most important benefit of exposure therapy. The phobia begins to lose its power.

Another type of exposure therapy called participant modeling is also helpful. In participant modeling, your therapist models healthy ways of interacting with the object

you fear.

In the case of a driving phobia, you would watch while a therapist drives a car in a relaxed state and without fear. Then you would be encouraged to do the same.

Getting therapy for phobias

Some phobias, such as fear of flying or driving, are so common that there are therapists who specialize in their treatment. The number of treatments you will need depends on the severity of your phobia, but exposure-based therapy is typically brief. Phobias that are limited can often be treated in as little as two to four sessions. Sometimes a single, long session is all that is needed.

For more, read Therapy for Anxiety Disorders

Self-help tips for overcoming phobias and fears

In addition to professional treatment and therapy, there are many self-help strategies you can use to overcome phobias and fears.

- **Learn about phobias.** Understanding your phobia is the first step to overcoming it. It's important to know that phobias are common. Having a phobia doesn't mean you're crazy! It also helps to know that phobias are highly treatable. You can overcome your anxiety and fear.
- **Challenge negative thoughts.** The anxious thoughts that trigger and fuel phobias are usually negative and unrealistic. It can help to put these thoughts to the test.

Negative thought: "The elevator will break down and I'll get trapped and suffocate."

Is there any evidence that contradicts this thought?

- "I see many people using the elevator and it has never broken down."
- "I cannot remember ever hearing of anyone dying from suffocation in a elevator."
- "I have never actually been in a elevator that has broken down."
- "There are air vents in a elevator which will stop the air running out."

Could you do anything to resolve this situation if it does occur?

- "I guess I could press the alarm button or use the telephone to call for assistance."

Are you making a thinking error?

- "Yes. I'm fortune telling, as I have no evidence to suggest that the elevator will break down."

What would you say to a friend who has this fear?

- "I would probably say that the chances of it happening are very slim as you don't see or hear about it very often."
- Learn relaxation techniques. Relaxation techniques such as deep breathing, meditation, and muscle relaxation are powerful antidotes to anxiety, panic, and fear. With regular practice, you will develop the ability to calm yourself down quickly. You can call on these techniques when you're facing your phobia.

Adapted from: Moodjuice, Phobias: A Self-Help Guide

SAVING YOUR SEX LIFE WHEN YOU'RE DEPRESSED

How to keep your sex life -- and relationship -- alive when you're dealing with depression.

By Katrina Woznicki - Reviewed by Laura J. Martin, MD - WebMD Feature

Chronic depression affects every part of daily life, including sex. It curbs sex drive, yet sex can boost your mood and is important for relationships. And some depression drugs can curb your libido.

Breaking this cycle can be hard.

How to get out of this funk? There's no one-size-fits-all approach. But there are some tried-and-true ways to successfully treat depression without ruining your sex life.

What's most important, experts say, is to never stop depression treatment out of fear that your relationships and sex live will suffer. That's because depression itself can hurt relationships and may cause loved ones to take these problems personally.

The brain is important for sexuality because of the chemistry, but it's also important for ideas. It helps how you experience pleasure and how you define it.

Treat the Depression First

Whatever is happening with your sex life, it's important to treat depression first. Address any sexual side effects later.

Depression is the top cause of disability in the U.S. for people aged 15-44 -- the most sexually active years for most people. Men and women struggle equally with sexual problems during depression.

People with chronic depression can experience a loss of desire, take longer to orgasm, and simply find sex less enjoyable.

The whole process of sexual arousal starts with the ability to anticipate pleasure, which is lost with depression people who are depressed are locked in the moment of their suffering.

Drugs that treat depression, Goodwin says, "can release sexual function from the grips of depression." Still, many antidepressants can affect sex drive.

Antidepressant drug side effects can be tied to the dose prescribed. So sometimes simply lowering the dose will treat the depression without blocking sexual desire.

Patients often don't start enjoying sex more until after being on an antidepressant for a few months. And there are antidepressants that don't affect

sex drive.

Breaking the Pattern

The big challenge for doctors treating patients with chronic depression is that the person has been thinking about himself or herself that way for so long that it becomes a habit.

Just correcting the brain chemistry isn't going to fix the problem. Some things need to be unlearned with psychotherapy. That unlearning, he says, can help people bond with loved ones in new and exciting ways.

Talking about depression with your partner, understanding the treatment options, and exploring new ways to enjoy sex, such as extended foreplay if reaching orgasm is a problem, can help strengthen strained relationships.

Talk to Your Partner

The key to improving one's sex life is to start talking with your partner.

That's because what's pleasurable depends entirely on the couple. What's important, he says, is that it appeal to both partners and they are both comfortable with what they want out of sex.

