



Addiction, Disease, Treatment & Cure

Dr. Mahmood Rafiq
(M.B.B.S)

ABOUT THE AUTHOR:

Born at Saudi Arabia, in 1960, educated primarily in Saudi Schools, Shifting to Sadiq Public School, Bahawalpur in 1964 and back to Saudi Arabia in 1966, to eventually become a cadet at cadet college Hasanabdal in 1972. Finished his M.B.B.S from King Edward Medical College in 1989 and worked at Mayo hospital Lahore, Services hospital Lahore, Social Insurance hospital Riyadh Saudi Arabia, Shash Hospital, Tashkent; Uzbekistan, where he co-founded the English language chapter of Alcoholics Anonymous with the second secretary of the U.S. Embassy (Tashkent) John Gisseke... later as a drug counselor in Colombo, Sri Lanka, ending his general practice at Holy Family Hospital, Rawalpindi in 1999. Initiated the Islam-based therapeutic community named, "rah-e-rast" (rehabilitation of addicts through homologous education and related amendatory socio-psycho-spiritual training). in 2002.

Dr. Mahmood authored the books:

1. Teaching Pakistanis to speak read and write Russian in 40 days.
2. Addiction, disease, treatment and cure (in Urdu, English and Arabic)
3. Family's manual for convincing a patient unwilling to take treatment for addiction.

Dr. Mahmood's life story was asked for by the deputy director (Ms. Kirsten, 2004) of the U.S. State department's 'international narcotics and law enforcement affairs section'... it was posted by a British organization, 'alchemyproject' on their website; however the demise of the alchemyproject's director (John Chamberlain) terminated their website and presently the life story is displayed on raheerast's web-site.

Dr. Mahmood Rafiq (M.B.B.S.)

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University of Central Punjab

(Incorporated by Ordinance No. XXIV of 2002 promulgated by Government of the Punjab)

November 7, 2008

Dr. Muhammad Rafiq
Project Director
Rah-e-Rast
Therapeutic Community for Drug Addicts
101, Jaffar Town, 2 Km. Raiwind Road
Lahore

Dear Dr. Rafique,

Aslam-o-Alaikum,

I have gone through your scholarly contribution, 'Addiction; Disease Treatment & Cure'. Honestly speaking, I am truly impressed with your breath of vision and brief but incisive treatment of an extremely intricate, widespread problem prevalent in our society. This is the first book which not only deals with psychological traits and circumstances precipitating drug addiction; it also looks at the spiritual *casus belli* of the problems. The diversity of abnormal behavior; chemical imbalances caused in the human body; social repercussions of drug addiction and Islamic panacea for this hydra-headed problem, which is usually ignored by a large majority in this country.

I believe this book is equally beneficial to the student and the general reader, and deserves to be publicized widely in the academia, healthcare and religious institutions, and corporate sector.

I thank you for honoring me to comment on your book and wish you greater success in the noble task you have chosen for yourself in the greater good of humanity.

With profound regards,

Sincerely,

Dr. Fehmida Sultana
Pro Rector



Certificate of Participation

This is to certify that

DR. SARWAN MUHAMMAD MAHMOOD RAFIQ

has successfully participated at

THE 2nd INTERNATIONAL CONFERENCE OF ISLAMIC SCHOLARS (ICIS) ON DRUG POLICIES AND STRATEGIES

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Dato' Abd Bakir bin Hj. Zin
Director General
National Anti-Drugs Agency
Ministry of Home Affairs
Malaysia


Patricia Yoon-Moi CHIA
Secretary - General
Colombo Plan



Dr.M.Mahmood Rafiq Sarwan,sitting 6th from left



2nd International Conference of Islamic Scholars (ICIS) on Drug Policies and Strategies: From Theory to Practise: Drug Demand Reduction

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ALTAPETE

No: 5842/04

Date: 11-9-04

My Dear *Dr. Rafique*

Asalamo – o – Alakam

I have gone through your book “ **NASHA—MARZ, ELAJ AND SHAFI**” thoroughly. The book is not only useful for general public but also for the professionals. You have chosen a new topic for which no detailed book is yet available. The addiction has ruined the families and has been destroying adolescents of our Nation. It is an excellent attempt for the people to get awareness about this common health problem and its remedy.

May Allah bless you with sound health to carry out such noble work. Please do not hesitate to let me know if I can be of any help to you.

Allah Hafiz

Dr. Muhammad Rafique,
101-Jaffar Town,
Raiwind Road,
Lahore .

Prof. Mumtaz Hasan
Prof. Mumtaz Hasan
S.I.



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24 August 2007

Dr Mahmood Rafique

Project Director

Islami Rah-e-Rast

101 Jaffar Town 2 KM Raiwind Road

Lahore

My dear Dr. Mahmood Rafiq, (عزیز)

I have read your book Nasha, Marz, Ilaj, Shifa in detail.

I have realized that explaining the entire science of each drug of abuse in such simple language as you used is an achievement requiring genius.

I also found the treatment and cure philosophy that your book postulates to be curative for every patient and family.

May Allah accept your efforts and reward you here and hereafter.

With regards,
Yours sincerely,
Babur

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



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23 April 2005

Dr. Muhammad Mehmood Rafique
Author of book "Addiction, Disease, Treatment, Cure"
101,102 Jaffar Town, 2 KM Raiwind Road
Lahore

Dear Dr Mehmood Rafique,

الحمد لله

Going through your book titled "Addiction, disease, treatment, cure" was an educative experience. I appreciate your efforts and hope that this book will not only provide requisite information about addiction, disease, treatment and cure but will also be a source of motivation for general public to stay away from drugs. ANF Regional Directorate Sindh would avail the benefit of your expertise as and when any workshop is held in this regard at Karachi. I hope you shall stay in touch with us and will visit us when possible.

Best Regards.

Yours Sincerely,

FAROOQ

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Lahore the 27 Mar 2007


To (NGOs/T&R Centres/Educational Institutions/
Ulemas).

Subject: Awareness Campaign against drug abuse.

Drug Addiction Phenomenon is growing with alarming proportion which is badly affecting the very fabric of the society especially the youth. ANF Punjab is making constant efforts to contain the problem with special focus on awareness.

As a part of awareness campaign, ANF Punjab has arranged a book namely "Addiction; Disease, Treatment, Cure." written by Dr. Mehmood Rafique M.B.B.S. A copy of the book is being sent to your Organization / Institution for awareness of the community.

Sign / c


Moazzam Ali Khan
Deputy Director (Pharmacist)

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FOREWORD (must read)

Praise is Only for The Creator,
of all things praiseworthy, the faculties that assess ; express appraisal.
Worthiest of all good wishes is the last Arab Prophet (alaih assalaat wassalaam) who
conveyed the Creator's intelligence to us.

The **purpose** of this book is, to make it possible for the
patients (of chemical addiction/drug dependence) and their family members to know in
easily understandable words/terms ;

- The disease of addiction,**
- The physical, psychological, social and spiritual derangements caused by it,**
- The essential components of an effective treatment,**
- The scheme of such treatment, and**
- The esoterics (secrets/mystery) of a cure.**

1-The disease of addiction , disturbs
the entire body and brain, and the functions emanating (originating) from them,
which in turn cause social/familial turbulence,
that enhance the physical , psychological and social flaws ; consequent ill-behaviors.
Thus every inch of the patient's body and every minute of his/her life is influenced and
every passing moment strengthens the viciousness and deepens the
cognitive/behavioral disfigurement caused by this cycle.

Attempting to explain this constantly worsening, multidimensional scenario in
scientific logic of 'cause and effect' , through a book for readers who are only slightly
acquainted with the medical science, is an extremely difficult undertaking.

However, since scientific analysis in terms of 'cause and effect'
commits knowledge to one's memory as "personal experience"; therefore ;

2.The information in this book for explaining the mechanism of disease, the
derangements caused by it, the methods for treating them and the esotericism of getting
and remaining cured is realized from the most recent scientific data.

3.Narration of scientific data and/or reading it becomes monotonous at times. Thus
don't push on if your concentration wanes, simply stop reading and continue only when
your curiosity is rekindled .

4. The whole book is a single document, so read it in the order with which it was printed.
Skipping pages or chapters will markedly diminish the benefit this book is meant to
deliver.

5.The disease of drug addiction/dependence afflicts people from all kinds of social,
cultural, academic and financial backgrounds and the resulting physical, psychological,
social/behavioral derangements are identical in all patients exactly like the resultant
defects in each patient of diabetes or hypertension are similar among all patients,
irrespective of their diverse backgrounds ; as is their treatment.

6.Since the decision to do drugs or not, rests with the patient at all times and will always
remain so, therefore only those patients reap benefit out of treatment who themselves
wish to kick their ill-habit of addiction and acquire permanent sobriety. All patients do
eventually reach that stage in their disease; however, until they don't, "help" means ,
pushing them towards such a decision and not assisting them in continuing drug abuse.

7. All diseases are manifestations of environmental pollutants. As pain attracts a
subjects attention to some malfunction in the body, similarly diseases awaken the
society's senses to flaws that are endemic but considered minute/negligible.

Therefore all efforts to combat disease are virtues and the desire to acquire a cure is sacred.

8. Labeling the patient a naïve victim, a moral decadent, insane or someone who inherited addiction are all partial/biased phrases abusing correct words.

Every human has an innate affinity/greed for acquiring benefits without / with slightest exertion, similarly an immature/unwise analysis of environmental factors during growth does contribute to some degree of psychological awkwardness among each of us in maturity, every human is endowed with the lusts of bone and flesh causing waves in the fabric of each persons' morality and all people are naïve preys for the taxing grounds of life.

Faith-based treatment modalities

The most successful methods of treatment for drug addiction, all over the world are faith-based.

There are nearly 3000 Christianity based, 540 Buddhism based, 780 Judaism based, 324 Hinduism based, 3 Zen based and one Zoroastrianism based treatment centers in the world.

All these treatment facilities have the highest success rates(+30%).

In Pakistan there are seven Christianity- based treatment facilities:

One at Karachi, One at sangarh(sind), One at quetta, One at Lahore, One at faisalabad
And Two at Peshawar

There is no Islam based treatment facility for Muslim drug addicts all over the world.

Islamic rah-e-rast is the first ever Islam based treatment and rehabilitation facility founded in 2002 at Lahore.

It was registered as an N.G.O at the ministry of social welfare's own behest (the administration of rah-e-rast were not interested in registering as an n.g.o).

Later the Anti narcotics force, Punjab requested rah-e-rast be registered with them, and thus the treatment facility was registered with their offices as well.

Still later the deputy director of the U.S. State department's , "international narcotics and law enforcement affairs section", Ms.Kirsten(Dec2004) asked for the project director's life story which was displayed by a British organization, www.alchemyproject.net on their website.

Faith-based treatment modalities work better for treating drug addicts because spiritual alignment of their behavioral disarray is more paying in results and longer lasting.

