

BULLETIN CHIEF EDITOR DR. SYED MUBIN AKHTAR OCTOBER 2011

KARACHI PSYCHIATRIC HOSPITAL

Mental Health Day Function Held on 2nd October 2011 at Expo Center



Chief Guest Prof. Dr. Rizwan Taj
Receiving a shield from host Dr. Syed Mubin Akhtar



Prof. Rizwan Taj
Presidents Pakistan Psychiatric Society
Chef Guest at the mental health day of
Karachi Psychiatric Hospital
held at the Expo Centre Karachi.



Prof. Iqbal Afridi
Head of Department of Psychiatry JPMC
and Research Director KPH

Dr. Ishaq Sarhandi
Ex. Secretary General P.P.S.

Dr. Shahid Mustafa
Diplomate of American Board of Neurology
Consultant A.K.U.H.
and Neuro care Clinic Gulshan-e-Iqbal



Prof. Dr. Ejaz Ahmed Vohra
Physician and Dean Ziauddin Medical University receiving the
LIFE TIME ACHIEVEMENT AWARD
OF KARACHI PSYCHIATRIC HOSPITAL



Prof. Dr. S.M.H. Zeidi
Receiving the
LIFE TIME ACHIEVEMENT AWARD
OF KARACHI PSYCHIATRIC HOSPITAL

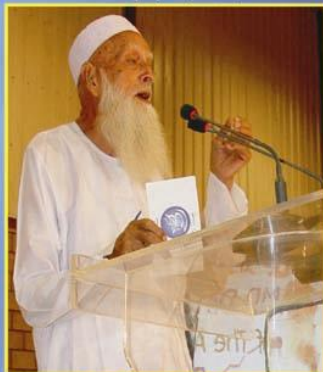
World Mental Health Day



Comedian Mr. Kashif Khan
Who received 1st prize
in a recent competition in India



Dr. Syed Mubin Akhtar
Famous for his poetry
on the prophet (PBUH)



Prof. Inayat Ali Khan
The master poet of Islamic
and Humorous poetry



Dr. Syed Mubin Akhtar

Gives the 'Award of the Journalist of the Year' to Mr. Muhammad Anwar of CNBC for outstanding work for Mental Health in the media along with cheque of Rs. 50,000/- This award is given every year by Karachi Psychiatric Hospital to encourage information on Mental Health in the media.



Exhibition of Handicrafts made by the patients of Karachi Psychiatric Hospital



KPH stall exhibiting the E.C.T. Machine manufactured by the Karachi Psychiatric Hospital. The present price is Rs 49,500 and total five year guaranty for parts and labour is given. If the machine is not liked for any reason what's so ever it will be taken back and the whole price refunded without any hesitation.

The two books on sex i.e. 'Sex education for Muslims' and in Urdu i.e.

'نوجوانوں کے خصوصی مسائل (شادی سے پہلے شادی کے بعد) شرعی، طبی اور نفسیاتی پہلو

Booklets and Cd's in Urdu and Sindhi on all major psychiatric illnesses are also available.

ترتیب

حضرت انس رضی اللہ عنہ فرماتے ہیں کہ رسول اللہ ﷺ جب مدینہ تشریف لائے تو آپ ﷺ کے پاس کوئی بھی خدمت گار نہ تھا۔ حضرت ابو طلحہ رضی اللہ عنہ نے میرا ہاتھ پکڑا اور رسول اللہ ﷺ کے پاس لے گئے۔ کہنے لگے: یا رسول اللہ ﷺ! انس (رضی اللہ عنہ) ایک مجھ دار لڑکا ہے، وہ آپ کی خدمت میں رہے گا۔ حضرت انس رضی اللہ عنہ کہتے ہیں: پھر میں سفر اور ضرورتوں میں آپ ﷺ کی خدمت کرتا رہا۔ آپ ﷺ نے (میں کی خدمت میں) کبھی مجھ سے یہ نہیں کہا کہ تم نے یہ کام ایسا کیوں کیا جب میں کوئی کام کر چکا، اور جس کام کو میں نے نہیں کیا اس کے لئے میں نہیں فرمایا۔ تم نے ایسا کیوں نہیں کیا۔ (حدیث۔ بخاری)

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

KARACHI PSYCHIATRIC HOSPITAL PRESENTATION-AN OVERVIEW

Slide- 1



In the name of ALLAH
the most loving, the most merciful.

Slide- 2

Chief Psychiatrist and Founder
Dr. Syed Mubin Akhtar

MBBS, Diplomate of the American Board of
Psychiatry & Neurology (USA)

Consultant Psychiatrist and Neurophysician

Managing Director:

- Karachi Psychiatric Hospital, Karachi
- Karachi Addiction Hospital, Karachi
- Karachi Psychiatric Welfare Hospital, Hyderabad

Chief Editor:

Monthly Karachi Psychiatric Hospital Bulletin

Chief Patron:

Tehreek Nifaz-e-Urdu

Slide- 3

Dr. Syed Mubin Akhtar Trust ®

- Reduced fee for those who can't pay the full fee.
- Free consultation to deserving patients, including doctors and their dependents, as well as medical students.
- Free medicines to some poor patients.

Slide- 4

Public Awareness Programs

Karachi Psychiatric Hospital organizes public

awareness programs on mental health through Radio, T.V, Newspapers, Magazines, Walks, Free Medical Camps as well as lectures in various schools, colleges & other organizations



Slide- 5

Professional Services

Psychiatric Treatment:

In Karachi	
■ Nazimabad No.3	■ Nazimabad No.4
■ Qaidabad	■ Rimpa Plaza
In Hyderabad	
■ Latifabad No.4	



Slide-6**Professional Research**

About a hundred and thirty thousand charts of patients have been entered in the hospital computers. Based on these, numerous retrospective research studies have been presented at conferences, within as well outside the country.

Slide-7**Social Services**

Chief Patron:

**The Society for the Promotion
of Pakistani Products**

(سوسائٹی برائے فروغ پاکستانی مصنوعات)



The Message for our financial well being and that of our country **"USE PRODUCTS, PRODUCED AND MANUFACTURED IN PAKISTAN"**.

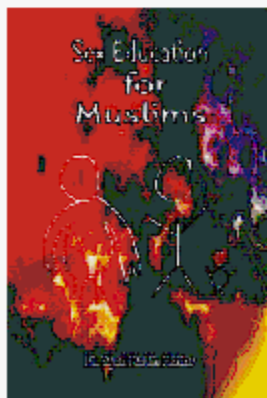
Need your help. Contact on

phone #: 111-760-760

Email: support@kph.org.pk

Slide-8

Dr. Syed Mubin Akhtar as Author

**Slide-9****Institutions****Caring Without Profit**

- Karachi Psychiatric Hospital, Karachi
- Karachi Psychiatric Hospital, Quaidabad
- Karachi Addiction Hospital, Karachi
- Karachi Psychiatric Welfare Hospital, Hyderabad

Subsidiaries of Karachi Hospital Private Limited.

Slide-10**Quality Health Caring Services at
Affordable Rates**

- Free Consultation to poor patients
- Reduced Fees for the common person
- Full Fees for those who can afford
- Due to our team of Psychiatrist, Psychologists and Social therapist we provide consultation to everyone coming to our hospital whether he can afford fee or not.

Slide-11**Treatment Centers Services**

Treatment centers in different localities of Karachi and Hyderabad.

All branches have 24 hours outpatient treatment and Inpatient admission.

Slide-12**BRANCHES**

Nazimabad No.3 (Head Office)

New Five Storey Building



Ph: 111-760-760

Email: support@kph.org.pk

ISDN Videophone No.: 021-36705745

Slide- 13

A private room in the male V.I.P. Ward

**Slide- 14**

Qaidabad (Landhi)



Ph: 021-35013533

Email: support@kph.org.pk

Slide- 15

Nazimabad No.4



Separate female psychiatric hospital

Ph: 021-36603244, 021-36684503

Slide- 16

Hyderabad

Karachi Psychiatric Welfare Hospital

B-81, Block-A, Unit No.4, Latifabad

Senior Psychiatrists from Karachi including Dr. Mubin provide consultation via Video Phone and DSL



Ph: 022-3812354

Email: support@kph.org.pk

ISDN Videophone No.: 022-3814032

Slide- 17

**A private room in the
male V.I.P. Wards, Hyderabad
A Private room**



General Ward

**Slide- 18**

**Telemedicine Treatment Via
Video Conferencing: First In Pakistan**



A Psychiatric hospital has been set up in Hyderabad where Junior Psychiatrists are available around the clock. However Dr. Syed Mubin Akhtar and other Senior Psychiatrists will provide consultation via video conference or DSL, day and night.

Slide- 19

Karachi Addiction Hospital Rimpa Plaza, M.A. Jinnah Road



Ph: 021-32720414

Email: support@kph.org.pk

Slide- 20

Karachi Addiction Hospital Treatment, Training AND Rehabilitation Program for Drug Addicts



Slide- 21

Karachi Addiction Hospital TREATMENT OF ADDICTS



SPECIAL UNIT IN KARACHI

- Voluntary Admissions
- No Punitive Measures
- Psychotherapy
- Hypnosis
- Religious Education
- Provision of new Islamically oriented companions
- Stay of 1 - 3 months

Slide- 22

Treatment of addicts Religious therapy



1. To develop an Islamic Personality.
2. To inform about the prohibition of drugs in Islam.
3. On discharge from hospital encourage and help patients to form a close liaison with an Islamic party of their choice, in order to replace former addict companions and participate in positive activities.