Just having the conversation about what you want sexually reduces the negative feelings that are folded into the depression. Arriving at the right answer to these things means working with your partner.

It's also important for patients with depression and their partners to understand there's no standard for how often you should be having sex or how you should enjoy sex.

CHIRAC CONVICTED OF GRAFT

Shamed former French President, Jacques Chirac was found guilty of corruption and given a suspended jail sentence.

The 79-year-old statesman was found guilty of influence peddling, breach of trust and embezzlement between 1990 and 1995, when as mayor of Paris he employed ghost workers. In their ruling, judges said Chirac's criminal conduct had cost Paris taxpayers the equivalent of 1.4 million euros ($1.8 million).

"Jacques Chirac breached the duty of trust that weighs on public officials charged with caring for public funds or property, in contempt of the general interest of Parisians," the ruling said.

The verdict marked the end of a long legal drama. France's current foreign minister, Alain Juppe, was convicted in the same case in 2004 but has since returned to public life and is an ally of Chirac's successor the sitting president, Nicolas Sarkozy.

Chirac was president of France between 1995 and 2007 and had legal immunity while in office. He denied all the charges, but the case is only one of many corruption scandals to have dogged him in a long public career.

Editor's notes: This news tumbles another big inflated statue of the people of the West who look for human failing only in our countries.(AFP)

SLEEP-DISORDERED BREATHING AND MORTALITY: A PROSPECTIVE COHORT STUDY

Punjabi N, et al - PLoS Med 2009

People with severe sleep apnea were 46% more likely to die (95% CI 1.14 to 1.86).

Moreover, the risk of death more than doubled for men between the ages of 40 and 70 (HR: 2.09, 95% CI 1.31 to 3.33).

Treatments are available to restore regular breathing during sleep, including lifestyle changes, mouthpieces, surgery and breathing devices, but most people with the disorder are never diagnosed or treated.

While the treatments appear to reduce the severity of symptoms, such as snoring and daytime sleepiness, it is still unknown whether treating sleep apnea reduces risk of death and cardiovascular disease.

Sponsored by the National Heart, Lung and Blood Institute, the Sleep Heart Health Study (SHHS) enrolled more than 6,000 men and women ages 40 years and older at multiple centers around the U.S. to determine cardiovascular and other consequences of sleep-disordered breathing.

The participants included people without sleep disorders and those with mild (apnea-hypopnea index: 5.0 to 14.9 apneic or hypopneic events per hour), moderate (AHI: 15.0 to 29.9) and severe disease (AHI: at least 30.0). The severity of sleep apnea was determined using a standard at-home sleep test at the beginning of the study.

At night, a monitoring device recorded electroencephalograms, bilateral electrooculograms, a single bipolar electrocardiogram, a chin electromyogram, oxyhemoglobin saturation, chest and abdominal excursion, airflow, and body position.

Regardless of age, gender, race, weight, smoking history, or other medical conditions, after an average of eight years, those participants who had moderate to severe sleep apnea at enrollment were more likely to die from any cause.

The adjusted hazard ratios for all-cause mortality were 0.93 for those with mild sleep apnea (95% CI 0.80 to 1.08) and 1.17 for those with moderate sleep apnea (95% CI 0.97 to 1.42).

The researchers found similar relationships between sleep apnea and deaths related to coronary artery disease. They also found an association between the lack of oxygen that results when patients with sleep apnea momentarily stop breathing and all-cause mortality.

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http://www.medpagetoday.com/Pulmonology/SleepDisorders/15574?userid=133652&impressionId=1250657951261&utm_source=mSpoke&utm_medium=email&utm_campaign=DailyHeadlines&utm_content=Group1

DO MEDICATIONS REALLY EXPIRE????

By Richard Altschuler

DOCTORS IN ENGLAND HAVE BEEN HAMMERING THIS POINT THAT MEDICINES DON'T EXPIRE.

AN 80 YEAR OLD WELL KNOWN DOCTOR IN MUMBAI, WITH VAST EXPERIENCE, INSISTS ON SAME POINT.

Does the expiration date on a bottle of a medication mean anything?

If a bottle of Tylenol, for example, says something like "Do not use after June 1998," and it is August 2002, should you take the Tylenol? Should you discard it? Can you get hurt if you take it? Will it simply have lost its potency and do you no good?

In other words, are drug manufacturers being honest with us when they put an expiration date on their medications, or is the practice of dating just another drug industry scam, to get us to buy new medications when the old ones that purportedly have "expired" are still perfectly good?

I scoured the medical databases and general literature for the answer to my question about drug expiration labelling. And voila, no sooner than I could say "Screwed again by the pharmaceutical industry," I had my answer.