The fact that all faith-based centers in the world, irrespective of the faith practiced, have a 30% success rate , lies in the reality that only 30% of the families of treated patients heed to the spiritual values their patients are trained to respect and practice.

All international self help groups of addicts, be it 'alcoholics anonymous' , 'narcotics anonymous' , 'overeaters anonymous', or 'gamblers anonymous' are also faith-based in their essence, and use spirituality as a tool for molding their members' ill behaviors to normalcy.

THE WILL POWER STORY

The family of a patient of tuberculosis (T.B.) incorrectly decided that their patient's 'coughing' was his disease. (when in reality, the cough was a sign of the actual disease which was the infected growth in the patient's lung).

Thus they had their patient treated, taught and trained by/in all known methods of avoiding/stopping/inhibiting the cough reflex .

However ; when in spite of all such efforts, their patient failed to control his cough, the family concluded :

"The easiest way to avoid cough is to drink water, which is always available to our patient....and that our patient does not use it to impede the cough reflex, means that the fault lies in the patient's "will" to resist it....and...if our patient had a normal strength of will(will power). He/she could easily "stop" the coughing by swallowing water, each time the "cough reflex" rose in his/her throat."

Thus they decided that the defect lay in their patient's "will power" .

Similarly, the family thinks of the drug abusing habit of an addict as "**the** disease" whereas it is merely the 'sign' of the actual sickness.

The actual disease with an addict is the aggregate of ill emotions and desires causing flawed perception patterns, and resultant odd behaviors/ attitudes .

And, since all efforts for "curing" are directed at the symptom (the habit of doing drugs) and not the actual ailment, the families inevitably conclude that their patient is weak of will.

: 'An addict has low will power' is a very common fallacy/misinterpretation.

Will power is by definition, a deliberately persistent control of thought and action, for achieving whatever the willing person wants. The measure of one's will power is the determination with which one overpowers any or all obstacles to one's desired aim.

The steadfast continuance of an unhealthy/abnormal habit in spite of all social barriers is called "obsession" by medical science and it signifies a 'very negative exercise' of a 'very strong will'.

The following examples will make it clearer:

1.A weak-willed person can not continue the habit of addiction in the face of resistance from family, friends, neighbors and professional/business peers.

2.Continuing with the ill-habit in spite of all kinds of social, economic, legal and medical hurdles is not possible for someone with a feeble will-power.

3.Sale , purchase or abuse of all mood altering chemicals (drugs) ,with the exception of alcohol, is a criminal activity by law. Thus the burdens of social, economic, psychological and medical setbacks of addiction are continually added to by progressive alienation of the law-enforcing agencies. Sustaining a habit under such adverse frictions to it's maintenance is not possible with a weak will.

4.Family members of addicts, or at least the patients themselves , are aware of the fact that nothing can stand in their way to obtaining and then using their drug of choice... "come what may".

All this is actually indicative of a **very strong will, very wrongly used**.

As this book shall explain later, it is the very low self-esteem that causes the above-mentioned abuse of a natural gift. An exceptional power of will.

WHO IS 'classified' AN ADDICT?/ 'CAGE' principle

A "YES" answer to any 2 of the following questions , means the person is "addicted" and can only get rid of it **with** professional help.

- 1.Does your habit (of doing your favorite drug) cause you to feel guilty?
- 2.Have repeated attempts at giving up your habit by yourself, failed?
- 3.Do you crave (urge to use) for your drug of choice, soon after waking up in the mornings?
- 4.Does your family's (loved ones') excessive concern and repetitive insistence that you give up your drug of choice, irritate/annoy/agitate you?

ANALYSIS OF THE ANSWERS:

1.-The continuous presence of a sense of guilt means :

- the person is unhappy with him/her self, and is actually in friction with oneself.
- It is causing a progressive decline in the person's confidence in him/her self.
- The injury to the person's self esteem, is growing.
- The illusion (misconception) that "I am too weak to cope (manage life) without my drug" ,is gradually becoming a conviction.

2.- The failed (and failing)attempts at giving up without professional help are actually;
--tricks of the disease itself ,the patient is unaware of the cause (wrong attitudes) and tries to treat the symptoms (the habit of doing drugs), thinking that being healthy means being free of drugs. , oblivious to the fact that unless attitudes are corrected, freedom from drugs can only be temporary.

- The futility of such efforts only contribute to a worsening of, the shrinking confidence , and the deflated self esteem, pushing deeper into the quicksand of addiction.
- indicating that professional help is now a must for combating addiction, and further unaided efforts will only strengthen the belief that "my drug is a basic necessity for me".

3.-Early morning/after awakening cravings mean :

- the patient is now convinced that he/she can not handle the daily chores without his/her drug of choice.
- in simpler words ,the drug is now a basic necessity to him/her, like water, air and food and.
- by this stage of the disease, whether the patient admits it or not, the patient's spouse/mother knows that without professional intervention escaping addiction has become impossible.

4.- Raised annoyance at the family's concern for the patient's health means that:

- the friction within the patient's mind has now come without and the family's excessive concern makes him/her more argumentative and aggressive.
- the patient resents the loved ones and not the disease.
- becoming a tool for the enemy(disease), judging the family's opposition to the disease as antagonism against him/her self.
- at this stage, the patient is not only "ill" but is also a source of continuous psycho-social agony for the family. Warranting immediate intervention of professionals to hinder and treat the family's psychological anguish and the patient's progressive, psycho-socio-physical decay..

True Case history and factual individual counseling dialogue

This true example will not only demonstrate the extent to which an addict's abilities to perceive, analyze and judge are mutilated but also reveal the chaotic behavior, the unreasonable anger and the unjust hatred stored against a close/ any close relative to keep a conflict alive; a conflict that nourishes all the sick pretexts for validating continuous drug abuse.

By the 4th or 5th week of treatment, group sessions and daily S.E.S. reports have skimmed each patient's psycho-dynamics adequately.

By then; that specific conflict which sustained a weather of anger/shame/guilt in each patient's mind and caused him/her to rationalize drug abuse is exposed to the therapist/s.

In the immediate post-discharge period, that same conflict will be the most potent factor coaxing the patient to compromise his/her health/sobriety and drown in the whirlpool of la la land/drugs.

This is most often an issue that the patient deals with after suspending all moral, logical and spiritual wisdom/principles. In simpler words, the patient has acquired a habit of dealing with this specific issue only through the tools of negative morality, ill-logic and absolute egoism.

Probing such an issue in a group endangers the patient's recovery and oftentimes the angry, illogical, egoistic personality that the patient always wears to deal with that specific issue, jumps between the therapist/s and the patient, distancing the patient from the trust he/she allocates the treatment team.

Thus, individual counseling is the tool for maneuvering around this obstacle.

In such counseling, the therapist tactfully leads/entraps the patient to bringing up the issue of him/her self.

Once the patient verbalizes/states the issue, exposing it to daylight/therapist, the therapist/doctor gets the operating field for engineering sanity from the raw materials of disarray.

Thence the therapist can use all psychological tools and that too with the patient's consent and wish.

The entire mechanism of and advantages from such counseling can be understood from the following, true record of a patient's individual counseling.

:Zahid has been an addict for over 22 years. He got married 10 years ago. 4 years ago his wife divorced him but promised to rear his 3 children in Pakistan, allowing him monthly visits with the children. 2 years ago she went abroad and married a widower who himself is a grandfather.

Zahid repeatedly mentions his fears for his children's welfare, their distance from him perturbs him constantly.

He is evidently 'elsewhere'; lonely in company, never cheered or cheerful, if he ever does pay attention to those around him it is only to add to the already long list of flaws he senses in that person.

He has absolutely forgotten the ability to praise anyone. If someone is praised in his presence, his reflexes immediately vocalize some shortcoming of that person.

For years he has exerted to prove everyone unhappy and unworthy to validate his own feelings of unhappiness and lack of worth.

He is 47 years of age now. He is aware/convinced that the only charm drugs have not yet revealed to him is the grave.

Family members, jobmates, relatives are all seeking riddance. even his parents have lost hope in him.

He has received multiple treatments in the past, to the limit that he stayed in treatment for over a year in one of the treatment facilities in Pakistan that are the biggest/richest

recipients of European community's aid; to no avail.

This is the first time ever that he is subject to a treatment regime that;

- (i) merges scientific and indigenous spiritual principles for behavior modification, and
- (ii) considers it mandatory for the treatment team to practice all that is preached by,
- (iii) living with the patients 24 hours a day.

During group therapy sessions, whenever other patients question the shortcomings in his wife, that lead to divorce, zahid becomes speechless. He always brushes off any queries about her and his emotional attitude about her is akin to that for a stranger.

Zahid is convinced about the virtues of forgiveness and in his interactions with other group members he exhibits excellent tolerance skills.

The treatment team has arrived at a discussed conclusion that zahid's stored resentments against his ex-wife are what keep him from kicking his drug abuse and that if this issue is not explored in detail and annihilated, he may not remain sober long after discharge.

Today is the first session of zahid's individual counseling:

Doctor:

Have a seat zahid, I wished to talk to you informally...

Zahid:

Sure

Doctor:

Your sleep problem is nearly cured now ,isn't it?

Zahid:

To some extent, yes, but I still cant sleep continuously for 5 or 6 hours, I keep waking up every three or four hours...

Doctor:

So yaar that is not very ab-normal , is it? Like at 47 nearly everyone can rarely sleep for longer than 4 or 5 hours ... you already know from the lectures about sleep patterns that a mind sleeps in proportion to the fatigue it acquires during the day...I review your S.E.S. every day and I see you always write it in English...

Zahid:

Doctor sahib you wont be able to read my urdu, besides I think I express myself better in English..

Doctor:

I agree with you , but the entire purpose of this report writing is to learn how to express our feelings to others...and in our culture there are very few people who can understand our expressions in English..

Zahid:

Doctor sahib it will be very hard for me to write in urdu..

Doctor:

And if you write in urdu , you could also write Raqeeb's report for him because he is an illiterate..

Zahid:

He gets it written by zeeshan every day...does he not?

Doctor:

Yes but zeeshan is a teen ager and his writings are never deep enough, besides, raqeeb gets the report written only for slot-filling..

Zahid:

(smiles)yes I agree, this raqeeb is a deeply secretive fellow, he does all manual kind of things for the whole group but talks the least..

doctor:

yes his loss of his mom in early childhood and then the death of his father when he was 14 plus the fact that his age difference with his elder brothers, have made him to grow into an introvert. .i believe he was very expressive with his dad..

zahid:

yes even during tea breaks he tends to sit away from the group, but doctor sahib I think that he was also very distant in his relation with his father..

doctor:

was he? How do you say that?

Zahid:

Well doesn't he say that he had asked his dad to get him wed with his girlfriend when he was 14 and his dad had asked him to get 20 tolas of gold as dowry for the wife to be...?so he sort of resents that, he questions where a 14 year old could fetch 20 tolas of gold from..