Slide- 23

Home Treatment Service

The staff can also visit the home to diagnose and treat those patients who don't want to

attend the hospital, and bring them to the hospital if necessary.



This service is also available in Hyderabad
Slide- 24

Recreational Therapy



A number of Recreation and Occupational Therapists keep the patients busy and happy by recreational activities including indoor games, music, singing, flower making etc.



Slide- 25

Sex Clinic

- * Specialised counseling and Treatment of Psychosexual Disorders of Married Couples as well as Unmarried Adolescents. Impotence, premature ejaculation, failure of intercourse after marriage (Vaginismus).
- * Excessive worry and guilt about masturbation, nocturnal ejaculation, oozing of prostatic fluid(Jaryan) and other such things.

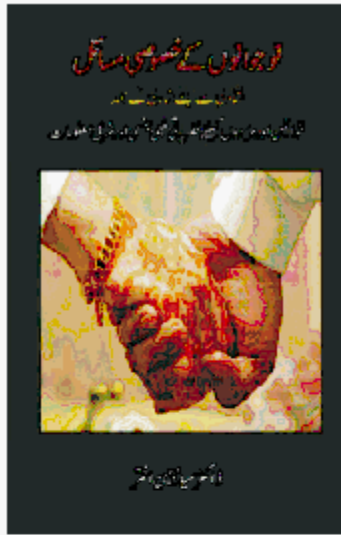
Slide- 26



*Booklet
on common
Sexual problems
Rs. 20/-*

*Cassette
on common
Sexual problems
Rs. 50/-*





Rs. 250/-

Book in URDU which explains in detail about the sexual, medical and Islamic aspects of the single and married men and women



Rs. 250/-

Sex Education for Muslims in English the sexual, medical and Islamic aspects of the single and married men and women.

**Available at all branches of
Karachi Psychiatric Hospital**

Slide-27

Booklets on various Psychiatric Illnesses are freely available at all branches of KPH and can also be viewed/downloaded from over website <www.kph.org.pk>

- ☆ Introduction of mental illness
- ☆ ذہنی امراض کا تعارف
- ☆ Obsessive Compulsive Disorder
- ☆ خیالات کا تسلط و تکرار عمل
- ☆ Premature ejaculation
- ☆ سرعیت انزال
- ☆ Erectile Disorder
- ☆ نامردی
- ☆ Bipolar Affective Disorder
- ☆ جنون و اوسیت
- ☆ Addiction
- ☆ نشیات سے نجات
- ☆ Common Sexual problems
- ☆ عمومی جنسی مسائل
- ☆ Anxiety
- ☆ گھبراہٹ
- ☆ Phobia
- ☆ خوف
- ☆ Mental retardation
- ☆ ذہنی کمزوری
- ☆ Schizophrenia
- ☆ مانچو لیا
- ☆ Problems of first intercourse and Vaginismus
- ☆ پہلی مباشرت کے مسائل
- ☆ Reward based education and reformation of children
- ☆ بچوں کی بے باشرائیوں کی اصلاح، اور بہتر تعلیم کے جدید مؤثر طریقے

Slide- 29**Hospitalisation**

Complete care including food and medicines. No attendant is necessary. The family can tend to its business and other affairs and we will look after and treat the patient on their behalf.

Many kinds of accommodation are available. Private & semiprivate room, general ward and charity(Ibne Sina) ward

Slide- 30

Charity Ward (Ibne Sina) Patients are taking their meals



A view of the general ward

Slide- 31

Rs. 49,500/-
With warranty and after sale services

E.C.T. Machine Model No. 3000

Designed & Manufactured By

KARACHI PSYCHIATRIC HOSPITAL

Slide- 32**E.C.T. Machine**

The ECT machine is being assembled and used by our hospital for a period of 30 years. It is also in use with many other psychiatrists all over Pakistan, and has been found to be very efficient and safe. We offer this machine to other doctors at a very low price.

- If returned in one month the whole price will be refunded.
- Full guarantee for parts and labour for a period of five years, and repair at nominal rates after that.

Slide- 33

ECT with anesthesia



ECT without anesthesia



Electroconvulsive Therapy: Prevents morbidity and mortality in severe Depression, Mania, and many forms of Schizophrenia

Slide- 34**KPH E.C.T. Machine being used through out the country**

Psychiatrists are using the Karachi Psychiatric Hospital ECT Machines in the hospitals and clinics situated in the following cities:

- a) Sind : Karachi, Nawabshah, Hyderabad, Larkana
- b) Baluchistan : Quetta
- c) N.W.F.P. : Peshawar, D.I. Khan, Mardan, Manshera, Kohat.
- d) Punjab : Lahore, Gujranwala, Sargodha, Faisalabad, Rahimyar Khan, Sialkot
- e) Foreign : Sudan (Khartum)



For More Details: ECT Department
Karachi Psychiatric Hospital, Nazimabad #3
 Phone # 111-760-760
 Email: support@kph.org.pk

Slide- 35**Karachi Psychiatric Hospital Library**

- o This contains thousand of books, including the latest books on psychiatry, sex and

other medical and general topics.

- o Staff members are entitled to borrow books free of charge. Others can also utilize the library by becoming members for a nominal fee.

**Slide- 36****Karachi Book Service**

- o Import of books and journals from abroad to keep abreast with the latest knowledge in all the fields of medicine, including psychiatry.
- o All the doctors and mental health professionals can utilize this facility free of charge.

**Slide- 37****Monthly Karachi Psychiatric Hospital Bulletin**

This bulletin is being published and sent to

doctors since 1979. This provides doctors with educative articles on medicine, sex, psychiatry and other aspects of religious and social life. It is sent free to 10,000 doctors all over Pakistan.

The journal can be viewed on the website:
www.kph.org.pk

Slide- 38

Public Awareness Programmes Seminars, Walks, Press Conferences & other activities are usually organized by Karachi Psychiatric Hospital

Eid Celebrations



Hospital employees at Karachi Psychiatric Hospital treat the patient with loving care. Here admitted patients do not feel home sick because hospital staff tries their best to keep them happy.

Administration of Karachi Psychiatric Hospital arranges various recreational programs for hospitalized patients specially on the occasions of Eid-ul-Fitr, Eid-ul-Azha & Independence day

Slide- 39

Public Awareness Programmes Seminars, Walks, Press Conferences & other activities are usually organized by Karachi Psychiatric Hospital

World Mental Health Day

All over the world, 10th October is celebrated

as World Mental Health Day. Every year, on this important day, a seminar is held by Karachi Psychiatric Hospital. This seminar is attended by almost a thousand people, mostly doctors.



Slide- 40

Public Awareness Programmes Seminars, Walks, Press Conferences & other activities are usually organized by Karachi Psychiatric Hospital

Press Conference



Managing Director of Karachi Psychiatric Hospital, Dr. Syed Mubin Akhtar holds press conferences on important occasion like World

Mental Health Day, Anti-Tobacco Day and World Anti-Narcotics Day. In these conferences important messages, regarding mental illnesses and their treatment and drug abuse, prevention and treatment, are conveyed to public through journalists. Moreover many publications carry Dr. Syed Mubin Akhtar's regular columns on mental illness and its treatment.

Slide- 41

Public Awareness Programmes Seminars, Walks, Press Conferences & other activities are usually organized by Karachi Psychiatric Hospital Anti Narcotics Day



26th June is celebrated as Anti-Narcotics Day all over the World. On this occasion various functions and seminars are organized. A walk is also organized on this important occasion.

No Tobacco Day



31st of May is celebrated as world No-Tobacco Day all over the world. On this important occasion many programs are organized by Karachi Psychiatric Hospital and its affiliated institutions. Anti-Tobacco walk is also organized.

Slide- 42

Media Award being presented to Mr. Mohammad Anwar (CNBC) by MD. Syed Mubin Akhtar



Karachi Psychiatric Hospital awards certificates, shields and cash rewards of **Rs.50,000/-** yearly to press and media persons for there working towards health sector.

Slide- 43

Companies on Panel

We have several Companies on our Panel. Those not yet registered are free to contact us.

پیش کشی کی اسٹ			
S.B.P	H.B.L	K.P.T	N.B.P
U.B.L	N.R.L	P.C.L	P.Q.A
P.S.O	T.C.P	K.N.P.C	E.O.B.I
P.I.D.C	P.M.T.F	P.N.S.C	

مندرجہ بالا اداروں کے ملازمین کا علاج کیا جاتا ہے
اور دیگر ادارے بھی اس طرح کے معاہدے کر سکتے ہیں

Slide- 44

Our thanks to all sponsors of this programme

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| * Indus Pharma | * Shroaq Pharmaceuticals |
| * Optic Pharma | * Sceptorm |

Slide- 45

Thank You

DR. SYED MUBIN AKHTAR

PRESENTATION ABOUT MENTAL ILLNESS

Slide- 1

Message to Doctors

- A large percentage of your patients have psychiatric illness: recognize, diagnose and treat those illnesses.
- If they do not respond to your treatment do not hesitate to refer to psychiatrists, and prevent them from going to quacks.
- You can call us by phone (or via audio-video DSL) and give us the history of the psychiatric patient and we will provide the treatment via phone or DSL. as the case may be. This is specially important for those patients who are reluctant to come to our hospital due to long distance or some other cause.