Here are the simple facts:

First, the expiration date, required by law in the United States , beginning in 1979, specifies only the date the manufacturer guarantees the full potency and safety of the drug -- it does not mean how long the drug is actually "good" or safe to use.

Second, medical authorities uniformly say it is safe to take drugs past their expiration date -- no matter how "expired" the drugs purportedly are. Except for possibly the rarest of exceptions, you won't get hurt and you certainly won't get killed.

Studies show that expired drugs may lose some of their potency over time, from as little as 5% or less to 50% or more (though usually much less than the latter). **Even 10 years after the "expiration date," most drugs have a good deal of their original potency.**

One of the largest studies ever conducted that supports the above points about "expired drug" labelling was done by the US military 15 years ago, according to a feature story in the Wall Street Journal (March 29, 2000), reported by Laurie P. Cohen.

The military was sitting on a $1 billion stockpile of drugs and facing the daunting process of destroying and replacing its supply every 2 to 3 years, so it began a testing program to see if it could extend the life of its inventory.

The testing, conducted by the US Food and Drug Administration (FDA), ultimately covered more than 100 drugs, prescription and over-the-counter.

The results showed, about 90% of them were safe and effective as far as 15 years past their expiration date.

In light of these results, a former director of the testing program, Francis Flaherty, said he concluded that expiration dates put on by manufacturers typically have no bearing on whether a drug is usable for longer.

Mr. Flaherty noted that a drug maker is required to prove only that a drug is still good on whatever expiration date the company chooses to set. The

expiration date doesn't mean, or even suggest, that the drug will stop being effective after that, nor that it will become harmful.

"Manufacturers put expiration dates on for marketing, rather than scientific, reasons," said Mr. Flaherty, a pharmacist at the FDA until his retirement in 1999.

"It's not profitable for them to have products on a shelf for 10 years. They want turnover."

The FDA cautioned there isn't enough evidence from the program, which is weighted toward drugs used during combat, to conclude most drugs in consumers' medicine cabinets are potent beyond the expiration date.

Joel Davis, however, a former FDA expiration-date compliance chief, said that with a handful of exceptions -- notably nitroglycerin, insulin, and some liquid antibiotics -- most drugs are probably as durable as those the agency has tested for the military.

"Most drugs degrade very slowly," he said. "In all likelihood, you can take a product you have at home and keep it for many years." Consider aspirin. Bayer AG puts 2-year or 3-year dates on aspirin and says that it should be discarded after that.

However, Chris Allen, a vice president at the Bayer unit that makes aspirin, said the dating is "pretty conservative"; when Bayer has tested 4-year-old aspirin, it remained 100% effective, he said. So why doesn't Bayer set a 4-year expiration date? Because the company often changes packaging, and it undertakes "continuous improvement programs,"

Mr. Allen said. Each change triggers a need for more expiration-date testing, and testing each time for a 4-year life would be impractical. Bayer has never tested aspirin beyond 4 years, Mr. Allen said. But Jens Carstensen has.

Dr. Carstensen, professor emeritus at the University of Wisconsin 's pharmacy school, who wrote what is considered the main text on drug stability, said,

"I did a study of different aspirins, and after 5 years, Bayer was still excellent".

Aspirin, if made correctly, is very stable.

Now I think I'll take a swig of the 10-year dead package of Alka Seltzer in my medicine chest to ease the nausea I'm feeling from calculating how many billions of dollars the pharmaceutical industry bilks out of unknowing consumers every year who discard perfectly good drugs and buy new ones because they trust the industry's "expiration date labelling."

EFFECTS OF INTENSIVE BLOOD-PRESSURE CONTROL IN TYPE 2 DIABETES MELLITUS

N Engl J Med. 2010 Apr 29; 362(17)

ACCORD Study Group, Cushman WC, Evans GW and colleagues

Abstract

BACKGROUND: There is no evidence from randomized trials to support a strategy of lowering systolic blood pressure below 135 to 140 mm Hg in persons with type 2 diabetes mellitus. We investigated whether therapy targeting normal systolic pressure (i.e., <120 mm Hg) reduces major cardiovascular events in participants with type 2 diabetes at high risk for cardiovascular events.

METHODS: A total of 4733 participants with type 2 diabetes were randomly assigned to intensive therapy, targeting a systolic pressure of less than 120 mm Hg, or standard therapy, targeting a systolic pressure of less than 140 mm Hg. The primary composite outcome was nonfatal myocardial infarction, nonfatal stroke, or death from cardiovascular causes. The mean follow-up was 4.7 years.