Doctor:

That was because he worked as a goldsmith then..

Zahid:

I know that but where can a 14 year old employee get 20 tolas of gold?

Doctor:

Could be right..tell me does he ever talk of his beloved? When you people are taking a walk or just talking away?

Zahid:

Never!..as secretive a character as raqeeb?, talking about his beloved? frankly talkative people don't disclose such facts..so how could someone as meek as raqeeb talk of his love?

(this sentence has given the doctor an opening)

doctor:

yes very right, this is so personal a topic that disclosing or discussing it with others is like exposing one's innards to public...

zahid:

absolutely, yes absolutely, the nature of it is so personal and tender..

doctor:

yes but yaar most patients are often buried under such un-expressed un-shared feelings and now ,if he does not express those feelings to allow us guiding him across any wrong myths or emotions or attitudes that he has banked because of the issue...how will he ever grow beyond that loss or grief or flawed attitude?

Zahid:

Hmmmmmm

Doctor:

I have also noticed repeatedly that whenever your wife is mentioned you deviate the conversation towards your children...

Zahid:

Yes..

Doctor:

This marriage was arranged wasn't it? Or did you have any relations with her before you wed her?

Zahid:

She was from my paternal relatives, anyway I had no relations with her before our wedding.

Doctor:

Then the six years that you 2 spent as man and wife, did you become friends with each

other or was it the traditional dry kind of husband wife relation?

Zahid:

No...there were times when we were very close during those years...

Doctor:

So yaar don't you ever miss her?

Zahid:

Jee ofcourse I do but what is the use of it now...she is someone else's wife and our relation is absolutely terminated (zahid's face is blank of any emotions)

Doctor:

I disagree with that, she may not be your wife anylonger but she still remains your children's mother...and the welfare of your children will always depend on her welfare and your own wellbeing will always be subject to your children's...so the relationship I guess has not terminated, can never terminate, even death wont change these facts..will it?

Zahid:

Jee...but what can I do now...she has even taken my kids away so far from me(to Europe)

Although I had only consented to divorce on the condition that she will never ever take my children abroad without my permission..(now zahid's emotions are surfacing, the mood is tensing)

Doctor:

Yes this is an extremely legitimate resentment that anyone would harness in such a condition...

And she must have erred in many other ways leading the situation to culminate in a divorce, but what do you say we analyze the whole story ,looking at it from either side of the issue and then arrive at a conclusion about what our present feelings ought to be?..because resentments and anger stored in our head/heart act like pus and damage our person, so why not drain that pus, analyze the contents and cleave health instead of misery out of all that?

Zahid:

Jee(indifferently)..if you think it important then why not?

Doctor:

Tell you what...you make a list of the resentments you have against that woman...it's nearly lunch time now, so you please consider this an assignment..alright?

Zahid:

Jee...when do I have to submit it?(distaste is written all over his face, the tone is that of offence)

Doctor:

Zahid, I earnestly feel that this is the only issue hindering your recovery and stalking your sobriety, you do accept your disease of addiction, you are exceptionally balanced and wise in your dealings and judgments where other matters are concerned but this issue is what you are stuck at,I sincerely feel that you lose control when you roll this issue around in your head, although this is a very minor kind of problem, after all every marriage has a 50% probability of ending in divorce, doesn't it?....so I wish we analyze the issue in detail, get rid of the garbage of resentments ,and lighten our souls with healthier conclusions....ok?

Zahid:

Hmm, I agree that scientifically whatever you stated is logical..

Doctor:

Only you and she will always remain your children's parents, and it is the worry for the

welfare of your children that keeps you nervous most of the time, so if we analyze this thoroughly and plan a healthy line of action for future it may create possibilities of you getting back into the process of contributing to your children's future plans and upbringing, she may start considering you the best source for consultation regarding your children's future....so analyzing this issue in detail, formulating a healthier line of action as soon as possible, are the only means for you to get out from under this burden of guilt and fear that taxes your mental faculties so terribly....so you consider this assignment the first positive step in that direction.... submit it tomorrow or the day after or even the day after that but just do it thoroughly and sincerely, please...

Zahid:

(is visibly excited) jee..i agree...ok... will do it

Two days later a hastily written assignment is delivered to the doctor....the doctor calls the second session of counseling zahid individually, on the third day:

Doctor:

Zahid, this is a well written assignment, I am grateful for your compliance

Zahid:

(smiles wryly) this wasn't easy doctor sahib, I was consumed with anger and anxiety these last two days, I do agree now that this issue is not easy for me to deal with

doctor:

that is a blessing for your treatment if you have concluded that of yourself, there are so many convoluted emotions and sentiments entangling this issue that a single, angry and hurt mind can never possibly solve this issue on it's own...

zahid:

I know you are right, I am in agreement with you

Doctor:

Alright, now do both of us another favor please, keep this assignment with you for a couple of days...even if you think that nothing additional needs writing, keep it with you for a couple of days and review it a few times, please...sometimes issues may have remained buried for so long that they tend to be missed or forgotten, but it may already be all written, just keep it with you and review it a few times...ok?

Zahid:

Sure, but when do I re-submit it?

Doctor:

I will ask for it myself

Fifth day, zahid's third session of individual counseling:

Doctor:

Zahid, I have re-read the assignment a couple of times and I realize that most of what you resent about your ex-wife is about why she lives a life of her choice after being divorced from you...am I reading it correctly?

Zahid:

Doctor you had asked for resentments, and that is what I resent, her taking my children so far away from me(by now zahid looks visibly worried too, the doctor's assertion that he resents his ex-wife living a life of her choice, after the divorce, had reached his mind through his ears)

Doctor:

Yaar zahid I have read it more than once, and you have academic credentials of a postgraduate , so I can only treat your writing with respect ...but yaar this whole objection is extremely misfounded...

zahid:

(emotionally charged now) doctor sahib, when my father in law had asked me to sign

the divorce papers he had given his word that my children would spend three days each month with me and would never be taken abroad without my permission....

Doctor:

Yaar I don't disagree or underestimate the emotional stab that the distance from your children must deliver each time you reminisce the issue but tell me , how eastern was your wife..like how easternized were her ways of thought and behavior...

Zahid:

What do you mean?

Doctor:

I mean to know if she considered divorce an ordinary affair or did she think like the usual Pakistani women who consider divorce worse than death?

Zahid:

Oh she was extremely eastern in her views, I told you her dad and mine are cousins...

Doctor:

Don't defend your family background please we are searching for facts here..

Zahid:

No I am not defending anyone, she actually detested divorce, I hit her physically a number of times and she went to her parents' but I managed to apologize and bring her back, and again she left when I hit her,...when my third child was on it's way, she was at my in-laws and I failed to be there when she delivered our child...I used to feel so guilty for having failed her at such an occasion due to my drug abuse, and I could imagine the hurt and anger I must have caused her..anyway she came back to live with me but she told my mom that that was the last chance she was giving me, that if I wanted to keep her I had to give up my drugs and if I wanted to do drugs I had to let her go...she stayed for long inspite of my continued drug abuse and then one day she left...a month later when she came to fetch her belongings, my mom asked her to give me another week, and she said she would give me another month...and that if I gave up drugs she would never leave me...so divorce was always an ugly word to her..

Doctor:

So you do accept that like our women can never consider them 100% free of fault after a divorce, she as well as her parents must carry that stigma of a divorce on their hearts..?

Zahid:

(Ruminating)jee I don't know, I never thought along that axis

doctor:

please think along those lines...remember when I gave this assignment to you, I had said, "please enlist the resentments you have against that woman and that she must have had other flaws too that caused the affair to culminate in a divorce..?"

zahid:

jee I remember that

doctor:

zahid I am a doctor, only 0.1% people of our society are as educated as you and myself are, and I know that you have a history of 22 years of drug abuse, in spite of that I thought that that woman must also have had faults/flaws that lead to divorce...so how do you think an ordinary Pakistani who does not have as much education as we do thinks of divorce or a divorced woman? Do you think a divorced woman is viewed with respect in our society?

Zahid:

No..divorce is considered an absolute wrong by our society

Doctor:

Then just imagine...you enjoyed the euphoria of drug abuse, she endured the physical

abuse you subjected her to, she went through the labour of three pregnancies for your children and yet she remains stigmatized for life with the stain of being a divorcee...think please from within her shoes...she too is as educated as you are...imagine how she must feel..please..

Zahid:

(is nodding his head indicating assent)

doctor:

a woman once told me that the pain while delivering a child is like the entire planet being torn/split into two...so just imagine, she went through such pain for you, thrice and she even endured the physical beatings you subjected her to and now she is the one who carries the stigma of divorce for the rest of her life..

zahid is evidently uneasy now, shifting in his chair uncomfortably

doctor:

and she still shoulders the responsibility of rearing your children, even the second husband that she wed was conditional to him agreeing to rear your children....so now be honest with us all, please write a list of resentments that you can imagine she has against you...will you manage crossing over this mountain of hard writing? wont you?

Zahid:

(smiling and embarrassed, with a long inhalation of relief)I'll try.

Doctor:

Yes please do...in our life of addiction we tend to store flawed resentments and anger and they occupy our conscience like pus, if that pus is not drained, the wound never heals and when the wound is live, the pain-killing abilities of the drugs keep bringing back the euphoric memories of drug induced pain-free feelings...so we have to get rid of the junk of invalid rationales that drugs cause to accumulate in our system...please get your system free of this junk, I'll expect your assignment after tomorrow.

Zahid:

Ok

Three days later zahid has not yet submitted his assignment, he is continually arguing with all members of the staff and the group, during morning meetings he needs to be reminded that he did not shave, he is finding fault with nearly every and any principle/regulation of the institute, his cigarette intake has increased the time he spends praying after nimaaz has increased, his daily S.E.S. reports are superficial in content, whenever he confronts the doctor, he complains of his worry for his long absence from his job...when asked about his sleep pattern, he complains of disturbed sleep...

Today is his fourth session of individual counseling:

Doctor:

Have a seat yaar, you seem annoyed these days

Zahid:

No I am not annoyed, I just did not write the assignment because you already know whatever my ex-wife must resent about me ,then why waste time writing it, besides my elder sister had promised she would meet my boss and get my leave sanctioned but she hasn't told me anything about it all...

Doctor:

Yaar your leave is already sanctioned, I told you I had spoken to your director personally and he had told me that the leave was sanctioned but the clerks had not yet dispatched the letter because some seniors are visiting your offices and the excess workload hindered the dispatch of that leave -letter, now you will receive it here on this clinic's address...but even if your leave was not sanctioned and you lost your job, your academic credentials are so grand that you could easily find another, probably

better job...but is that your problem? I mean what has that job given you in the past that it would now? Why do you lose focus of your real problem which is drug addiction and keep allowing your thoughts to go astray away from your actual problem?

Zahid:

Sir, my job is the only good thing I am left with, why don't you understand that?