Slide- 2

Mental Illness

Definition: Any condition that causes a person to behave or think abnormally. Psychiatric illnesses are those whose etiology is not known as yet, but research indicates the probability that these conditions are genetic and due to an imbalance in the brain chemicals.

Psychological and social problems can cause precipitation and/or worsening of the mental illnesses.

Slide- 3

Mental Wellbeing

Mental health is not only the absence of mental illness but also personal and social wellbeing and happiness.

Slide- 4

Mental Illness, Myths and Facts

Myth: Psychiatric conditions are not true medical illnesses like heart disease and diabetes but they are personality disorders.

Fact: Disorders of the brain are no less medical conditions than disorders of the heart or kidneys. Research has shown that there are genetic and biological causes for psychiatric conditions and they can be treated effectively.

Source: World Federation for Mental Health www.wmhd.org

Slide-5

Myth: Mental illness can be caused by the possession of jin, bhot or saaya, as well as magic.

Fact: The above do not cause any illness. However instead of argumentation with patients and relatives just tell them that whatever the cause psychiatrists can cure these conditions.

Slide-6

Common Mental Illnesses



Anxiety

In generalized anxiety the treatment is by anxiolytics and psychotherapy. However anxiety is present in almost all psychiatric illnesses.

When a patient complains of anxiety always search for symptoms of other illnesses.

Slide-7**Common Mental Illnesses****Panic Anxiety**

Bouts of severe anxiety in which a person feels he is having a heart attack and/or he is going to die.

**Treatment****Medicines:**

- o Anti Depressants, specially Fluoxetine & Imipramine
- o Anxiolytics, specially Alprazolam

Psychological treatment:

- o Cognitive therapy

**Treatment****Medicines:**

- Clomipramine
- Fluoxetine & other SSRIs

Psychological treatment

- Thought stopping
- Response prevention
- Exposure
- Modelling
- Systemic desensitization

Slide-8**Common Mental Illnesses****Phobic Anxiety**

Anxiety is provoked by a specific object or situation.

Treatment**Psychological treatment:**

- o Systemic Desensitization.
- (1) Real confrontation
- (2) Confrontation in imagination

Medicines:

- o Anxiolytics

Slide-9**Obsessive Compulsive Illness**

Patient has severe anxiety because he has no control over his negative and/or sexual thoughts against revered personalities; Also he may be unable to control his washing, cleaning and checking and rechecking, and other ritual actions.

Slide-10**Depression****ANHEDONIA**

The person loses pleasure in activities he used to enjoy before. Has sadness, crying, wish for death and/or suicide.



Loss of sleep, appetite and weight. Pains in head, neck, shoulder, chest, abdomen, arms & legs. Complains of fatigue and lethargy. Most suicides occur due to this illness.

Slide-11**Depression Treatment****(a) E.C.T.**

(b) Medicines (Anti Depressants): Tricyclic – Imipramine, Prothiaden, Amtryptiline, Ludiomil, Nortryptiline
SSRI etc – fluoxetine, Fluvoxamine, Paroxetin, Mirtazapine, Citalopram, Escitalopram Sertraline, Venlafaxine, Duloxetine & Bupropion etc.

(c) Psychological:

Supportive Psychotherapy
Cognitive Psychotherapy

Slide- 12**Recurrent Depression**

If Depression symptoms continue for two years or more, whether with treatment or without, and continuously or interspersed with periods of wellness, then Recurrent Depression is diagnosed.

The usual treatment of ECT and anti depressants is supplemented by Mood Normalisers which will be discussed in the next slide in connection with the treatment of Bipolar Affective Disorder.

Slide- 13**Bipolar Affective Disorder**

Depression that alternates with phases of elation.

Treatment**(a) Medicines:**

- Anti Depressants (ONLY IN THE DEPRESSIVE PHASE)
- Mood normaliser drugs like Lithium, Carbamazepine, Sodium Valproate, Lamotrigine & Topiramate.
- Anti Psychotics

(b) E.C.T.**Slide- 14****Schizophrenia**

Patient loses touch with reality & behaves in a bizarre manner. He talks irrelevantly, becomes paranoid and violent and has delusions and hallucinations.

Treatment**(a) Medicines (Anti Psychotics):**

- First choice: Chlorpromazine, Trifluoperazine, Fluanxol, Fluphenazine, Haloperidol.
- If no response to above then use: Risperidone, Olanzapine, Quetiapine, Ziprasidone, Aripiprazole, Sulpade

(Levopraid).

(b) Counseling of patient & family.

(c) E.C.T.

Slide- 15**Epilepsy (SIEZURE DISORDER)**

Most fits of unconsciousness, partial or complete, are not Hysteria but rather Epilepsy. In fact Epilepsy can consist of any cyclical movement or behavior disorder, if during the interval the patient is completely well.

Epileptic attacks are most often precipitated by emotional tension.

Treatment**Anti Convulsants:**

- **Common:**

Phenobarbitone, Phenytoin, Carbamazepine, Valproate, Clonazepam etc.

- **New:**

Lamotrigine, Topiramate, Oxcarbazepine, Gabapentin, Levetiracetam

Slide- 16**Sexual Disorders**

ALL SEXUAL DISORDERS CAN BE TREATED BY MODERN METHODS.

Do not refer to Hakims.

Most unmarried youngsters consider the changes in the genitals at puberty as a sign of sickness. All they need is a thorough physical and genital examination and reassurance. Problems of married couples can also be solved by listening to them and then giving proper counseling. Improving the mutual relationship of a couple is the most helpful

procedure, which is followed by behavioral treatment of Masters & Johnson.

Drugs like Clomipramine can help in Premature ejaculation. Organic impotence can be treated by Prostavasin penile injection, Sildenafil tablets or Mechanical vacuum device.

Slide- 17



Sexual Disorders

We have published two books on sex for the guidance of unmarried youngsters as well as married couples. The books outlines the psychology, physiology and abnormality of sex as well as the instruction given in the Quran, Hadees and Islamic Fiqah.

English Sex Education For Muslims
<p>انرو لوجالوں کے خصوصی مسائل شادی سے پہلے شادی کے بعد</p>

Price Rs. 200/-

Available from all branches of Karachi Psychiatric Hospital,
as well as all good book shops.

A small booklet entitled "جنسی مسائل"
is available for Rs. 20/=

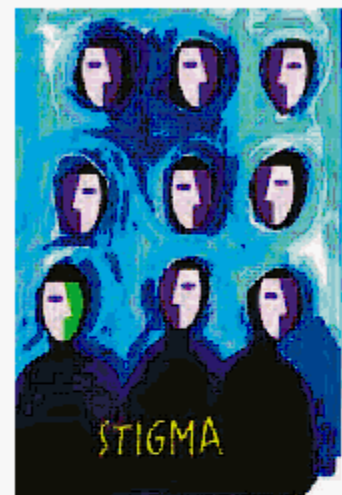
Slide- 18

STIGMA

"I will not go to a psychiatrist as he treats crazy people".

(Answer) Will you stop going to a medical doctor because he treats serious patients of T.B. and Cancer along with other illnesses?

Similarly in addition to patients suffering from anxiety, depression,



phobias, etc a psychiatrist has to attend a few patients who are completely out of their minds and talk and behave objectionably. Should a psychiatrist refuse to treat such severely disturbed patients because others object to it? What would you say if one of your dear ones was suffering from this condition?

A Physician and a Neurologist are also affiliated to our hospital staff so that Stigma of Psychiatric treatment is reduced.

Slide- 19

STIGMA

Important point:

One of my friends remarked that whereas most patients who are hesitant when being referred to a "psychiatrist", agree readily if they are told to go to a neurophysician (which every psychiatrist also is)

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THANK YOU

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REMEMBERING 9/11: NO SIGNS THAT TERROR IS BEING DEFEATED

(From an article by Amir Mir in the News)

A decade after the 9/11 terrorist attacks in the US and the subsequent war on terror launched by the US-led allied forces against al-Qaeda, the global terrorist organization still remains a potent threat as it keeps surviving and thriving mainly on the Pak-Afghan tribal belt.

In these rugged areas, the al-Qaeda leadership has established an effective militant network that increasingly exploits its Pakistani affiliates to carry on the global militant agenda of Osama bin Laden, despite his May 2 killing in a US military raid in Pakistan. Until recently, analysts have been mostly focusing on the dangers posed by the growing Talibanisation of Pakistan. However, it has now become abundantly clear that the time has come to pay more attention to the bigger dangers posed by the Pakistanisation of al-Qaeda.

Since the former US President Bush's declaration of war against global terrorism in September 2001, the United States and its allies have claimed to have killed or captured over 80 percent of senior al-Qaeda leaders, especially from Pakistan, the latest being Younis al Mauritani, who is suspected of directing attacks against the United States and Europe. Mauritani was arrested on September 5, 2011 from Quetta.