RESULTS: After 1 year, the mean systolic blood pressure was 119.3 mm Hg in the intensive-therapy group and 133.5 mm Hg in the standard-therapy group. The annual rate of the primary outcome was 1.87% in the intensive-therapy group and 2.09% in the standard-therapy group (hazard ratio with intensive therapy, 0.88; 95% confidence interval [CI], 0.73 to 1.06; P=0.20). The annual rates of death from any cause were 1.28% and 1.19% in the two groups, respectively (hazard ratio, 1.07; 95% CI, 0.85 to 1.35; P=0.55). The annual rates of stroke, a pre-specified secondary outcome, were 0.32% and 0.53% in the two groups, respectively (hazard ratio, 0.59; 95% CI, 0.39 to 0.89; P=0.01). Serious adverse events attributed to antihypertensive treatment occurred in 77 of the 2362 participants in the intensive-therapy group (3.3%) and 30 of the 2371 participants in the standard-therapy group (1.3%)(P<0.001).

CONCLUSIONS: In patients with type 2 diabetes at high risk for cardiovascular events, targeting a systolic blood pressure of less than 120 mm Hg, as compared with less than 140 mm Hg, did not reduce the rate of a composite outcome of fatal and nonfatal major cardiovascular events. (ClinicalTrials.gov number, NCT00000620.)

http://www.ncbi.nlm.nih.gov
/pubmed/20228401

PSYCHIATRIC CONSULTATION BY PHONE AND E-MAIL

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

To provide some training to doctors we will send them the Monthly Karachi Psychiatric Hospital Bulletin as well as booklets on the common psychiatric illnesses.We will also welcome those doctors who can find some time to come to our hospital in Karachi.Of course the phone can be used for this purpose also. At places that have facilities can also install a video phone. We already have one and thus the patient and the therapists will not only be able to talk to each other but also see each other, which helps in diagnosis and treatment. We also have e-mail and DSL services and these can improve our communication further.

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, 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)

عمل نہ تھے۔قرآن مجید کی تلاوت سے ان کو خاص شغف تھا اور صبح کے وقت بڑی خوش الحانی کے ساتھ پڑھا کرتے تھے، مگر آخر زمانے میں طبیعت کی رقت کا یہ حال ہوگیا تھا کہ تلاوت کے دوران روتے روتے ہچکیاں بندھ جاتی تھیں اور مسلسل پڑھ ہی نہ سکتے تھے۔نماز بھی بڑے خشوع وخضوع سے پڑھتے مگر چھپ کر۔ظاہر میں یہی اعلان تھا کہ نرا گنہگار کا غازی ہوں۔

ان کی سادہ زندگی اور فقیرانہ طبیعت کے حالات ان کی وفات ہی کے بعد لوگوں میں شائع ہوئے، ورنہ عام خیال یہی تھا کہ جیسے اور ''سر صاحبان'' ہوتے ہیں ویسے ہی وہ بھی ہوں گے، لیکن واقعہ یہ ہے کہ یہ شخص حقیقت میں اس سے بھی زیادہ فقیر منش تھا جتنا اس کی وفات کے بعد لوگوں نے اخبارات میں بیان کیا ہے۔ایک مرتبہ کا واقعہ سن لیجئے جس سے اس نائٹ اور بیرسٹر کی طبیعت کا آپ اندازہ کرسکیں گے۔پنجاب کے ایک دولت مند رئیس نے ایک قانونی مشورے کے لئے اقبال اور سر فضل حسین مرحوم اور ایک دو اور مشہور قانون داں اصحاب کو اپنے ہاں بلایا اور اپنی شاندار کوٹھی میں ان کے قیام کا انتظام کیا۔رات کو جس وقت اقبال اپنے کمرے میں آرام کرنے کے لئے گئے تو ہر طرف عیش وتنعم کے سامان دیکھ کر اور اپنے نیچے نہایت نرم اور قیمتی بستر پا کر معاً ان کے دل میں خیال آیا کہ جس رسول پاک ﷺ کی جوتیوں کے صدقے میں آج ہم کو یہ مرتبے نصیب ہوئے ہیں اس نے بوریئے پر سو سو کر زندگی گزاری تھی۔یہ خیال آنا تھا کہ آنسوؤں کی جھڑی بندھ گئی۔اس بستر پر لیٹنا ان کے لئے ناممکن ہوگیا۔اٹھے اور برابر کے غسل خانے میں جا کر ایک کرسی پر بیٹھ گئے اور مسلسل رونا شروع کردیا۔جب ذرا دل کو قرار آیا تو اپنے ملازم کو بلا کر اپنا بستر کھلوایا اور ایک چارپائی اس غسل خانے میں بچھوائی اور جب تک وہاں مقیم رہے، غسل خانے ہی میں سوتے رہے۔یہ وفات کے کئی برس پہلے کا واقعہ ہے جب باہر کی دنیا ان کو سوٹ بوٹ میں دیکھا کرتی تھی۔کسی کو خبر نہ تھی کہ اس سوٹ کے اندر جو شخص چھپا ہوا ہے اس کی اصلی شخصیت کیا ہے؟