(now zahid is busy abducting the conversation, the most minor of problems seems like a mountain to him and the most major of problems looks minor...this is his 'tricky mind' in possession of his cognitive abilities?)

doctor:

I understand that or I wouldn't have personally spoken to your director but your job is not the real problem zahid. Tell me why are you so irate and angry these last few days, what is disturbing you so viciously?

Zahid:

I am not at all angry (says that vehemently, angrily)

Doctor:

Alright, but why not write that assignment, please?

Zahid:

Doctor sahib I can not understand why you and my family fail to understand that taking my children away from me without my consent was absolute cruelty...my lawyer insists that he can have her arrested in Europe for kidnapping my children because she gave a written word that she would never take them abroad without my permission and that was a precondition to my agreeing to divorce her...had I wanted to, I could have caused the divorce case to linger on endlessly in the court, you tell me is it fair?

(now he is evidently angry, spittle drops are flying from his lips as he verbalizes his thoughts)

doctor:

yes it is very unfair, and I agree that you can get her arrested in Europe for defying her written word to a court of law...but why don't you do that? Why don't you get her arrested and prosecute her for her atrocity?

Zahid:

(goes absolutely cool,,exhales) doctor sahib I had only agreed to divorcing because my dad had said don't punish our daughter (the tone is very mild, the speech barely audible)...you don't deserve having her as a wife and don't force us into forcing you to divorce her....i told you she was from my paternal line of relatives..even now he says don't bother our daughter..

doctor:

then who are you actually angry at?

Zahid:

Doctor you yourself are divorced, and your ex-wife disallows your meetings with your children, does that not offend you?

Doctor:

Your youngest must not know you at all...does she?

Zahid:

Yes she wasnt used to me, but my eldest son; he was very attached to me, the younger two, my sister in law tells me go to a school for children with extraordinary abilities, but it is my eldest that I worry about, he was too attached to me and I fear that this distance may effect him badly

Doctor:

So the issue is actually of your fears for your eldest son's wellbeing..?

Zahid:

No..the issue is about all three of my children but my fears are most strong for my eldest because he was very deeply attached to me

Doctor:

Alright, tell me did it ever happen that you beat your wife in the presence of your children?

Zahid:

Yes once, I hit her while we were all in my car, and a while later I remembered that the children were on the rear seat, when I turned around to look at them I realized they were all lying on the car's floor between the front and rear seats...so I asked them why they were scared and asked them to sit on the seats, but they remained glued to the car floor for long...

Doctor:

And after that, was there ever another such episode of them witnessing their mother's physical abuse by you?

Zahid:

Jee..probably because our arguments were frequent..

Doctor:

And was there any other reason for the arguments besides your drug abuse?

Zahid:

No..it was always related to my drug abuse, my mom used to ask her about me and she used to tell her the truth, then my mom would create a big scene, telling my brother, his wife, my sister and her husband and I would get berated like a kid..So I used to get mad at her for telling on me..

Doctor:

Zahid, your and your ex's professions are also related to the science of psychology...tell me what do you think did your kids feel or understand out of their parents' physical bouts.?

Zahid:

(is evidently unwilling to face the question, hurriedly mutters) must be annoyed, what else?

Doctor:

Zahid when a child's mother is physically beaten in it's presence, the child wishes to defend the mother, but the fear of being beaten by the same person who hurts their mom, keeps them from interfering, but this failure on their part is registered on their brains like a permanent groove of having failed their mother...they are not wise enough to rationalize that their small size made it impossible to interfere and they just register, "I am not good enough to defend my mom"...and then every next time that the parents' voices get loud the children shrink into that mental corner of guilt and abnormal shame and sense of inadequacy...only if we could teach a child of that age the entire language of adults can that child narrate the trauma/torture that the child goes through at such occasions, the child would probably say, "my entire universe was being thrashed but I could do nothing to help"...you and I can not even comprehend what a child's brain goes through during such episodes..Are you following me zahid?

Zahid:

Jee..(his skin is pale with repentance, he is moving uneasily on his chair)

Doctor:

And then hours or days later when the same person who abused their mom, shows affection for the children, they suffer yet another stab of a sense of inadequacy and guilt, because they had decided inwardly that that person was bad but this affection being shown them makes them decide, "I am a bad child, I concluded wrongly about

this person”...

Do you realize how cruel we are to those innocent flowers of nature? Do you realize how badly and deeply we scar their minds with feelings of guilt, abnormal shame, feelings of inadequacy and inferiority?

Zahid:

I never thought like that..

Doctor:

Our life in addiction doesn't allow us thoughts about others ,we become absolutely self-centered...

Now tell me, if your children had stayed with you, would you then educate them in religious schools..?

Zahid:

I did not understand your question

Doctor:

If they had stayed with you, would you then have had them admitted to religious schools or would you get them educated in English medium schools and then tried to send them abroad for higher qualifications as you yourself have tried continuously for years now?

Zahid:

I am unable to understand the question and the purpose of it

Doctor:

It's very simple actually.

If you had wishes to educate them in the modern/English medium of institutes then they are better off being educated in the west now, when they grow older they will be proud of being educated through the most modern teaching media of the developed world...but if you had plans of educating your children in religious schools then you do have a right to resent them being exposed to the secular media of education in the west...

Zahid:

Jee..even if they were with me I would have educated them through the English medium institutes(now his anger is gone, he seems exhausted, his body movements are limited to moving his lips in speech)

Doctor:

Your eldest must be 7 or 8 years of age now?

Zahid:

Yes

Doctor:

Then he must be joyously involved in that new atmosphere, and you told us during the group that they spoke English at home, so that environment cant be all foreign to them , besides children do not grieve like elders do, that is why we call it child-hood because the child continuously searches for whatever is pleasing.....then you also shared in the group that your sons are the only male children in your in-laws' family, and your sons are the apples of their (maternal)grandparents' eyes, and that the grandparents live with your ex-wife in Europe....

So another way of looking at your children's situation is that allah took them away from a drug addict's influence and granted them the full-time attention of two retired parents, whose concern for your children must also be enhanced for the natural pity that anyone feels for a child deprived of it's real father's affection.../??

Zahid:

Yes they always loved my children very dearly..

Doctor:

Tell me, when parents take their kids for a picnic, do they do it for the kids or themselves?

Zahid:

(surprised by this new direction of conversation) of course for the kids..

doctor:

really?, ok what if the kids were watching cartoons on the t.v. at home, at that same time? Would they be enjoying themselves any less than they would at the picnic?

Zahid:

Nods in agreement

Doctor:

Watching t.v. and a picnic are both identical in terms of the joy that a child cleaves out of them...it is actually the parents who enjoy watching their young ones have fun in the natural background of a picnic's scenery..

Zahid:

Logically, your statement is correct, but I don't understand where this is leading to..

Doctor:

Yes I took a sudden turn, what I feel is that you were using your children for your own joy...you used your drugs and then came home to enjoy the additional fun of kidding around with your children...had you really cared for them, you would have at least tried to give up your drugs when your wife gave the last warning and the duration of a month to allow you choosing between the children or the drugs....you did not even try, as you confessed in the group, so the entire worrying for your children's future was their mother's headache, she must have always wondered what would become of those offsprings of an addict, while you had a good time in the la' la' land of drugs....you were simply using them like you do your car or your watch or your phone..

What are the positive changes they have gone through after divorce;

Counting on his fingers)

1. they are free of the indiscipline that you were teaching them through your personal behavior
2. their education is far better than what it was in Pakistan
3. they are under the supervision of far better and more experienced grand parents, instead of being under your chaotic supervision

so you tell me, are they not better off?

Zahid:

My mom used to say that I was spoiling them by heeding to every demand of theirs, once after our divorce we went visiting and they asked for toys and I bought them really expensive toys of their choices, while mom kept insisting that I was wasting money and that they would break the toys in minutes...and that was what actually happened, they had already dismantled the toys within 15 minutes...and I bought them the same again

Doctor:

(the prayer call is audible)ok now we have to take a break but please think on these three lines:

- 1.the future of your kids is better than what it would have been in your company
2. your wife herself is the victim, and not you
- 3.your actual anger is for having been deprived of entertainment that your kids afforded you....

Please think about these and I will talk tomorrow, that is if you permit(smiling)

Zahid:

(Smiles back, sheepishly), ofcourse doctor sahib

Doctor:

(smiles heartily)zahid we need arriving at a conclusion, yourself are a psychologist and a doctor's son, I expected you to heal the quickest and you are lagging behind the entire group....I cant express the urgency I feel for this issue getting straightened and the wrinkles it has embedded in your thoughts being ironed out, we must talk tomorrow, please. Once you have weighed the logic we just scanned, you will definitely see things I see, insha allah.

The next day the two meet again:

Doctor:

Aren't you in the mood for counseling?

Zahid:

No, it's just the tea taking that delayed me,(the doctor wanted an insight to zahid's mental environment, and is not satisfied with what he observes)

Doctor:

Ok, will you like sitting in the office, in the lawn, or upstairs in the freshness of the rooftop?

Zahid:

Wont it be better upstairs?

Doctor:

Fine, lets go upstairs

.....now speak your thoughts please.

Zahid:

Jee, I always knew, within, that I was the aggressor, I remember once i hit her and gave her a black eye and she couldn't go to her job for 2 days, and the same night she kept asking me what to do about the black eye

Doctor:

Even now she wont be leading a pleased life, you said she married an old grandfather and the stain of divorce will always linger in her inside...tell me how do you feel about the children

Zahid:

Your words sound logical, but who can care for the children better than their real biological father?

Doctor:

Absolutely correct, but a non-addict father...an addict is always using others to his advantage, for his fun, and a few years later as the children grew older, they would have understood their dad's addiction/handicap and then conditions would have become more taxing for you and their upbringing more chaotic

Zahid:

If she had given me time enough, I might have given my drugs up and all this may not have ever happened

Doctor:

You are right, but did she not allow you 6 years of space to manage your addiction and get rid of it?

Zahid:

Yes she did

Doctor:

The last time when she said she would check you for a month, did you think she was just threatening?

Zahid:

No, I knew it was serious because before she arrived her father and mine had already met and decided that if I did not give up my habit, divorce would be the only course to

follow

Doctor:

And did you make any serious efforts to give up drugs during that last month?

Zahid:

Doctor sahib I was so entrapped that if I did not do my drug I couldn't even walk, so mornings I would do stimulants and at night, fearing that my sleeplessness would cause my mom to suspect my drug abuse ,I would do tranquillizers (sleeping pills)..

Doctor:

And she must be observing all the time that he doesn't care about the consequences..?

Zahid:

Jee she verbalized her feelings a couple of times she said that I did not care for the children but for my drugs and this wailing I did about my children's welfare was simply to malign her image in the family..

Doctor:

She was absolutely right. And what did you feel then?

Zahid:

Doctor sahib, then I was only busy planning to sleep early so I could be at my job in time..