Yet, the frequency of the al-Qaeda-sponsored terrorist attacks has increased, as compared to the pre-9/11 period, the latest being the September 7, 2011 twin suicide attacks targeting the

residence of the Deputy Inspector General of the Balochistan Frontier Corps in Quetta, which killed 28 people.

Therefore, al-Qaeda not only remains in business in its traditional stronghold in the Waziristan tribal region on the largely lawless Pak-Afghan tribal belt border, but has clearly advanced to the urban areas in all the four provinces of Pakistan.

Al-Qaeda, which means "The Base" in Arabic, was founded way back in 1988 by Osama bin Laden, and seeks to overthrow the US-dominated world order. The outfit was relatively unknown until the 9/11 terror attacks when its operatives hijacked four US airliners and crashed two of them into the World Trade Centre towers in New York.

As the US-led allied forces launched a ruthless military offensive in Afghanistan in the aftermath of the 9/11 attacks, the Afghanistan-based al-Qaeda leadership started moving its fighters across their eastern border into Pakistan, where they have now taken over the control of the mountainous Fata after joining hands with the local Taliban militants. The Al-Qaeda leadership's choice of using the Fata region, especially the North and the South Waziristan tribal agencies as their hideout, enabled the terrorist organization to build a new power base, which is separate from Afghanistan. Therefore, despite Pakistan's extensive contribution to the global war on terror, many questions persist about the extent to which al-Qaeda and its allied groups are operating

within Pakistan.

Despite repeated denials by Pakistani authorities, the international media keeps reporting that al-Qaeda and Taliban have already established significant bases in Peshawar and Quetta, and carrying out cross-border ambushes against their targets in Afghanistan, while the suicide bombing teams of al-Qaeda target the Afghanistan-based US-led allied forces from their camps in the mountainous region.

The general notion that al-Qaeda is getting stronger even after a decade-long war against terror can be gauged from the fact that Pakistan, despite being a key US ally during all those years, is undergoing a radical change, moving from the phase of Talibanisation of its society to the Pakistanisation of al-Qaeda. Many of the key Pakistani militant organisations, which are both anti-American and anti-state, have now joined hands with al-Qaeda to let loose a reign of terror across Pakistan. The meteoric rise of the al-Qaeda-linked Taliban in Pakistan, especially after the 9/11 attacks, has literally pushed the Pakistani state to the brink of civil war, claiming over 35,000 civilian and khaki lives in terrorism-related incidents between 2001 and 2011.

To tell the truth, al-Qaeda has literally become a Pakistani phenomenon now for all practical purposes, given the fact that a good number of anti-American sectarian and militant groups in the country have joined the terrorist network, making Pakistan the nerve centre of al-Qaeda's global operations. For instance, investigations into the May 22, 2011 terrorist attack on the Mehran naval base in Karachi had revealed that it was a coordinated operation involving al-Qaeda's Waziristan-based chief operational

commander from Egypt, Saif Al Adal, top military strategists of al-Qaeda from Pakistan, Commander Ilyas Kashmiri, the Tehrik-e-Taliban Pakistan and the Punjabi Taliban, a term used to describe the Punjab-based militant organisations which are opposed to, and fighting the Pakistani state as well as the United States.

Pakistani intelligence findings on the Mehran naval base terrorist attack clearly demonstrated that al-Qaeda and TTP have teamed up with the Punjabi Taliban in recent years to form a triangular syndicate of militancy, chiefly to destabilise Pakistan, whose political and military leadership is allegedly siding with "the forces of the infidel" in the war against terror.

These three outfits initially came together at the time the US-led allied forces invaded Afghanistan post-9/11, prompting the al-Qaeda and the Afghan Taliban to rely on local partners such as the pro-Taliban tribes in Pakistan, anti-US and anti-Shia groups like the Lashkar-e-Jhangvi (LeJ), militants in religious seminaries and extremist groups for shelter and assistance. The ties between local militant groups and al-Qaeda cemented further as a result of the Afghan Taliban's astonishing successes against the US-led allied forces.

In a nutshell, the death of Osama bin Laden was unquestionably a major blow to al-Qaeda. Yet, there are clear indications to imply that long before he was killed, al-Qaeda had adapted itself to survive and operate without him, ensuring that the threat his terror network poses lives well beyond his demise. Therefore, there is no reason to believe that the terrorist outfit Osama bin Laden had launched more than two decades ago, is anywhere near defeat.

DYNASTIC POLITICS HAVE DESTROYED DEMOCRACY, SAYS FATIMA BHUTTO

(From an article by Azhar Syed in the News)

Fatima Bhutto, the estranged niece of former Prime Minister Benazir Bhutto, has attacked the dynastic politics of her family, saying they have destroyed democracy in her country.

The candid interview comes just days after her cousins and daughters of Pakistan President Asif Ali Zardari, Bakhtawar and Asifa, visited China. Even their brother, Chairman of the ruling PPP, Bilawal Bhutto Zardari, arrived in the Chinese city of Nanning, to attend a conference on "Development and People's Access."

"Dynasty is fundamentally incompatible with the democracy; they are opposites. While dynasty is exclusive, democracy is inclusive. Democracy inspires participation. Dynasty enforces closed policy. Democracy is all about creative differences, tolerance for the unknown and dynasty is all about self," she told CCTV channel. Fatima said she would stick to her decision "even more because what we see in Pakistan in 60 years is that dynasty has destroyed the political culture of the country."

Asked whether she is worried about her life, as her grandfather, father and aunt were killed, Fatima said, "I worry because eventually people become complacent and see it as normal. Part of that makes it frightening in Pakistan that people tend to be quiet and absorb violence quietly and that is something that frightens. You should never keep quiet," she said.

Fatima said Pakistan required democracy to develop. "Pakistan is a rich country. It has oil, gas, copper mines and diamond mines. It grows food. My hope for the country is that one-day resources will be in the hands of the people

whom they belong to," she said.

Editor's notes: Dynastic politics runs in the peoples Party, Muslim League, ANP, JUI, JUP, BNP. In MQM only one person controls the whole "party" from five thousand miles away and as a citizen of a foreign country. He has never held elections in the "party" either. Moreover the Chairman Tariq Azeem was assassinated and since then no chairman exists. The Convener of the so called Rabita Committee Mr Aslam Azhar was kicked out and since then no chairman has been appointed. Dr Farooq Sattar makes do with "Deputy Convener."

انسانی آبادی کا ایک چوتھائی حصہ ذہنی امراض میں مبتلا ہے

عالمی یوم ذہنی صحت کے موقع پر کراچی نفسیاتی ہسپتال کی جانب سے منعقدہ تقریب میں پیش کی گئی
ڈاکٹر سید صلاح الدین احمد صدیقی کی تقریر

ہونے کا مطلب یہ ہے کہ انسان جسمانی اور ذہنی دونوں طرح صحت مند ہو۔ اس ضمن میں موجودہ صورتحال یہ ہے کہ جدید تحقیق کے مطابق انسانی آبادی کا تقریباً 25% یعنی ایک چوتھائی آبادی ذہنی امراض میں مبتلا ہے۔ اس حساب سے ہمارے ملک میں 3 سے 4 کروڑ افراد ذہنی امراض میں مبتلا ہیں اور اس میں سے تقریباً ڈیڑھ فیصد یعنی تقریباً 6 لاکھ افراد ایسے شدید ذہنی امراض میں مبتلا ہیں جنہیں علاج کی فوری ضرورت ہے۔ اس مسئلے کا حل نہیں ہو سکا اس لیے ہمارے لئے لازم ہے کہ ہم اپنے طور پر اس ضمن میں ہر ممکن کوشش سے دریغ نہ کریں۔ اس سلسلے میں سب سے اہم بات یہ ہے کہ ہمیں اس بات کا شعور ہو کہ ذہنی امراض بھی جسمانی امراض کی طرح کی ہی بیماریاں ہیں جن کا علاج بھی موجود ہے۔ ہمیں چاہئے کہ ہم اپنے معاشرے میں اس شعور کو جاگڑ کریں اور لوگوں کو آگاہ کریں کہ ذہنی بیماریاں کو بیماریاں سمجھیں اور جادو، ٹوٹے، جن بھوت، آسیب، اوپری ایٹر اور تعویذ گنڈے کے دقیاوسی خیالات کو ترک کر کے ذہنی بیماریوں کے جدید اور موثر علاج کی طرف توجہ دیں تاکہ ذہنی امراض میں مبتلا افراد بھی علاج سے صحت مند ہو کر معاشرے کے فعال اور کارآمد افراد کے طور پر زندگی گزارنے کے قابل ہو سکیں۔

اس سلسلے کی سب سے پہلی کڑی یہ ہے کہ ہم خود یہ سمجھنے کے قابل ہوں کہ ہمارے خاندان کا کوئی فرد، ہمارا کوئی دوست، رشتہ دار یا ہماری جو ذہنی بیماری میں مبتلا ہے اس کو پہچانیں اور اس کے علاج کی طرف توجہ دیں۔ برعکس اس کے کہ ایسے شخص کو طفر و مزاج اور طعنوں کا نشانہ بنائیں اور ذہنی بیماری کو کلنگ کا ٹیکہ بنادیں۔

صدر مجلس جناب ڈاکٹر سید سلیمان اختر صاحب،
مہمان خصوصی جناب پروفیسر رضوان تاج صاحب
مہمان گرامی، خواتین و حضرات۔ السلام علیکم!