اقبال کے نائٹ ہڈ اور سر شفیع مرحوم جیسے حضرات کے ساتھ ان کے سیاسی رشتہ کو دیکھ کر عام خیال یہ تھا، اور اب بھی ہے، کہ وہ محض شاعری ہی میں آزاد خیال تھے، عملی زندگی میں آزاد خیالی ان کو چھو کر بھی نہ گزری تھی، بلکہ وہ نرے انگریز کے غلام تھے۔لیکن حقیقت اس کے بالکل برعکس ہے۔ان کے قریب جو لوگ رہے ہیں اور جن کو گہرے ربط وضبط کی بنا پر ان کی اندرونی زندگی اور ان کے اندرونی خیالات کا علم ہے وہ جانتے ہیں کہ انگریزی سیاست سے ان کو خیال اور عمل دونوں میں سخت نفرت تھی۔بارگاہِ حکومت سے وہ کوسوں دور بھاگتے تھے۔سرکار اور اس کے پرستار دونوں ان سے سخت بدگمان تھے اور ان کی ذات کو اپنے مقاصد میں حارج سمجھتے تھے۔سیاسیات میں ان کا نصب العین محض کامل آزادی ہی نہ تھا بلکہ وہ آزاد ہندوستان میں ''دارالاسلام'' کو اپنا مقصود حقیقی بنائے ہوئے تھے۔اس لئے کسی ایسی تحریک کا ساتھ دینے پر آمادہ نہ تھے جو ایک دارالکفر کو دوسرے دارالکفر میں تبدیل کرنے والی ہو۔صرف یہی وجہ ہے کہ انہوں نے عملی سیاسیات میں ان لوگوں کے ساتھ مجبورانہ تعاون کیا جو برٹش گورنمنٹ کے زیر سایہ ہندوراج کے قیام کی مخالفت کررہے تھے۔گو مقاصد کے اعتبار سے اُن میں اور اس طبقے میں کوئی ربط نہ تھا، مگر صرف اس مصلحت نے ان کو اس طبقے کے ساتھ جوڑ رکھا تھا کہ جب تک مسلمان نوجوانوں میں ''دارالاسلام'' کا نصب العین ایک آتش فروزاں کی طرح بھڑک نہ اُٹھے اور وہ اس کے لئے سرفروشانہ جدوجہد پر آمادہ نہ ہوں، اُس وقت تک کم از کم انقلاب کے رخ کو بالکل دوسری جانب پلٹ جانے سے روکے رکھا جائے۔اس بنا پر انہوں نے ایک طرف اپنی شاعری سے نوجوانانِ اسلام کے دلوں میں وہ روح پھونکنے کی کوشش کی جس سے سب لوگ واقف ہیں اور دوسری طرف عملی سیاسیات میں وہ روش اختیار کی جس کے اصل مقصود سے چند خاص آدمیوں کے سوا کوئی واقف نہیں، اور جس کے بعض ظاہری پہلوؤں کی وجہ سے وہ خود اپنے بہترین عقیدت مند معترفین تک کے طعنے سنتے رہے۔ **(بحوالہ۔فرائیڈ سائیکالوجی)**

سوچتا تھا قرآن کے دماغ سے سوچتا تھا، جو کچھ دیکھتا تھا قرآن کی نظر سے دیکھتا تھا، حقیقت اور قرآن اس کے نزدیک شے واحد تھے اور اس شے واحد میں وہ اس طرح فنا ہوگیا تھا کہ اس دور کے علمائے دین میں بھی مجھے کوئی ایسا شخص نظر نہیں آتا جو فنائیت فی القرآن میں اس امام فلسفہ اور اس ایم اے، پی ایچ ڈی، بار ایٹ لا سے لگا کھاتا ہو۔

بہت کم لوگوں کو معلوم ہے کہ آخری دور میں اقبال نے تمام کتابوں کو الگ کر دیا تھا، اور سوائے قرآن کے اور کوئی کتاب وہ اپنے سامنے نہ رکھتے تھے۔ سالہا سال تک علوم وفنون کے دفتروں میں غرق رہنے کے بعد وہ جس نتیجے پر پہنچے تھے وہ یہ تھا کہ اصل علم قرآن ہے، اور یہ جس کے ہاتھ آجائے وہ دنیا کی تمام کتابوں سے بے نیاز ہے۔ کسی شخص نے ان کے پاس فلسفہ کے چند اہم سوالات بھیجے اور ان کا جواب مانگا۔ ان کے قریب رہنے والے لوگ متوقع تھے کہ اب علامہ اپنی لائبریری کی الماریاں کھلوائیں گے اور بڑی بڑی کتابیں نکلوا کر ان مسائل کا حل تلاش کریں گے، مگر وہ یہ دیکھ کر حیران رہ گئے کہ لائبریری کی الماریاں مقفل کی مقفل رہیں اور وہ صرف قرآن ہاتھ میں لے کر جواب لکھوانے بیٹھ گئے۔