Doctor:

And at the job you must be occupied all the time with fears for your intoxicated state not being made out and while coming home your main worry would be to not get caught by your mom..?

Zahid:

Exactly

Doctor:

Then your family was actually, [doing your drug, hiding it's effects, and then managing to do it again....].but your jobmates ,all knew that you had had repeated treatments for addiction, did they not?

Zahid:

Yes my director had himself committed me to a treatment a few years ago

Doctor:

Then why are you insistent in allowing this whole affair to putrefy in your brain, you can yourself see that you cared not for your children, the marriage meant nothing to you, instead you were continuously torturing your own flesh and blood and their mother...

Zahid:

Doctor sahib, I just kept hoping that with some time I will manage kicking my habit, besides I never expected her to get a divorce...you know we worked at the same hospital, and now when I go there some employees ask me about my wife and my children, I feel so embarrassed that I sometimes avoid running into them

Doctor:

And at such occasions do you think about your ex-wife?

Zahid:

Ofcourse, those are the very occasions when I resolve to never ever forgive her...wives don't desert husbands like she did..

Doctor:

Yes in Indian movies wives don't desert husbands, hindu religion doesn't allow that, but in real life a good wife becomes a good mother to her children ,and a good mother will always choose to parent her children singly and shoulder the entire responsibility on her own, but remove them from under the sickening influence of an addicted

father....you have repeatedly asked me of my feelings about my wife having deserted me due to my drug abuse, and I have often avoided answering that question, but today I tell you with utmost earnestness, that I appreciate her bravery and her wisdom for getting my children away from that miserable environment I had created in and around that house that was my children's home....

Zahid is all ears now..

Doctor continues:

Look here, the complaints and the resentments I have against my wife are between her and her husband, and both of us may even have the right to bank them permanently, but where our children are concerned? ... their welfare is at stake? Don't you agree that she took a very bold, wise and courageous decision?

And should I keep hanging on to the resentments I have against her, or should I focus on the gratitude I owe her for rescuing my children?

Zahid:

Nods his head in agreement and understanding

Doctor:

Do you follow what I intend to say? Out of these 2 facts, I can either choose one to make myself utterly miserable and angry, concerning what I resent her failings as a wife, or I can choose the line of thought about the bravery and wisdom with which she rescued my children from my ill influence....you tell me, which of the 2 is a choice more like the choice our parents' era's generosity and common sense dictates?

Zahid:

(with an embarrassed smile) her favor to her children

doctor:

yes absolutely and we have to make such choices in every and any aspect of our daily living....now tell me, are you convinced that living on with you would have hurt those children's emotional faculties incorrigibly (irreparably)?

Zahid:

I agree, it's just that when my thoughts turn to my children and when I feel the stab of my wife's betrayal, my entire brain gets clouded with only anger and wrath...I try my best to not let that happen, but it is beyond my control...I don't understand, cant comprehend that inspite of knowing that the entire fault is mine, how do I reign in this wrath I suffer from?

Doctor:

Thankyou for sharing that with me, voicing this question and understanding the answer to it may be the most important milestone in your recovery...I'll try explaining as understandably as possible but even then if I fail at being explicit or if I confuse you in any way, guide me by reminding me please...

Let us analyze it scientifically;

Rasoolullah has explained and the holy quran clearly states that: "no problem befalls you but as a result of your mistakes"...

And we agree that this separation between you and your children is of your own doing, next rasoolullah(alaih assalaatu vassalaam) has also said that , "grief and anxiety/worry" are the two weapons with which the deviant from originality(shaitaan) hunts a muslim,.....

so when the entire chaos of your domestic life is of your own doing then why the grief or the worry...?

Grief means one is wasting the present ,available time crying over spilled milk in the past...it, the past, can not be changed...

and anxiety/worry means fears of the future when actually none of us even knows if we

will be allowed the next breath of air...

So this stretching uselessly and blindly into the unseen future, or, diving into the already gone beyond repair, past, is just a waste of this given moment....besides, the Lord who nursed you from the stage when you were a droplet of your father's sperm and then an infant who probably stuck his fingers into every available electric socket, will such a Lord and sustainer let you go wasted now?

Yes he is also the Lord and sustainer of your wife and children, and when inspite of all the given chances you failed to prove beneficial to them and instead proceeded higher on the scale to damaging them, their lord and sustainer took them away, providing them safety elsewhere and in custody of another.

Anyway, when you persist to not admitting your mistake and allow the 'deviant from originality/truth/reality (shaitaan)' to have more play on you:

it first makes you anxious, worried angry

then perturbs you with meaningless superstitions like "what must my jobmates think of my wife having deserted me and taken my children away"...

so what do you think must their thoughts be, ofcourse that an addict could not get sober enough to manage keeping his family together...what else?, some may even be wise enough to give credit to your wife and through her your family that she took the courageous step of taking the children away from under the ill influence of an addict....but that deviant from originality/shaitaan abducts your senses even further through injecting such superstitions as the divorce having stained your manhood and honor....so yaar be realistic...how many times did we stoop to begging pushers for our drugs...pushers that we wouldn't allow as sweepers in our houses...so what manhood or honor is there to lament over?

(zahid nods his head in approval and agreement)

lets go further, when you fail to see the whole scenario as we just did, the deviant from originality/truth/shaitaan strikes the next blow,

makes you angry at your wife, that causes additional resentments to accumulate in your system,

your own blood pressure and body systems suffer the trauma of helplessness and anger and when you are completely exhausted with this wrestling against right/correct/true, you are by then disappointed **even** with your Lord and Sustainer, and eventually the misery you feel leads you to the mood altering, pain relieving temptation of your drug of choice. Thus three important factors are highlighted:

1.Problems are caused by own mistakes

2. As a result of not accepting own mistake/s and blaming your wife, grief which itself is a problem results, leading to

3. Anger which is the most taxing of all factors.

This repetition of blaming, grieving and temper will exhaust you and deceive you into believing that your own contribution to the dilemma of divorce was minute compared to your wife's ...but the inability to do anything about it due to the distance between you and your children, will cause emotional dismay, the endlessness of the dismay will lead you to the only available choice for relieving the sentimental torture..your drug of choice. Wont it?

Zahid:

Jee I agree

Doctor:

Can you see as clearly as I do this entire quicksand of blaming the mrs?

Zahid:

(with an injured smile)yes I see it with clarity

doctor:

and zahid, the Lord has clearly stated through the prophet alaih assalaatu vassalaam, that 'anyone who dies an addict will be resurrected as an idol worshipper'...so the enemy(shitaan)has a very easy play on you through this stress cycling around the wife blaming pivot...

listen to me carefully zahid, it is you yourself who has to check the negative thoughts as soon as they prick your thoughts..your enemy, the deviant from originality/truth has only your thoughts and emotions to control you with, and you have proved an easy ride so far

zahid:

jee I agree

doctor:

zahid you are senior to me by age, but sir you will have to think deeper to comprehend the fact that honesty does not simply mean 'telling the truth'...rather it is the easiest thing for us addicts to do, tell the truth because we give two pennies for what the society thinks of us, but actual honesty is 'thinking honestly'... 'feeling and identifying other's feelings honestly'...you have to think and feel your wife's version of this entire marriage, separation, divorce and then escaping to Europe from within her shoes/situation/side....

The more you manage to identify her feelings through all that, the greater will it benefit you.

Zahid:

Jee

Doctor:

Ok I am assigning a written job now, which you must do and do it seriously and whole heartedly.

Zahid:

Jee I will surely do it (smiling but this time the smile is confident and mature)

Doctor:

Listen, in the holy quran's thirtieth book, surah al-inshirah, the Lord has clearly stated that , "entertainment follows exertion, verily recreation only follows after effort"...this delving into your past to carve out of it such hurting episodes that you hid from even your own self, is torturing, but once you have accomplished it, you will enjoy so much peace of mind that you will be grateful to me...

When a good businessman takes account of why his business doesn't progress, he first scans the reasons for loosing money....once those cracks through which capital seeps are sealed, the yield automatically sets in?

Zahid:

I understand, I mean I agree it sounds logical

Doctor:

Thank god, ok this is your written assignment, (hands him a slip of paper that has something written on it)

The writing states, "write a detailed letter to your wife, enumerating the pains and the problems you caused her and her children and ask for forgiveness"...

Zahid's face depicts his mental environment; he seems perturbed but not angry

Doctor:

This is not to be mailed to her, the purpose is simply that you get over this impossible endeavor to rationalize your cruelty...you have used up the last 4 years to somehow validate the atrocities you subjected them to, and you and I know that you wont ever manage doing that, and that long list of resentments is like poisons that you carry within,

harming your own innards...are we in agreement about all this?

Zahid:

Jee doctor sahib, I agree, but writing such detailed an assignment wont be easy for me..

Doctor:

No it wont be easy, it **shouldn't** be easy, but your inner peace is subject to not leaving a mote of this unfair anger within yourself, so do it in as much detail as you can, take 2 or 3 or even 4 days for doing it, but do it in detail, please.

Zahid:

Ok...and I am grateful too, for you have shown me that angle of this whole affair that I could never have seen on my own

Doctor:

The most important of all things is yet to come, but I will state that when I have read your assignment (smiling frankly, checking the patient's emotional pulse with this quip)

Zahid:

(laughs openheartedly)what can be more significant than what you've already said?

Doctor:

It concerns you alone...has nothing to do with your children or wife...I would have said it right now but disclosing it now will only waste the fact on you...believe me

Zahid:

Ok doctor sahib, thankyou.

Zahid submitted his assignment the very next day, and the next session of individual counseling was called on the morrow.

Doctor:

v-alaikum-assalaam

zahid:

(timidly) sorry, I did not remember to wish you salaam

doctor:

wishing someone with salaam, forces the other person to pray for us by replying with salaam...you do know that salaam means, "may you be out of harm's way, in every way"...dont you?

Zahid:

No I did not know it such

Doctor:

This new phrase they have started using, "Allah hafiz" is so incomplete a greeting compared to salaam, like that lady who remained buried in the post-earth-quake rubble for 76 days, and was found alive...well Allah the Hafiz did protect her, as "hafiz" means protector, but did not keep her out of harm's way in every way...so saying assalamu alaikum is the ultimate greeting and propagating 'Allah Hafiz' as a greeting is a social injustice.....dont you agree?

Zahid:

Yes, thinking like that , I agree with you, I did not know the difference...now I do

Doctor:

How is the sleep pattern now?

Zahid:

Perfect, although it lasts only the usual 4 or 5 hours but the quality of it is perfect, very deep and very soothing, I feel absolutely fresh in the mornings, at fajar I am actually euphoric, also at maghrib and ishaa prayers my mood is naturally enhanced....yes at zuhar and asar times my mood is vacillating

Doctor:

These zuhar and asar timings are times you used to be at your work place for years...?