میرے لئے بڑے اعزاز اور خوشی کا باعث ہے کہ اس تقریب میں آپ جیسے معززین سے گفتگو کا موقع مل رہا ہے۔ سب سے پہلے میں کراچی نفسیاتی ہسپتال اور منشیات ہسپتال کی طرف سے اس تقریب میں خوش آمدید کہتا ہوں۔ جیسا کہ آپ لوگوں کو بخوبی معلوم ہے کہ عالمی ادارہ صحت نے مختلف اہم بیماریوں کے حوالے سے مخصوص نیا مقرر کئے ہیں مثلاً یوم امراض قلب، یوم انسداد منشیات، یوم ترک تمباکو نوشی وغیرہ۔ اسی طرح 10 اکتوبر کا دن عالمی سطح پر بطور یوم ذہنی صحت منایا جاتا ہے۔ آج کی یہ تقریب اسی سلسلے میں منعقد کی گئی ہے۔ یوم ذہنی صحت کو عالمی طور پر منانے کی ضرورت اس لئے پیش آئی کہ برقی رفتار ذرائع آمد و رفت، ریڈیو ٹیلی ویژن کی صورت میں ذرائع ابلاغ کی پیش رفت اور اس سے بھی زیادہ کمپیوٹر اور انٹرنیٹ کے اس دور میں فاصلے اس طرح مٹ گئے ہیں کہ دنیا اب ایک گلوبل ویلج کی صورت اختیار کر چکی ہے جس میں مختلف ممالک اور معاشرے ایک دوسرے سے لا تعلق نہیں رہ سکتے اور ہر ملک کی معاشی اور معاشرتی بہبود دوسرے ممالک اور معاشروں کی بہبود سے وابستہ ہے۔

عصر حاضر کا دور ترقی اور آگاہی کا دور ہے۔ تعلیمی ترقی اور سائنسی پیش رفت کے اس دور میں انسان کا مقصد حیات صرف زندہ رہنا نہیں بلکہ زندگی کو خوش و خرم گزارنا ہونا چاہئے اور خوش و خرم زندگی گزارنے کے لئے سب سے پہلی شرط انسان کا صحت مند ہونا چاہئے۔ جیسا کہ آپ سب بخوبی آگاہ ہیں صحت مند

سب خوش و خرم اور کارآمد افراد کے طور پر اپنی زندگی گزارنے کے قابل ہو سکیں۔
آخر میں ایک بات اور جو گوش گزار کرنا چاہتا ہوں وہ یہ ہے کہ ذہنی بیماریوں کی اصل وجہ دماغ میں موجود مختلف کیمیائی مواد کی کمی یا زیادتی یا اعتدال میں خرابی ہوتی ہے لیکن بیماری کی شدت کو بیرونی عوامل ضرور متاثر کرتے ہیں اور ان کے علاج میں غیر معمولی مشکلات بھی پیدا کر سکتے ہیں اس لئے ہمیں یہ بھی چاہئے کہ مغربی طرز زندگی اپنانے کی کوشش کریں۔ جہاں سادگی، میانہ روی کی خصوصیات و اعتدال قابل ستائش ہیں وہاں دوسروں سے ہر معاملے میں سبقت، بلاوجہ کی نمود و نمائش ہر معاشرے کی خرابی کا باعث ہوتے ہیں۔ مغربی طرز زندگی کے متعلق علامہ اقبالؒ نے کیا خوب کہا ہے۔

ہے دل کے لیے موت مشینوں کی حکومت
احساس مروت کو کچل دیتے ہیں آلات
یہ علم یہ حکمت یہ تہذیب یہ حکومت
پیتے ہیں لہو دیتے ہیں تعلیم مساوات
بیکاری و عریانی و میخواری و افلاس
کیا کم ہیں فرنگی عدیت کی فتوحات

جو لوگ بیرونی ممالک میں رہ چکے ہیں اور قریب سے ان کی معاشرتی صورتحال کو دیکھ چکے ہیں وہ اس بات کے شاہد ہیں کہ ان کی خاندانی اور معاشرتی اقدار تباہ ہو چکی ہیں۔ اور ان کی تہذیب خود اپنے ہی تہذیب سے خود کشی کے درپے ہے۔ ستم بالا ستم یہ ہے کہ ان کی انڈھی تقلید ہماری قوم کو بھی بُری طرح متاثر کر رہی ہے۔

عہد لو برق ہے آتش زن ہر خرمن ہے
ایمن اس سے کوئی صحرانہ کوئی کلشن ہے
اس نئی آگ کا اقدام کہن ایندھن ہے
ملت ختم زسل عظیم شعلہ بہ جہنم ہے
لیکن ہمیں ناامید نہیں ہونا چاہئے اس مسئلے کا حل بھی حکیم الامت نے اس قطعہ کے آخری شعر میں بتا دیا ہے۔

آج بھی ہو جو براہیم کا ایماں پیدا
آگ کر سکتی ہے انداز گلستاں پیدا

ذہنی بیماری کی بہت سی اقسام ہیں اور مختلف ذہنی بیماریوں کی علامات بھی مختلف ہوتی ہیں لیکن سمجھنے کی بات بہت آسان ہے اور وہ یہ ہے کہ دماغ کے بغیر معمولی کوئی بھی خرابی جو کچھ عرصے تک مسلسل جاری رہے۔ ذہنی مرض کی نشاندہی کرتی ہے حتیٰ کہ بہت سی عام باتیں مثلاً نیند کی غیر معمولی کمی یا زیادتی، بھوک کی غیر معمولی کمی یا زیادتی، چھوٹی سی بات پر غیر معمولی گھبراہٹ اور تشویش ہر وقت کی اداسی اور مایوسی، ذرا سی بات پر جنونی غصہ، بلاوجہ دوسروں پر شک و شبہ یہ سب ذہنی بیماری کی علامتیں ہو سکتی ہیں اس کے علاوہ خیالات کا تسلط جس سے احساس گناہ انسان پر حاوی ہو جائے خصوصاً اللہ تعالیٰ، بزرگانِ دین، قرآن کریم یا مذہبی عقائد کے خلاف توہین آمیز خیالات وغیرہ۔ ہاتھوں یا دوسرے اعضاء کو بار بار دیر تک دھما، دھما، پاکی کا غیر معمولی احساس، موت کی خواہش، خود کشی کے خیالات، کسی چیز سے غیر معمولی خوف، مسائل کا سامنا کرنے اور دوسروں کے سامنے بات کرنے میں اعتماد کی کمی، یادداشت کی خرابی، بلاوجہ کالوں میں آوازیں آنا، بلاوجہ خوشبو بدبو کا احساس یا انسانوں جانوروں کی شکلیں دکھائی دینا یہ سب بھی ذہنی بیماریوں کی علامتیں ہو سکتی ہیں اور ایسی بیماریوں کا مؤثر علاج بھی موجود ہے۔ ایک اہم بات اور وہ یہ کہ ذہنی بیماریاں صرف بڑی عمر کے لوگوں میں ہی نہیں ہو سکتیں بلکہ بچے بھی اس میں مبتلا ہو سکتے ہیں۔ اگر کوئی بچہ کہنا نہیں مانتا، غصہ کرتا ہے، بلاوجہ روتا ہے، اسکول نہیں جانا چاہتا، ہر بات میں ضد کرتا ہے، سبق یاد نہیں کر سکتا، بھائی بہنوں اور اپنے ہم عمر بچوں سے ہر وقت لڑتا ہے، والدین اور اساتذہ سے بدتمیزی سے پیش آتا ہے تو اس بارے میں ماہرین ذہنی امراض سے مشورہ کرنا چاہئے۔

اس سلسلے میں ڈاکٹر حضرات سے گزارش ہے کہ مریضوں کی سب سے زیادہ تعداد سب سے پہلے انہی کے پاس علاج کے لئے آتی ہے تو وہ جب ذہنی امراض کی علامات دیکھتے ہیں تو ایسے مریضوں کو ماہرین ذہنی امراض کے پاس بھیجیں۔ کراچی نفسیاتی ہسپتال میں ہم ایسے مریضوں کو بیماری کی تشخیص اور مناسب دواؤں کی تجویز کے بعد انہی کے پاس واپس بھیج دیتے ہیں تاکہ وہ اپنے کلینک میں ان کا علاج جاری رکھ سکیں بلکہ آئندہ کے علاج کے بارے میں وہ ہم سے ٹیلیفون پر رابطہ کر سکتے ہیں۔

ہم سب کو چاہئے کہ کل بھل کر اس کام کو انجام دیں تاکہ ہمارا معاشرہ ذہنی بیماریوں سے پاک ہو۔ ہماری ذہنی بیماریوں کا بروقت اور مؤثر علاج ہو اور ہم

PMA CONDEMNS NIGHT MEDICAL COLLEGES

Dr. Samrina Hashmi, President Pakistan Medical Association Sindh

Pakistan Medical Association Sindh strongly condemns the attitude and responses of all the Vice Chancellors of medical universities in public and private sector for their role in the promotion and establishment of night medical colleges in the country. It has come to our knowledge from reliable sources that in response to a letter no: **1014/PSPM/2011** from Prime Minister Secretariat regarding night medical education all Vice Chancellors and Principals of medical colleges in Sindh have agreed to open night medical college on self finance basis. They have suggested that by this method government and medical universities will be able to make money which can be utilized for the development of medical colleges.