رسول اللہ ﷺ کی ذات مبارکہ کے ساتھ ان کی والہانہ عقیدت کا حال اکثر لوگوں کو معلوم ہے، مگر یہ شاید کسی کو نہیں معلوم کہ انہوں نے اپنے سارے تفلسف اور اپنی تمام عقلیت کو رسول عربی ﷺ کے قدموں میں ایک متاع حقیر کی طرح نذر کر کے رکھ دیا تھا۔ حدیث کی جن باتوں پر نئے تعلیم یافتہ نہیں، پرانے مولوی تک کان کھڑے کرتے ہیں اور پہلو بدل بدل کر تاویلیں کرنے لگتے ہیں یہ ڈاکٹر آف فلاسفی ان کے ٹھیٹھ لفظی مفہوم پر ایمان رکھتا تھا، اور ایسی کوئی حدیث سن کر ایک لمحہ کے لئے بھی اس کے دل میں شک کا گزر نہ ہوتا تھا۔ ایک مرتبہ ایک صاحب نے ان کے سامنے بڑے اچنبھے کے انداز میں اس حدیث کا ذکر کیا جس میں بیان ہوا کہ "رسول اللہ ﷺ اصحاب ثلاثہ کے ساتھ کوہ احد پر تشریف رکھتے تھے۔ اتنے میں احد لرزنے لگا اور حضور ﷺ نے فرمایا کہ ٹھیر جا تیرے اوپر ایک نبی، ایک صدیق اور دو شہیدوں کے سوا کوئی نہیں ہے۔ اس پر پہاڑ ساکن ہوگیا۔" اقبال نے حدیث سنتے ہی کہا کہ اس میں اچنبھے کی کون سی بات ہے؟ میں اس کو استعارہ ومجاز نہیں بالکل ایک مادی حقیقت سمجھتا ہوں، اور میرے نزدیک اس کے لئے کسی تاویل کی حاجت نہیں۔ اگر تم حقائق سے آگاہ ہوتے تو تمہیں معلوم ہوتا کہ ایک نبی کے نیچے آکر مادے کے بڑے سے بڑے تودے بھی لرز اٹھتے ہیں، مجازی طور پر نہیں، واقعی لرز اٹھتے ہیں۔

اسلامی شریعت کے جن احکام کو بہت سے روشن خیال حضرات فرسودہ اور بوسیدہ قوانین سمجھتے ہیں اور جن پر اعتقاد رکھنا ان کے نزدیک ایسی تاریک خیالی ہے کہ مہذب سوسائٹی میں ان کی تائید کرنا ایک تعلیم یافتہ آدمی کے ڈوب مرنے سے زیادہ بدتر ہے، اقبال نہ صرف ان کو مانتے اور ان پر عمل کرتے تھے، بلکہ برملا ان کی حمایت کرتے تھے اور ان کو کسی کے سامنے ان کی تائید کرنے میں باک نہ تھا۔ اس کی ایک معمولی مثال سن لیجئے۔ ایک مرتبہ حکومت ہند نے ان کو جنوبی افریقہ میں اپنا ایجنٹ بنا کر بھیجنا چاہا اور یہ عہدہ ان کے سامنے باقاعدہ پیش کیا۔ مگر شرط یہ تھی کہ وہ اپنی بیوی کو پردہ نہ کرائیں گے اور سرکاری تقریبات میں لیڈی اقبال کو ساتھ لے کر شریک ہوا کریں گے۔ اقبال نے اس شرط کے ساتھ یہ عہدہ قبول کرنے سے صاف انکار کر دیا، اور خود لارڈ ولنگڈن سے کہا کہ میں بے شک ایک گناہ گار آدمی ہوں، احکام اسلامی کی پابندی میں بہت کوتاہیاں مجھ سے ہوتی ہیں، مگر اتنی ذلت اختیار نہیں کر سکتا کہ محض آپ کا ایک عہدہ حاصل کرنے کے لئے شریعت کے حکم توڑ دوں۔