Zahid:

Yes I think so too, that those are the times when I used stimulating drugs, so my body systems sort of crave at those timings

Doctor:

Yes and by zuhar the fatigue of lectures and therapeutic duties also sets in, and at asar you awake from your afternoon nap. Try bathing each time you awake, you know from our lectures about hydrotherapy how water re-arranges our mind's chemicals to induce euphoria...

Zahid:

Ok, I'll start practicing that now

Doctor:

Yes and during summer the easiest way of doing wadhoo (ablution) is to take a shower..I have read your assignment, you have very courageously confessed your mistakes, and reading it made me realize that you still have a soft corner for her

Zahid:

Is that not natural?

Doctor:

Absolutely, and is very positive too, and similarly she must wish that one day you do manage getting rid of your drug habits, because you are the father to her children..

Zahid:

?(defensively)yes but I will never ever live with her again

doctor:

you misunderstood my assertion, what I meant was that god-willing you get well and manage acquiring a worthy status in your profession, then when and if you ever meet your children they will be proud of you, it will be easier for you to apologize for your mistakes and they will have the added benefit of viewing you as a successful positive contributor to the society

zahid:

I see...yes that is possible, but was this the most important thing you wanted to talk to me about?

Doctor:

No..i will come to it later in our conversation today...tell me when you used to arrive home from your job and you were preoccupied with worries of hiding your abuse of stimulants from your mom, who could read your stimulated state in your face, eyes and actions....what were your feelings when you saw your children at those times?

Zahid:

Jee the usual compassion and love that I felt for them...

Doctor:

That is about them, the compassion and the love that brimmed up when you saw them, what used to be your feelings about yourself?

Zahid:

Please elaborate slightly, I am unable to understand what you mean to ask

Doctor:

When your eyes first met your children's at arriving home, you must have had feelings about yourself too..about who you are, what you are?

Zahid:

Oh..that!...the usual sense of guilt, the insides scolding me, berating me for being a fraud and a selfish father...

Doctor: was that feeling fleeting or did it last longer?

Zahid:

Actually even before I entered the main gate I used to be worried about hiding my eyes from my mom, so my major attention used to be elsewhere

Doctor:

Yes you have shared this a few times in the past, but this guilt that you felt about your pretentious and fraudulent nature when you saw your kids...did it happen every day?

Zahid:

Jee doctor sahib, this feeling of being a worthless father and the anxiety of how could I ever contribute to my children's healthy future when I am myself an addict unable to operate without the crutches of my drug...this feeling was constantly there and it kept coming back a million times each day.

Doctor:

What you just said is the first half of that important fact I wanted to discuss with you, so hang on to this thought that you just expressed...

You shared in our group session that your parents used to body-search you, even to the extent of your mom asking you to take off all your clothes and then searching you,,?

Zahid:

Yes she was so thorough about it that she could be an addiction treatment center's team member..

Doctor:

And whenever you came home from your job, the atmosphere at home would be of suspecting, checking and belittling you by frequent questions.../?

Zahid:

Yes sometimes I would get so offended that I would threaten them to commence using drugs while I wasn't then..

Doctor:

And alongwith that the stress of parenting children who were at ages when they need constant attention, and the tense mood between you and wife, and the job's anxiety together with the never ending need to do drugs and manage hiding your abuse....

Zahid:

Exactly doctor sahib, these were the burdens I constantly carried, sometimes I used to think that I couldn't cope with all that pressure without drugs...if I did drugs it allowed me to endure their continuous bickering as well as perform my duties at my job or in the house as a husband and father..

Doctor:

This is the second part of that most important thing, that you just voiced...but let us proceed further, what was the longest span of time that you remained clean(abstinent from drugs)

Zahid:

Abstinence?(with a wide smirk on his face)you know my profession is related with medicines, so whenever I needed a breather/break, I would use drugs

Doctor:

And what was the longest span that you abstained from 'breathing'

Zahid:

(laughing heartily) two or three days

doctor:

and while you took multiple treatments, some of which were longer than a year?

Zahid:

I never used drugs during treatments

Doctor:

Yes because the domestic environment you just referred to above, was suspended in the

treatment centre... You have just vocalized two very significant factors:

- 1.that your failure at being a good father to your children was a source of constantly continuing mental torture, and
2. that the domestic atmosphere of suspicion, interrogation, bickering by other family members plus the added workload of meeting your job's responsibilities, made it impossible for you to cope without drug abuse

...now I am going to say something that no other doctor will ever, or may ever say to you, "zahid, be grateful to our Lord for having relieved you of the responsibility of rearing your children, and that people (in-laws)far better than you in experience, sincerity and wisdom are now custodians of your children. Bringing up your children a million times better than you could ever do"

Zahid:

Be grateful for that?!...(in a loud, irate tone...and this is the most delicate of individual counseling stages since the patient has disregarded the entire logic and knowledge concluded through the counseling so far)

doctor:

yes absolutely...was that never ending sense of guilt ,shame and feelings of worthlessness not Murdering your self-esteem gradually?

Zahid:

(Brooding) yes, to some extent

doctor:

not to some extent but absolutely, unequivocally...the sense of guilt for not putting your children's welfare before your own ,and the resultant annoyance with yourself, causing the regular altercations with other family members would have only increased in intensity and frequency, and the 20 year old habit of taking refuge in drugs would have emerged each time the surroundings made you feel low....while now you are free of any burdens and have to take care of yourself only and deal with your drug habit solely.

Zahid:

You are not wrong but...

Doctor:

yaar truths are not post-fixed with 'but' the sun rises in the east, there is no 'but' after that fact....and zahid you are already 47, do you think you have time enough to waste on 'buts' and if's

Zahid:

.listening attentively

Doctor:

You could have tricked people with a multitude of seemingly extraordinary performances, but that inner voice in you that kept reminding you that you were a robber of your own children's rights wouldnt have stopped screaming at you....and the only way to muffle those accusations from within would have been drug abuse.....you confessed that when your wife gave you a one month period to change your priorities, you were so entrapped by your drug abuse and the whirlpool of social obligations that you couldn't even try..

Zahid:

Jee(is listening very attentively)

Doctor:

Now you can get rid of your drug habit, acquire an honorable status in your profession, and god-willing your inlaws too, may , conclude that it is unfair to deprive the children of their father's compassion, provided ofcourse that you live upto the status that may

warrant such a concession from your parents in law and your ex-wife.

Zahid:

Sounds all logical and correct but is hard to believe

Doctor:

Time is a very potent healer, when you remain steadfast in your sincerity to the lawmaker (allah) through regularity in nimaaz and external as well as internal piety, then the entire kingdom of the Lord assists you

Zahid:

I don't disagree with this last statement, but my brother's wife had spoken to my ex and she concluded that my ex still hates me terribly..

Doctor:

Oh this is too early for changes to be palpable, she has just shifted from one to another culture, the wound of divorce is still weeping, the stranger she wed is an old man, so her focus right now is on totally changing her own ,life , desires and plans....with time her wounds will heal, and for the sake of her children she will consent to your meetings with them, besides she does feel obliged by you for one favor that you are continuously doing her...

Zahid:

(astonished) and what is that?

Doctor:

That you did not entangle her in any legal litigations for having defied her written word to the court that she would never ever take your children abroad without your written consent...you do, ofcourse know that western courts jail anyone who commits perjury(tells lies or betrays the court of law)

Zahid:

Jee this is true

Doctor:

And this is an indicator of your family's honor, after all she is your father's cousin....so if you are protecting her from harm ,expect the same of her....just get well soon, yaar, please, as soon as can be..

Zahid:

in hales deeply and then whispers, doctor sahib, today's session was the toughest of all

Doctor:

I guess this is the postgraduate zahid's way of saying thankyou(smiling)

Zahid:

(Laughing frankly and trying to inhibit laughter too) yes I am grateful and the meeting was extremely beneficial

Doctor:

Ok then drink your tea, and talk to me please...

Zahid:

I just get stuck at expressing when I evaluate this issue...

Doctor:

Yes it is natural for our eastern culture, but it is my personal experience that once sober, the past seems utterly different from what it seemed when we were using, and the newness of the whole past's shape increases as the age of our sobriety does...

remember, it is only spiritual standards of thought, perception and action that will keep you from drug abuse, otherwise if you started competing with people busy accumulating materials for personal satisfaction, you too will get engulfed by that useless rat race and along the road to that meaningless material chase your intelligence will coax you to do drugs, it will rationalize that when all else is simply ostentation,

then why not do some of your own choice..And that will always be your drug of choice.

Zahid:

Yes I agree, nimaaz is what soothes me the most, and I think that the prophet alaih assalaam's saying that, "nimaaz is the path to salvation"..also means that all other paths lead astray..

Doctor:

I agree with you 100%, now please talk to me frankly and informally, you are my senior sir, ever since we were in med-school, so I wish to learn now from whatever you have to say...please.

Zahid:

May I smoke

Doctor: of course you may, you never needed asking me during our earlier meetings, did you?

Zahid:

(smiling)I was actually asking for time-out, not permission

doctor:

sure, take your time, but when you do start talking, just talk away I mean talk at length please...

zahid:

doctor, I always had this feeling within that I am to blame for whatever happened, especially the last, most important factor that you indicated,(smiling now), imagine the tragedy we addicts go through that we have to express gratitude to our Lord for depriving us of the blessings we could not cater for....i hope what you say about the future also proves true...I do have a slight intuition that it is true because I sleep very comfortably and my cigarette intake has reduced markedly, in the past I used to light cigarettes after cigarettes at night...now even during the day time I experience a kind of peace and serenity that I have never known...I am in a hurry to get back to my job, remarry, and acquire some kind of foreign academic credential so that my worth is highlighted in my family...but hurrying is a genetic factor that I inherited from my dad, anyway these meetings have removed the weight I carried in my head and heart...I had actually made it a habit of blaming her for all misery that befell me after the divorce...now I will try forgiving her slowly I am also confident this time that I will manage remaining sober and abstinent for life, I have been through multiple treatments but never felt so confident...I wish to go spend 40 days with the tableeghi jamaat people so that the methods of positive thinking I learned here become a habit by staying with them.....the only fear I have is of my habit of scurrying(hurrying)...and haste does make waste..

I am also contemplating about writing this letter of apology to my wife and confessing all my errors...of course in time,, but am serious about posting it to her some day...

It was only my worry about my children that disturbed me but the way you explained it, I feel at peace and fearless now...I just pray that god helps me forgive their mother from my heart, and I pray that I remain steadfast in consolidating my relation with our Lord.(zahid's drug of choice/abuse, and his early stage of recovery makes it difficult for him to be articulate in speech, but the fact that he is focused on asking the Lord for help, and is asking for the right things, indicates that he is now on the track of recovering progressively)

Doctor:

You should pray for her well being too when you pray for yourself and your children, that will cause her heart to be washed of any resentments she may harness,...today your individual counseling terminates, you too, please close this book for ever, concentrate

on the future and whatever you can do today, now! to make your future more fruitful...please forgive yourself and others for what happened in the past and move on...ok?