PMA strongly believes that medical education in a serious matter as doctors deals with life and death situation. All these Vice Chancellors and Principals of medical colleges have no idea about the consequences of this kind of experiment. It is interesting to note that nowhere in the world night medical colleges are functional and only in Pakistan the members of medical faculty are supporting the idea for their vested interest and money. It is also noticeable that all medical universities and medical colleges are receiving billions of rupees in grant and they don't need this kind of money from the students of night medical colleges to run their institutes.

PMA demand that all Vice Chancellors, Principals and the faculty members of medical colleges should condemn this proposal of night medical colleges in the interest of medical education and medical profession. It is totally unacceptable.

PMA also warns all the parents of medical


students against admissions of their children to any medical college who are planning to open night medical education program as these medical colleges will be black listed at GMC and ECFMG as per their rules and regulations. PMA also demand that PMDC should not play games and stop supporting the establishment of night medical colleges immediately. We demand from government to act fast and reconstitute the PMDC to make it competent and transparent for the better running of medical institutes in Pakistan.

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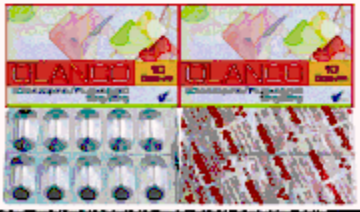
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ALTAF, A MAN IN THE EYE OF MULTIPLE STORMS

(From an article by Shaheen Sehba in the News)

MQM leader Altaf Hussain during his address (May be the last) twice threatened, although in very guarded and reluctant tone to unleash his followers if his party was pushed to the wall. What he meant by this was not explained and left to the imagination of listeners and viewers. But while threatening to let loose his forces against unknown and unnamed enemies, Altaf Hussain also twice offered full support and cooperation specifically to the Pakistan Army and the ISI ■ to counter the various conspiracies that he thought were being hatched against Pakistan. At one stage he said if army and ISI joined hands with him: "We could even defeat the super powers."

Why suddenly the MQM leader has become so worried about his life has not been explained and his three hours of live TV also did not throw much light on this specific aspect but analysts believe what could be bothering him may be the fast forwarded investigation into the murder of Dr Imran Farooq and the reported arrests of two suspected killers who have allegedly confessed their links to the MQM and may lead the Scotland Yard to the MQM head office in London, whether on the Edgeware Road or Colindale address.

The drama and the casual, informal address to his workers, which was deliberately couched as a news conference to get maximum TV time, which it got, hardly addressed any core issue confronting Karachi and Pakistan as on most of these main questions Altaf Hussain either remained evasive or did not respond at all. ■

He did not answer any charge raised by PPP

leader Zulfikar Mirza saying he would not respond to that mad man, he did not touch the issue of his highly controversial remarks about breaking up Pakistan in front of Pir Mazhar and Mr Mirza, **he ignored the Tony Blair letter totally, he did not deny that his party indulged in target killings.**

But the most pathetic part of his address was his explanation and defence of the May 12, 2007 events which left his viewers and the nation reeling as May 12 is so fresh in everyone's mind and what MQM did that day could never be denied in the manner Altaf Hussain did. His explanations only lowered his credibility.

There is no question that MQM was totally incharge of all Home Ministry on May 12, 2007 and the MQM leader Wasim Akhtar was seen in numerous TV interviews claiming to be incharge and controlling the situation. The way containers, which were under control of another MQM minister Babar Ghauri, were used on that day cannot be brushed away by such belated and unbelievable explanations. How the Sindh High Court was besieged is for lawyers to elaborate.

On May 12, 2007 I was also in Karachi and heading an important TV channel and I know personally how MQM tried its best to plant tailor-made video clips in our transmissions to prove that PPP and other parties were involved in the killings that were going on in Karachi.

On that day I tried to present a balanced picture of the day's events as head of the TV channel and when I showed a zoomed-out full

view of the public meeting of Mr Altaf Hussain, within 3 minutes London started calling my channel bosses and shouted abuses because the wide empty spaces in the crowds had been exposed by the TV shots.

It was not surprising then that within two days the Mohajir Rabita Council, a MQM dominated body of Karachi, issued a hit list of 10 journalists who they claimed were "haters" of MQM and my name was also included in that list.

Altaf Hussain conveniently left the doors of an alliance and cooperation with PPP open in his press conference and repeatedly called President Asif Ali Zardari his brother while he made a claim that US had paid millions of dollars to Asfandiyar Wali Khan of ANP and Nawaz Sharif's party had big arsenals of weapons. He never presented any evidence to substantiate both these charges.

Twice he said that MQM was prepared to join hands with PPP "for peace in Karachi" but he did not go into details of the long-winded negotiations, which are on-going between their teams in Karachi, Islamabad and London. The obvious message was that MQM wanted quickly to get back into power as the heat outside the power corridors was getting too hot to handle.

The MQM leader's long and comical thesis that Pakistan was under attack and threatened with a break up by quoting an odd book, some research writers and a couple of newspaper reports was probably the weakest part of his harangue as he could not convince anyone who even has a modicum of intelligence and knowledge about these theories. Such articles have been published ever since the country was created and Altaf Hussain needed much more solid evidence if he went public with this charge.

Finally he appeared to be a man in the middle of a serious crisis, threatened by the

acts of omission and commission that were catching up with his party, and may be personally against him, and the three-hour press outing was an attempt to justify whatever may be coming towards him as a runaway train, without brakes.

(1) No wonder as the MQM is the brain child of the army during Zia ul Haque's regime and further pumped up by it during the Musharaf rule.

(2) In fact he was singing Indian film songs and dancing to its tune while blood was flowing on the streets of Karachi.

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MQM CONSISTS OF TRAITORS, TERRORISTS, MURDERERS

(From an article by Imtiaz Ali in the News)

Millions of Pakistanis remained glued to their TV sets in late afternoon to watch live an explosive diatribe by Dr. Zulfiqar Mirza that harbours serious political consequences for his ruling party and even the overall political dispensation. Mirza accused MQM Quaid Altaf Hussain of treason, interior minister Rehman Malik of murder and protecting killers and of being a shameless liar.

Dr Mirza, a childhood friend of President Zardari and his erstwhile loyalist, resigned as senior minister of Sindh, vice president of PPP Sindh and MPA after developing serious differences with the government and the party leadership. In an equally surprising development, his resignation from the party office was accepted exceptionally promptly by Sindh CM, Qaim Ali Shah.

In an explosive emergency press conference at the Karachi Press Club, he said he would remain loyal to the party but dubbed federal interior minister Rehman Malik a compulsive and incorrigible liar who, he said, was hand in glove with the killers in Karachi. Later in the evening while participating in a special Geo TV transmission, he said that he had reached the tipping point because interior minister Rehman Malik was trying to free the killers of police commandos recently killed in Karachi. He said that one Kamran Madhuri, who was involved in the ambush of the police commandos vehicle, had been arrested in an injured condition along with two other accomplices. Mirza claimed that Malik had fabricated a false case against Madhuri and others and wanted to move them to

Islamabad under the pretext of investigations for this case but in reality wanted to facilitate their release or escape from there.

In another major charge, Mirza first held the holy Quran over his head and then accused MQM supreme, Altaf Hussain of being in cahoots with the Americans in a conspiracy to break up Pakistan. He also gave details of the names of five people arrested in the killing of Geo reporter Wali Babar, who he claimed belonged to the MQM. Mirza also urged the chief justice, who had taken suo moto notice of the target killings in Karachi, to summon Mirza before the bench so he could provide it with exhaustive documentary evidence. While he was clearly in an unsparing mood he appreciated the role of the Army and ISI whose extra efforts, according to him, had ensured the survival of the country. He also levelled serious allegations against CPLC chief, Ahmed Chinoy.

Zulfiqar Mirza accused MQM chief Altaf Hussain of being part of the American conspiracy to break up Pakistan. He alleged that Altaf Hussain was a killer, the MQM was a terrorist organisation and the killings in Karachi were being orchestrated from London. Reading out names he claimed that over 25 target killers belonging to the MQM had been set free on parole and let loose on innocent citizens.

Swearing on the Holy Quran, Mirza said Altaf Hussain they first held a meeting with Altaf which was also attended by the governor of Sindh, Dr Ishratul Ebad, Dr Farooq Sattar and

Anis Qaimkhani. Later, Altaf Hussain asked all the other MQM leaders to leave. He said he and Pir Mazhar were exchanging views about target killings with Altaf Hussain when he suddenly switched on a radio-like device in the room, saying their conversation might be recorded by the M15. Mirza said Altaf Hussain then told them that America had hatched a plan to break up Pakistan and he had come to know about it from well-connected people. Altaf Hussain told Mirza and Pir Mazhar that "he and his party had decided to support this American plan and therefore I (Altaf) will not stop the killing of Pakhtuns", Mirza said, adding that he did not want to sit with a leader who wanted to destroy Pakistan at the behest of a foreign country.