اقبال کے متعلق عام خیال یہ ہے کہ وہ فقط اعتقادی مسلمان تھے، عمل سے ان کو کچھ سروکار نہ تھا۔ اس بدگمانی کے پیدا کرنے میں خود ان کی افتادِ طبع کا بھی بہت کچھ دخل ہے۔ ان میں کچھ فرقۂ ملامتیہ کے سے میلانات تھے، جن کی بناء پر اپنی رندی کے اشتہار دینے میں انہیں کچھ مزا آتا تھا، ورنہ درحقیقت وہ اتنے بے

حیاتِ اقبال کا سبق

سید ابوالاعلیٰ مودودیؒ کا خراج تحسین

علامہ اقبال کی وفات پر جامعہ ملیہ دھلی کی اسٹوڈنٹس یونین نے اپنے مجلہ "جوھر" کا ایک خصوصی شمارہ ۱۹۳۸ء میں شائع کیا جو بعد میں "جوھر اقبال" کے نام سے کتابی صورت میں چھپتا رھا۔ اس شمارے میں طلبہ کے علاوہ مختلف اھل علم نے علامہ کے بارے میں مضامین لکھے۔ ذیل کی سطور میں "جوھر" کے اقبال نمبر سے سید مودودیؒ کا مضمون پیش کیا جاتا ھے۔(مدیر)

دنیا کا میلان ابتداء سے جدید ترین دور تک "اکابر پرستی" (Hero-worship) کی جانب رہا ہے۔ ہر بڑی چیز کو دیکھ کر "ھذا ربی. ھذا اکبر" کہنے کی عادت، جس کا ظہور قدیم ترین انسان سے ہوا تھا، آج تک اس سے نہیں چھوٹی ہے۔ لیکن مسلمان کا نقطۂ نظر اس بات میں عام انسانوں سے مختلف ہے۔ اکابر پرستی کا تصور اس کے ذہن افتاد سے کسی طرح میل نہیں کھاتا۔ وہ بڑوں کے ساتھ برتاؤ کرنے کی صرف ایک ہی صورت سوچ سکتا ہے کہ "اللہ نے ان کو زندگی کا سیدھا راستہ بتایا جس پر چل کر وہ بزرگی کے مراتب تک پہنچے، لہٰذا ان کی زندگی سے سبق حاصل کرو اور اس کے مطابق عمل کرو"۔

اسی نقطۂ نظر سے میں اس مختصر سے مضمون میں اپنی قوم کے نوجوانوں کو بتانا چاہتا ہوں کہ جس اقبال کی عظمت کا سکہ ان کے دلوں پر بیٹھا ہوا ہے اس کی زندگی کیا سبق دیتی ہے۔

سب جانتے ہیں کہ اقبال نے یہی مغربی تعلیم حاصل کی تھی جو ہمارے نوجوان انگریزی یونیورسٹیوں میں حاصل کرتے ہیں۔ یہی تاریخ، یہی ادب، اقتصادیات، یہی سیاسیات، یہی قانون اور یہی فلسفہ انہوں نے بھی پڑھا تھا خصوصاً فلسفے میں تو ان کو امامت کا مرتبہ حاصل تھا جس کا اعتراف موجودہ دور کے اکابر فلاسفہ تک کر چکے ہیں۔ پھر مغرب اور اس کی تہذیب کو بھی اس نے محض ساحل پر سے نہیں دیکھا تھا، جس طرح ہمارے ۹۹ فیصد نوجوان دیکھتے ہیں، بلکہ وہ اس دریا میں غوطہ لگا کر تہہ تک اُتر چکا تھا، اور ان سب مرحلوں سے گزرا تھا جن میں پہنچ کر ہماری قوم کے ہزاروں نوجوان اپنے دین و ایمان، اپنے اصول تہذیب و تمدن اور اپنے قومی اخلاق کے مبادی تک سے برگشتہ ہو جاتے ہیں حتیٰ کہ اپنی قومی زبان تک بولنے کے قابل نہیں رہتے۔

لیکن اس کے باوجود اس شخص کا حال کیا تھا؟ مغربی تعلیم و تہذیب کے سمندر میں قدم رکھتے وقت وہ جتنا مسلمان تھا، اس کے منجدھار میں پہنچ کر اس سے زیادہ مسلمان پایا گیا۔ اس کی گہرائیوں میں جتنا اترتا گیا اتنا ہی زیادہ مسلمان ہوتا گیا۔ یہاں تک کہ اس کی تہہ میں جب پہنچا تو دنیا نے دیکھا کہ وہ قرآن میں گم ہو چکا ہے، اور قرآن سے الگ اس کا کوئی فکری وجود باقی ہی نہیں رہا۔ وہ جو کچھ