Zahid:

Ok

Doctor: zahid, if you feel that any other affair/s need individual meetings, don't hesitate to ask please....we still have to examine your behavior with our mom, but we can do it during a group session, coz that will benefit the entire group, may The Lord help us all to evolve into humane humans. ameen.

(zahid ,who had taken admission only for 3 days, to console his mom, stayed at the clinic for 42 days ,then he went with the tableeghi jamaat for 40 days...his director has given him the responsibility of the most sensitive department in his office, zahid was awarded the best employee's shield by the governor of Punjab(2003)today he has been sober for over 18 months, his mom who did not allow him to buy socks of his own choice has now allowed him to find a wife to his liking...a week ago zahid called the doctor and said that he was now convinced cent-per-cent that he could never have gotten rid of drugs had he remained burdened with his children and their mother...that zahid's speech is punctuated with recurring expressions of gratitude for The Lord for every and any pleasing factor in his sober life, indicates that he is not only happy but focused HIGH too,)

Bulk of Psychological deviations from health:

Besides what we read above, generally, there are tons of psycho-deficits that the disease induces, blinding the patient from his/her own fault of doing poisons/drugs.

A summary of psychological deterioration caused by getting entangled in drug abuse ;

- 1- A cumulous of feelings of failure, guilt and shame that cause
- 2-decline of self-esteem, that results in
- 3-unhealthy recourses to enhancing self-esteem; most often through, "People pleasing", failing which ,
- 4-negative exploitation of natural psychological defense mechanisms commences, and
- 5- to deal with the un-ending string of failures, self-esteem support with the crutches of resentments is resorted to, while
- 6-sustenance of the affection for drug abuse is maintained by self-deception through illusive interpretation of realities and confirmatory company of addicts, as
- 7-anger and it's negative use is the climate maintained at home to have one's way with loved ones(family)
- 8-creating self-satisfying reasons for drug abuse through failing at controlling family members, whereas inwardly

9-one sinks deeper into the unresolved grief processes of the multiplying failures of social, familial, financial, medical and legal nature, which also cause
10-sexual isolation, thus distressing the simplest/innate pathway to socializing healthfully.

With exception of 2 to 3 %, all addicts wish to get rid of their disease due to the continuously amassing feelings of guilt and shame.

feelings of guilt and shame.

All patients from muslim backgrounds recognize drug abuse as a social crime from their childhoods.

However, if the specific environmental factors of an addict do not cause shame and guilt due to traditional principles ,the accumulating failures at meeting social commitments and effectively shouldering social responsibilities cause a progressively increasing load of guilt and shame.

The primary priority of addiction is to get the drug , do the drug and keep the habit hidden.

This disturbed view of responsibilities causes the surrounding people (at home, job, business) to be repeatedly, let down, betrayed, told lies to and forsaken.

The patient perceives their resultant displeasure and the conscience generates feelings of guilt and shame to deter future deviations.

But dependence causes the addict to try finding ways that would allow drug abuse without hurting the social image; altering the time, amount, place, and kind of drug abused...and failure at that too is followed by attempts to escape such 'demeaning' environment by changing jobs, profession, place of residence; to restore normal social acceptance for self.

The universal/healthy law of nature that states "dependents will never be accredited as independent individuals" remains obscured by the addiction and each failed attempt at achieving social acceptance adds to the burden of guilt, shame and remorse.

This long chain of affairs terribly deflates the patient's 'self-esteem'.

Shallow self-esteem:

When this defection sets in, the personality starts altering for worse.

The subject looks for easier ways (shortcuts) to enhance self-esteem.

The easiest/simplest is attracting attention by pleasing others.

Expecting praise (by others) to mute the rebuke that drug-dependence's social results continuously cause from within (conscience);the patient ignores personal wellbeing/responsibilities/obligations giving disproportionate attention/time/funds to others' problems.

However the carelessness about 'punctuality & promptness' due to the deranged psycho-social norms/regime ,repeatedly disappoints at all such efforts too.

Also the petty /usual promises made to self are continuously breached and all these factors simply strangle the self-esteem.

The onset of negative exploitation of natural defense mechanisms:

An addict's entire brain and body machine operates to provide with additional energy and rationales for overcoming any hindrances/restraints to doing drugs.

The natural psychological defense mechanisms are the major forces that the addict manipulates for feeling entitled to doing drugs.

DENIAL;

This is a natural mechanism by which a shocking piece of information is absorbed into memory without delivering the upheaval it should.

Addicts are adroit at abusing this mechanism to continue denying their drug abuse's role in the downward slide of their entire social life.

Everything and anything else is an acceptable reason for their drug riddled, incapacitated social, familial, financial and physical state, but not the drug.

MINIMIZATION;

This mechanism exists in natural psychology to allow scrutinizing the absorbed piece of shocking information without being scared away. So that the normal person can begin to comprehend the enormity of information received. The conscience helps by providing palatable explanations for the shocking info but the addict abuses it for not only minimizing the damage drugs have done , are doing and will do to the entire family/society, but also use it to manipulate the next psychological tool

RATIONALIZATION;

For explaining the dire state the addict and the rest of the family is in, the addict minimizes the damages caused by drugs and their habit, and gives incredible rationales that may convince an average intelligence perfectly in favor of the addict's views.

Rationales that the addicts give may even render the sane, speechless:

"to do drugs or not to do them is my god-given prerogative, love me with my choices, or leave"

"All great men did drugs, Freud, iqbal, even quaid-e-azam's wife did morphine"

"I do drugs with my own wealth, I don't steal"

"if drugs hurt, they hurt myself, am not hurting anyone else"

"smoke from cars and factories is more dangerous than that from my cigarettes"

"I can vouch that addicts did less damage to humanity than politicians did"

All this may or may not convince the listener but the addict's faith is rejuvenated with every such confrontation and soon

ANGER;

Comes to defend. Time, the ill-habit and the bio-chemical derangement in the brain registers the necessity for such explanations as an additional invasion of personal privacy and negative emotions take control that begin

PROJECTION;

Projecting personal weaknesses/flaws onto the actions of others and analyzing them through such mistaken perception. A collection of resultant resentments then go on to the mental record of the addict, into the 'library for logic that validates drug abuse'.

In addictive disorders;

The conflicts that continue budding into all/every social relationship/interaction

The progressively growing failures

The progressively diminishing self-esteem

Cause the above mentioned and more, defense mechanisms to operate overtime. The patient is not at all willing to blame drug-abuse (habit of overindulgence) for the continuously worsening physical, domestic, social and financial components of normalcy.

All talents of mind and body are abused for attributing minimal blame to the sick habit and believing in it.

This ongoing psychological tug of war, for "protecting the right to do drugs"

Causes the addict to find fault with all and any tradition/principle, and prove every/any situation substandard/imperfect and thus the reason for whatever goes/went wrong in the addict's life....and this entire falsehood continues to become a part of the addict's basic beliefs.

The belief system may sound/seem like:

- "it is the unfair attitude of my wife/parents/siblings/colleagues that I counter with drug abuse. Under identical stress, anyone would resort to painkillers/soothers/uppers/downers".
- "drug abuse may be illegal, but telling lies, betraying, cheating are bigger fouls. I only do drugs, I don't deceive anyone's trust".
- "The amount of money wasted on a wedding reception could support my drug habit for a year and none of the poor would harvest a sense of deprivation from my habit".
- "Even if I continue with my education, I will only be serving someone at the end, so I might as well start my own business".
- "I could give up drugs whenever I took that decision".
- "I do my drug only at the start of the day and at the end of it".
- "You must be joking blaming my drugs for my problems, drugs are the tools I handle my problems with..."
- "My drug of choice is my closest, sincere most friend, it is the friend in need, the friend in deed".
- "That's it, no more lectures about my drug abuse, please, let me be, after all it is my grave that I dig, not yours".

garnering resentments:

Once the defense mechanisms commence operating contrary to health, the patient lives through each day, interaction and situation to gather mental notes against normal/healthy; people, principles, traditions and regulations so that drug abuse is rationalized.

Such prejudice apparently, gives buoyancy to the sinking self-esteem.

This absolutely crooked vision of everything enables the patient to loose sight of the vicious cycle of drug abuse, the resultant failures and the continuance thereof. Instead, a multitude of resentments against the spouse, siblings, parents, colleagues, politicians, religious clergy, health support systems and personnel completely blindfold the patient who thence becomes antisocial.

At this stage, the patient, unsuspectingly but absolutely shifts into the folds of the sub-

culture of addicts.

Self-deception/daydreaming:

The stacks of resentments, and the sources of them act as the villains, While the addicts' daydreamt illusions of superiority play the role of heroes in the drug induced 'euphoric' movies that the addicted minds create to 'enjoy the high' the drugs deliver.

Dim-witted and irrational as it may sound to a healthy mind, drug abuse and tolerance for the mannerism of similar friends can not be continued any further if such endorsing animations of distorted realities do not utilize/employ the brain faculties.

This further distances the addict from such domestic, social and normal engagements as household duties, academic commitments or those at work/business. And to rationalize each dissociation from normalcy, additional resentments are fashioned and lodged against the prevalent norms of health.

Consequently the company kept, the dress code adapted, the behavior exhibited, the socio-political ideas esteemed, all seem alien to any kith and kin who see an addict after long. The patient has no semblance to healthy/normal, and instead appears a model of the subnormal culture of dependence.

To continue this sick mode of thought and behavior and remain glued to the family unit, other tools are required .

The most convenient and ever-accessible is 'anger'.

Anger:

The human body is endowed with 'anger' to be able to defend itself against harmful situations.

When fair rights/principles/needs are being robbed/breached by someone's ignorance/arrogance, the brain attempts at changing the situation favorably through the guise/tool of anger.

The purpose of anger is not disorder, or hurting others' feelings but simply to adorn such a mental and physical state that would deter any future breach/plunder of the subject's rights/needs/principles.

In an addicted mind, the entire group of higher centers for thought, perception and action are enslaved by the obsession for the drug and rationalizing it.

The drug rules the mind through the ill-philosophical design of "**maximal benefit through minimal effort in shortest time**

Thus in one's immediate surroundings, where-/when-ever desired results can be quickly obtained through aggression and hostility, anger is a favorite primitive tool.

e.g., With those who care for the patient, the parents, spouse, siblings, neighbors, and old friends, i.e., surroundings in which the patient's anger would be tolerated.

However in situations where anger would not be heeded to, or would cause problems, the patient behaves modestly becoming a portrait of humility.

Thus being angry with the caring and courteous to the uncaring/tough/superiors is second nature to all addicts.

The guilty/shame feelings arising from;

repetitive tantrums at loved ones,

recurring, loathed surrender to authority/s,

shrink the self-esteem some more ,and to counter that ,more of the drug and company of alike is procured.

Once the 'high' is achieved, negative rationalization validates the tantrum/submission condemning whatever caused it, as yet another resentment.