Mirza said he was in possession of letter, which purportedly Altaf Hussain had written to the then British Premier Tony Blair in 2001, offering to bring out hundreds of thousands of people in Karachi in support of any initiative or need of Tony Blair. At the end of his letter, Altaf Hussain urged Tony Blair to get the ISI disbanded before "it created more Osamas". Mirza said it was instead the extra efforts and sacrifices of the Army and ISI that Pakistan was still intact.

Venting his wrath at Rehman Malik, he said that Malik was hand in glove with the killers in Karachi and that he (Mirza) had proof in this regard, which he wanted to present before the Army chief, ISI and the prime minister.

Mirza said Rehman Malik was a "100 per cent compulsive liar." He said Malik could have been a better politician and administrator if only he told 50 percent less lies. He opined that there was a method to the madness of Rehman Malik who supported the party of Altaf Bhai to protect his own interests. He said if this country suffered losses, Rehman Malik should be held responsible because 'he was the

greatest enemy of Pakistan.' He said Malik had no stakes in this country as his family lived in England. Mirza said he did not consider Malik the killer of Benazir Bhutto but he (Malik) had failed to protect Benazir as a Jiyala.

He said 15 persons were killed in the city and life was paralysed following Mirza's 'provocative statement' but things suddenly turned normal when an order came from London. Mirza said he did not think that the MQM enjoyed 100 percent support of the people of Karachi and Hyderabad. He said the MQM got its mandate through manipulation and through the barrel of the gun while those whose mandate was snatched were the victims and oppressed like him.

Mirza alleged that the MQM was involved in the killing of Geo reporter, Wali Babar. He said other alleged killers had been detained while one, Liaquat, was still missing. Mirza said besides him the MQM had also targeted President Asif Ali Zardari by sending letters to foreign diplomats.

Zulfiqar Mirza said he was not against the Urdu-speaking people and many of his near and dear ones were Urdu-speaking. He said he only called those people 'naked and hungry' who were conspiring to divide Sindh.

Mirza said he sought 15 days from his party leadership to restore peace in the city but was not given a free hand. He said he had offered his party leadership that they could hang him and seize all his property if he failed to maintain law and order in the metropolis. Mirza admitted that he felt himself morally responsible for whatever had happened in the city in the last three-and-a-half years.

Mirza said the MQM developed differences with him when in a Sindh cabinet meeting he refused to give an official plot on M.A. Jinnah Road worth Rs5 billion to the MQM and when he recruited 10,000 cops in the

Sindh police, none of them being MQM sympathisers. He said he opposed the recruitment of MQM supporters in the police because one such cop, Ishtiaq Policewala, was involved in the killing of several policemen.

The former home minister accused CPLC chief Ahmed Chinoy of being biased and partial. He said the CPLC, which was the gift of Benazir Bhutto to the city, was supposed to be an apolitical body. But Ahmed Chinoy was a member of the Khidmat-e-Khalq wing of the MQM. He said Chinoy was appointed on the insistence of the Sindh governor and a phone call also came from London in his favour. Mirza said when he took charge the number of kidnapped persons was 70 and came down to 17 when he left the home ministry. "But if you talk to Ahmed Chinoy, he will exaggerate the figure of kidnapped persons," Mirza said, adding that the CPLC knew who was demanding extortion and forced Fitra but its chief, whose credentials were dubious, would never tell the true story.

To a question about the Rangers operation in Lyari and discovery of two torture cells there, Zulfiqar Mirza said torture cells were also discovered during the operation of Gen. Naseerullah Babar and during another operation carried out by the Nawaz Sharif government following the assassination of former Governor Hakeem Saeed. He said if those torture cells were bona fide, then Lyari's torture cells are also bona fide and if those were fake, then Lyari's cells have also fake. Mirza said Karachi has a history of violence and killings and the emergence of the People's Amn Committee was a recent phenomenon.

During his press conference, Mirza frequently swore on the Holy Quran and presented some documents against the MQM.

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GANGSTERS AND POLITICIANS COLLUDE TO TURN KARACHI INTO A HELL FOR ORDINARY FOLK- THE ECONOMIST - LONDON

Aug 27th 2011 | KARACHI |

ETHNIC warfare in Pakistan's most populous city has reached such a level that Karachi's ambulance service now has to send out a driver matching the racial make-up of the destination district to pick up the victims of gang attacks. Otherwise, the district's gunmen will not let the ambulance through. Now ambulances themselves are coming under fire, as gangsters try to stop them saving the lives of their enemies. Karachi's ethnic wars have claimed some 1,000 lives this year, with more than 100 in the past week alone. By contrast extremists kill tiny numbers in Karachi.

A grisly new feature of the carnage is that people are not just being shot. They are being abducted and tortured; then their bullet-ridden, mutilated bodies are dumped in sacks and left in alleyways and gutters. Victims' limbs, genitals or heads are often severed. Torture cells operate across Karachi. The butchery is filmed on mobile phones and passed around, spreading the terror further. Most victims are ordinary folk randomly targeted for their ethnicity.

At the city's Abbasi Shaheed Hospital, a public facility, doctors treat only Mohajirs, who dominate the local district and are the biggest ethnic group in Karachi. Ambulance crews must determine the ethnicity of patients and take them to the right hospital.

If this were just a turf war between criminal gangs, things might be brought under control. But each gang has the patronage of a mainstream political party, in a fight that exploded in 2008 when an election

was held to end Pakistan's latest period of military rule. Political support for warring ethnic gangs means the police largely stay out of the conflict: each gang will call on political muscle if its henchmen are rounded up. The provincial authorities launched a crackdown this week, but little is expected of it.

The Muttahida Qaumi Movement (MQM), a party established in the 1980s that claims to represent the Mohajirs, once had an iron grip over Karachi. That monopoly is now being challenged by the Awami National Party, which says it speaks for the ethnic Pushtun population, who migrated from the north-west of the country, and the Pakistan Peoples Party (PPP) of President Asif Zardari, which heads the ruling coalition in the capital, Islamabad. Its gang following is ethnic Baloch, from the neighbouring province of Balochistan. It is the MQM versus the rest.

The conflict's ferocity may yet threaten Pakistan's fragile return to democracy. In recent days Karachi businesses have called for the army to restore order. Violence in Karachi was repeatedly used as part of the justification for toppling four national governments in the 1990s. This city of 18m people is Pakistan's economic lifeline, and the port through which most supplies reach NATO forces in Afghanistan.

Away from the ritzy villas of Defence and Clifton districts, the people of Karachi's 3,500 square-kilometre (1,350 square-mile) sprawl live in decrepit homes and apartment blocks

KARACHI KILLINGS AND MQM

(From an editorial in the News)

Does anybody in our top leadership genuinely want to solve Karachi's problems or are they all quite happy to watch the hapless city writhe in pain as they conduct meetings within the confines of luxurious offices and drive around in bulletproof limousines. This appears to be the case given that a comprehensive Joint Investigation Team (JIT) report which directly states why there has been so much bloodshed in Karachi has been lying in the prime minister's office for the last 19 months. It is doubtful that Mr Gilani has found the time to act on the report that was prepared by seven agencies or even to consider implementing its simple, straightforward recommendations. The text of this report, exclusively obtained by this newspaper, reflects the collaborative efforts of key agencies including the Sindh Police, Rangers, Special Branch, the ISI, the IB and the National Crisis Management Cell. **The report holds the MQM responsible for the killings of as many as 83 policemen who were involved in the 1992 operation against the party.** The target killings dissuaded other law enforcers from acting against party activists again. The report also says that target killings in Karachi began after the MQM split in the 1990s that led

to the creation of the Haqiqi faction.

Still more alarming is the portion of the JIT report released to the Supreme Court which includes a detailed confession from Ajmal Pahari, currently in custody, that he had killed no less than 111 people over the last 24 years on orders from London, Nine Zero and South Africa. His victims included policemen, those suspected of collaborating with the rival factions and others.

Chief Justice Iftikhar Chaudhry, however, has found the details 'eye-opening'. The real question is why there have been attempts to cover up things. The SC was told that papers on the 1992 Karachi operation have been lost. This does not sound very convincing. The JIT was set up by the interior minister.

Why has he since failed to follow up on its findings? Why have the recommendations, which include a proposal for a detailed dialogue between stakeholders, commitments from parties, the hiring of policemen on merit and deweaponization in Karachi, been ignored? Why has the government been content to do nothing more than twiddle its thumbs? The government must tell us why the JIT report has been ignored and what it intends to do about its findings now that they have come to light.

DECLARE MQM TERRORIST BODY: ANP

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

The Awami National Party (ANP) has said it will ask Britain to declare the Muttahida Qaumi Movement (MQM) a terrorist organisation. It has also asked the Foreign Office to summon the British High Commissioner (HC) seeking an explanation as to why the MQM Chief was permitted to level unsubstantiated and baseless allegations against Pakistan and its institutions while using the UK soil. ANP leader Iftikhar Hussain demanded in a TV interview to declare the MQM a terrorist organisation as it had terrorised not just the people but also the media of Pakistan.

Bushra Gohar Said, "It is a matter of grave concern for every Pakistani that a person, who revoked his Pakistani nationality and preferred to become a British National has been issuing provocative statements again and again." She acknowledged MQM as a political party and was a reality but how come a foreigner could interfere in Pakistani affairs by making the entire media hostage for hours together.