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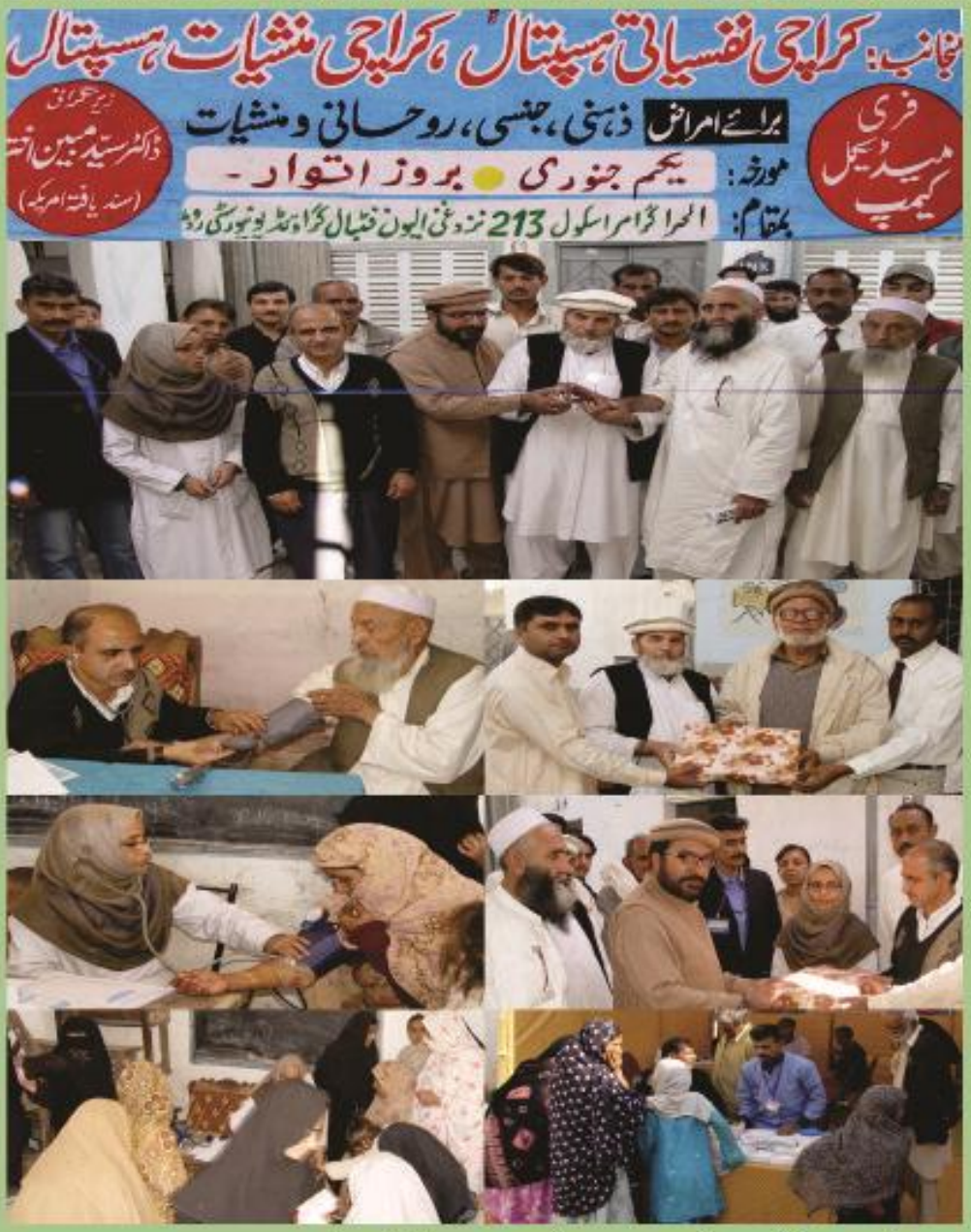

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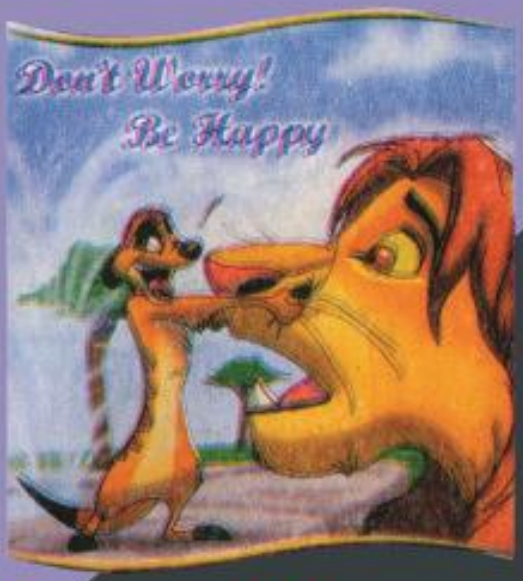

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