Bushra Gohar said, "How would the government of Britain react if tomorrow, any one of us, starts speaking in London against Britain and its institutions without substance and proof?" She said for instance Altaf issued a warning when he said in his marathon video conference that his workers would be free to draw up their strategy, if the court gave its judgment against the MQM.

"Altaf Hussain's reference to the PCO and Justice Iftikhar Muhammad Chaudhry and

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

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

SHROOQ
Pakistani Film Industry Growth Chart

Year	Number of Films Produced	Box Office Collection (PKR)	Number of Theaters
2005	100	1000	100
2006	150	1500	150
2007	200	2000	200
2008	250	2500	250
2009	300	3000	300
2010	350	3500	350

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THE TOP TEN MEDICAL ADVANCES OF THE DECADE

By Lauren Cox, ABC Medical News Unit, Peggy Peck,
Executive Editor, MedPage Today

1. Human Genome Discoveries Reach the Bedside

In 2000, scientists in with the International Human Genome Project released a rough draft of the human genome to the public. For the first time the world could read the complete set of human genetic information and begin to discover what our roughly 23,000 genes do.

"I think the biggest area of the future will be preventive medicine," said Venter. "By understanding the genetic causes and links to disease we can spend more and more attention on preventing disease."

For example, Venter said doctors have developed a genetic test for a gene associated with prostate cancer, "and there's a drug available that greatly lowers the risk for prostate cancer in the future."

2. Doctors and Patients Harness Information Technology

"Early in practice, if I had a clinical question to research, I had to go to the library, pull out multiple years of the Index Medicus, look up the topic, write down the references, go to the stacks and pull the volumes of journals, find the article, read the article, go to the copy machine and make a copy& if I were lucky, I would have my answer in about four hours," said John Messmer, MD, associate professor at the Penn State College of Medicine in Hershey. "Now I can be on rounds and in five

minutes have more information on the topic than I need& on my iPod Touch, I can look up a medication, check the formulary to see if it's covered, check for interactions with a patient's other meds and double-check details of the pharmacology of the med plus quickly review the problem I am treating, and I don't even have to go online," said Messmer.

3. Anti-Smoking laws and Campaigns Reduce Public Smoking

There is no national smoking ban in the U.S., but 27 states and the District of Columbia have enacted smoking bans, including seven states that ban smoking in bars and casinos in recent years.

In a report issued last October, the Institute of Medicine said those public smoking bans have cut exposure to secondhand smoke, which, in turn, has contributed to a reduction in heart attacks and death from heart disease.

"Anti-smoking campaigns (at least in the U.S.), including banning of smoking in workplaces and public places, [have] enormous impact across socioeconomic classes on many diseases," said Humphreys, who added that smoking increases the risk for strokes and many cancers.

While public smoking bans protect people from secondhand smoke, doctors say they also motivate people to quit.

"It's probably the most important 'doable' public health measure for decreasing morbidity and mortality," said Richard Kahn, MD, of Tenants Harbor, Maine. "There is good data that as it becomes more difficult for people to smoke, more will quit."

4. Heart Disease Deaths Drop by 40 Percent

Today treating a heart attack is all about speed: speed the patient to the hospital so that a clot that blocks the life-saving flow of blood can be "busted" with drugs like the genetically engineered tissue plasminogen activator or tPA.

Or, if the problem is a vessel narrowed by buildup of plaque, a tiny flexible tube called a stent can be guided from an artery in the groin or the forearm up into the heart, where it is used to prop open the vessel to allow blood to flow normally.

Still other patients are sent to surgery, where surgeons have learned sophisticated techniques to sew new vessels into the heart to bypass diseased arteries.

Moreover, drugs that didn't exist 25 years ago -- chiefly statins like simvastatin, Lipitor, mevacor, and Crestor -- are now routinely used to slow the progression of atherosclerosis.

Cardiologists say these efforts really began to bear fruit after 2000.

"In 1998/2000 the American Heart Association set a decade-long goal to reduce coronary heart disease and stroke and risk by 25% by 2010. We actually realized this goal by 2008 and have seen continued improvements in the reduction of deaths due to coronary heart disease and stroke," said Clyde Yancy, MD, of Baylor University Medical Center in Dallas, Texas. "As of today, we have seen a near 40 percent reduction in death due to coronary

artery disease since 1998/2000.

Yancy said research shows about half of the gains in heart disease came from new treatment interventions, the other half (up to 60 percent) are due to prevention.

5. Stem Cell Research: Laboratory Breakthroughs and Some Clinical Advances

European researchers genetically manipulated bone marrow cells taken from two 7-year-old boys and then transplanted the altered cells back into the boys and apparently arrested the progress of a fatal brain disease called adrenoleukodystrophy or ALD, which was the disease that affected the child in the movie "Lorenzo's Oil."

6. Targeted Therapies for Cancer Expand With New Drugs

Two blockbuster-targeted therapies burst on the cancer scene in late 1990s, and arguably changed forever the concept of cancer treatment, converting what was often a fatal disease into a chronic illness. The first, Herceptin, is a drug that targets a type of breast cancer that is characterized by a specific cancer gene -- an oncogene -- called HER-2.

"The introduction/approval of trastuzumab (Herceptin) and lapatinib (Tykerb) in breast cancer will prevent many women's breast cancers from recurring and have significantly improved survival for many women faced with breast cancer. More important, these drugs represent highly effective agents that target the cancer, not the patient," said Blackwell.

The other drug, a cancer pill called Gleevec, targets genetic mutation called bcr-abl (b.c.r. able) that causes cancer cells to grow and multiply in patients with a variety of cancers, including chronic

myeloid leukemia or with a stomach cancer called GIST.

7. Combination Drug Therapy Extends HIV Survival

Since the introduction of highly active antiretroviral therapy, or HAART, as this combination therapy approach is called, HIV/AIDS has evolved into a serious, but chronic disease with survival stretching into decades.

8. Minimally Invasive and Robotic Techniques Revolutionize Surgery

Ten years ago a patient would typically be left with a 10-inch scar when a doctor removed a kidney, but in late 2007 the surgeons at the Cleveland Clinic began removing kidneys through a single incision in the patient's navel.

And earlier this year, a Cleveland Clinic surgeon removed a diseased kidney from a woman using a technique called natural orifice transluminal endoscopic surgery or NOTES. In the case of the woman the kidney was removed through her vagina—an approach originally developed for hysterectomy.

Tiny metal hands carefully manipulating sutures deep inside the heart seems like a scenario pulled from "Star Trek," but the reality is that robotic surgery is occurring daily in a growing number of centers across the country.

Richard Caselli, MD, of the Mayo Clinic in Scottsdale, Ariz., pointed out that robotic surgery "offers the potential for surgeons to operate on patients remotely."

9. Study Finds Heart, Cancer Risk with Hormone Replacement Therapy

The National Heart Lung and Blood Institute, which was sponsoring a placebo-controlled trial of hormone replacement therapy in more than 161,000

healthy women, announced that it was shutting down the study because HRT increased the risk of heart attack, stroke, blood clots, and breast cancer.

But the news from the Women's Health Initiative, as the study was known, wasn't all bad. HRT did reduce the risk of colorectal cancer and fractures and was proven to be an effective treatment for hot flashes and some other menopause symptoms.

10. Scientists Peer Into Mind With Functional MRI

Mind-reading has moved from carnival to the halls of medicine with what is known as a functional MRI.

The process, often called fMRI, traces the working of neurons -- brain cells -- by tracking changes in the oxygen levels and blood flow to the brain. The more brain activity in one area, the more oxygen will be used and the more blood will flow to that area. The patient lies awake inside an MRI scanner. He or she is asked to perform a simple task, like identifying a color or solving a math problem.

As the patient answers the question, the fMRI tracks the areas of the brain that are activated by tracing the speed at which the cells metabolize the glucose.

"It has certainly taken off in the past 10 years as a means for studying the living human brain in action," said Caselli. "It has given us innumerable insights into cognition, social interactions, reward systems, decision-making, and so on."

Using this technique, researchers are learning valuable information about disease such as depression, brain cancer, autism, memory disorders, and even conditions such as the skin disorder psoriasis.

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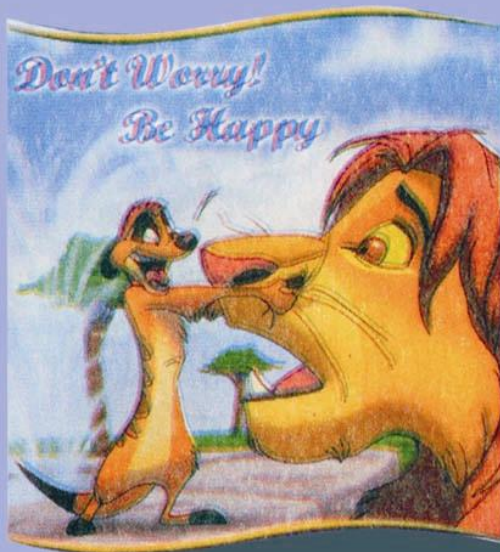
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World Mental Health Day

Special Children's Programs



Almost twelve hundred doctors and their relatives attended the function.



Many Pharmaceutical companies exhibited their products at the function