The distance from health and healthful company/society increases progressively with each heaped resentment.

This convinces some more in favor of sick companions,
Making the patient more deeply ensnared by the belief that druggies and drugs are the best company.
Gradually molding the 'faith' in the falsehood that , "drugs are a basic necessity for life".

Controlling the family members:

Once the 'anger system' is completely caged by the drug governed psychology, the disease moves on to the next conspiracy against the patient, the family, the society and the species.

The patient attempts to balance the defective shouldering of domestic/social responsibilities by showing inflated care for the (supposedly) loved ones.

This additional care manifests itself as extra interference in their judgments /decisions thus infringing on their rights, invading their privacies, making life still harder for them. Although the patient's confused 'tunnel vision' makes this seem as 'caring/loving', yet it is the 'tricky mind' of addiction scheming to 'create crisis for oneself'.

Every time a family member fails to be controlled, a tantrum and/or a pang of sorrow/agitation push the patient's buttons for 'more drug'.

This is the stage at which such robotic existences of the addicts are;

- Divorced
- Disowned
- Deserted by business associates
- Arrested by law keepers/police at neighbors'/family's S.O.S calls
- And most , relocate to addicts' living quarters/streets, or other addicts move in with them.

swelling heaps of unresolved grief processes:

The course of conscious conduct in the wake of a loss/emotional shock/hurt is called a "grief process".

The process has numerous stages that the aggrieved goes through.

All stages must be traversed before one is really past/over whatever caused it.

- There is initially the 'silent' phase, similar to the brewing of a storm.
- This is followed by a vehement 'denial' of reality, exactly like a dear one's death news is almost always responded to with, "no..it can't be true".
- The first response to undesired situations, learned as a child shows itself as, 'Anger', that starts spilling onto unrelated subjects.
- And the reflex pattern from that same age, tends to 'blame' oneself, for whatever transpired.
- Such innate emotional wrestling with the shock shrouds the mind and body with 'sorrow'.
- Which isolates the person from the environment, allowing the 'loneliness'/choicelessness to infuse the strength needed for the mourning.
- That is followed by complete 'apathy'. Comfort feels worthless and anguish; trivial.
- At this stage one has, unknowingly 'conceded' to reality, and beyond this , the 'acceptance' allows one to view one's post-traumatic condition completely.
- Only then is one ready for saying 'farewell' to the 'loss' suffered and moving on with life.
- As the advance gains momentum, one looks at the 'loss' in hindsight and recognizes some beneficial traces of the tragedy on one's life.
- This allows tiny bits of 'gratitude' to find their way to the person, who thence, is really across that tragic ravine.

The entire process takes weeks/months (in some cases, years) to be over, and every individual has to consciously face these stages to really get over whatever loss was suffered. Only after that is one capable of living normally.

Bulks of un-attended to defeats/failures/losses gather in an addict. They are related to physical deterioration, domestic strife, financial misery and social humiliation.

However;

Imbalanced and incorrect justifications

Minimal Attribution of responsibility to own mistakes

Projecting own negativity over others' actions to perceive erroneously

Disallow the addict to gain any personal/mental growth through the honest self-analysis of the accumulated misery/mistakes. Instead the addict subjects each heaped up incident to partial analysis, with bias for rationalizing drug abuse

As a result, the addict fails to look at any such damage in its entirety; to resolve it, and move on in life.

The stagnating grievances continue to pull down on the psychological health of the patient and the pus they generate keeps gathering as resentments against the normal/natural..

Sexual isolation, and mental impotence:

In spite of being sexually active, the above mentioned psycho-social 'gripes' disallow real sexual intimacy with anyone. At the most, intercourse is a means to keeping the spouse reliant, or, later in the disease, to be of use, to the spouse.

Such a viewpoint of sexuality reeks of loneliness.

Most drugs, with prolonged abuse, render the addict mentally and some physically impotent.

Appropriate sex-education is essential during rehabilitation/treatment, for unlearning the selfish views and relearning the healthy 'reasons' for mating.

More so because many addicts will blame 'impotence' for their relapse

CAUSES OF SUBSTANCE/DRUG-ABUSE/ADDICTION

There are numerous reasons for the initiation of this disease:

1. Sometimes surgeons/doctors prescribe mood altering chemical/drugs for an ailment, and then gradually it progresses to a habit.;e.g.;

. ,Sleeping pills, sedatives ,relaxants etc., such as ‘valium’ , ‘xanax’ , ‘restoril’ , ‘relaxin’ , ‘lexotanil’;

fractured bones or other injuries may lead to prescriptions of synthetic opiate injections/tablets ;eg., ‘sosegon’ , ‘buperon’ , ‘tamgesic’, etc.,

Quacks and hakeems often prescribe opium containing drugs for various maladies.

2. In some parts of our country ,cannabis(charas and bhang) etc., are considered a part of cultural rites.

Usually misinformed and partially literate, or illiterate people who aspire to be saints and gather around mausoleums and tombs, use chars and bhang (cannabis) to achieve the ‘trance’ that (they think) gives them better perception of abstract realities.

3. The youth usually commence substance abuse for partying and ‘getting high/ a buzz’. That slowly becomes a habit. Drugs thus used are, hasheesh, marijuana, charas, bhang (different names of cannabis indica) , alcohol and ‘extacy’(a variant of amphetamines+L.s.d.)

4. Heroin or synthetic opiates are resorted to for a ‘stronger’ ‘higher’ buzz/kick by those who are already hardened to ‘milder’ drugs, or; the unavailability of the milder drugs, the ‘pusher/seller’s’ ploy to hook the client to a drug that pays more money are the reasons in many cases.

5. Opium, or one of it’s alkaloids like morphine are suggested by quacks to men who wish to enhance personal masculinity/potency/libido.

6. In some cases the drug of abuse is first taken to complement the user’s job, or professional skill, but gradually the patient loses control and gets addicted. Examples are stimulants that repel sleep and induce sharpness of perception and reaction; speed (amphetamines) used during the Vietnam war.

7. In alarmingly increasing numbers, many children earning their own living are introduced to ‘sniffing’ household/industrial chemicals by employers who intend to ‘leash’ their employees with lesser salaries.

8. In the Western world, designer drugs that enhance physical activity along partying lines, are acquiring favor with the youth. With the exception of #1 and #7, the common factor between all causes of drug addiction is ‘the tendency to attain, un-toiled for, immediate gratification’. Which is in absolute contrast to all universal laws of normalcy that govern healthy/healthful gratification. However; since those that seemingly live in gratification are highlighted in the societal media and society itself, an immature mind’s inference to skip the hard work and achieve the goal of ‘gratification’ is not unlikely or partial.

And drugs are the easiest path to unearned mood elevation/gratification.

Refer to:

SOCIAL SCIENCE AND PSYCHOACTIVE SUBSTANCE USE

Gerry Stimson, Imperial College writes: ”Social science explores the ways in which the use and impact of psychoactive substances are shaped by individuals, communities and societies.

Drug use, social environment and culture

Drug experiences are malleable and are shaped by culture.”

http://www.foresight.gov.uk/Brain_Science_Addiction_and_Drugs/Background_Note_Exploring_some_of_the_Science_Underpinning_the_Project.html#socialscience

The psychological defect ; stretching the dis-ease:

- 1.Common/normal psychology
- 2.Drugs assault patient's psychology
- 3.Schematic presentation of psychological disarray caused by drugs
- 4.Effect of patient's psychology over the family's, and vice versa.
- 5.Results of psychological derangement, spiritual chaos/dismay
- 6.Patient's spiritual demise.

common/normal psychology

All efforts of all people from all walks of life, are aimed at 'enhancing their moods'. Every person from any social, cultural, familial background, has his/her own definition for a 'good mood', e.g.,

One achieves the chemical environment within one's brain conducive to a good mood, by

making money, while another may achieve that by winning at one's favorite sport, still another by doing one's job with perfection, and yet another by serving others and someone else, by stealing .

The moral, social and spiritual values in one brain may be supportive of One God, and another's values from another socio-cultural background may resist such ideology vehemently.

One may consider serving one's old parents as gratifying as another does one's girlfriend.

One may consider cricket one's source of joy and another may define cheating at cards likewise.

However, every individual endeavors all the time at manipulating one's body and all available means such as , acquired knowledge and conclusions derived from all acquired information, and progress thus made , to conform to/chase after, that specific, 'self-created-definition' for a good mood, and all individuals consider chasing after their respective mood enhancement, rational/legal/rightful.

As mentioned earlier, a normal human brain's mood mechanisms are regulated entirely by chemicals within the brain; **Information** from the environment is analyzed in light of the 'recorded' data of personal priorities which in turn are shaped by an individual's social, cultural, religious and family background and memorized pleasant/unpleasant experiences in the past.

After such multifaceted analytic scrutiny of each arriving moment, the brain issues 'directives' to the rest of the body and brain ,and

The SOCIAL image of Whatever the body and brain **collectively does or intends to do** is called/perceived as, that person's psychology.

Thus whatever is of significance to the society, about an individual, is;

- (a) His/her 'information/knowledge'.
- (b) The 'actions' executed.
- (c) And the quality of all his/her actions/intentions.

Information/knowledge does not only mean bookish information stored in the brain, but also the data that keeps arriving through one's senses , and there, each new piece of info is analyzed in light of all the data accumulated since the last moment .

Each arriving moment elicits an 'analytic report' which is sent to the 'reward and motivation center'(an aggregate of cells in the medial forebrain) through the mesolimbic dopamine system,(which is like a bunch of wires connecting various brain

centers that must operate in a coordinated manner) and during its conveyance the mesolimbic dopamine system 'tags' the report 'favorable/unfavorable' in light of the person's own specific/unique index of personal/familial/social/cultural/spiritual priorities .

The 'reward and motivation center' then 'generates' the 'feelings' of 'good mood' or 'bad' and those feelings envelope the entire brain and body; if the 'launched' directive is

For a 'good mood' a pleasant guise 'wraps' the individual.

All positive attributes of that individual's social and manual skills get accentuated and the individual also feels highly motivated to get/do more of whatever caused that feeling.

If the 'launched' mood is 'bad/unpleasant' lethargy, depressed intent for work/socializing, and all/other negative attributes of character, envelope the person.

In each case it is in light of such directives that the brain decides, 'what', 'when', 'how' 'to what extent' and 'with what intent' should the appropriate be done.

So it is the 'mood system' that regulates his/her positivism/negativism in the circle/society he/she lives in.

Therefore it is the reward and motivation center in the human brain that monitors the **social/human quality** of all deeds/thoughts emanating and will ever emanate from that body.

Drugs, assault of normal psychology:

The entire scheme of things in the 'mood managing system' is disturbed by intoxicants.

- Medical science describes intoxicants as "mood altering chemicals".
- It describes drug addiction as "mood altering chemical dependence".
- It defines 'intoxication' as 'altered/adulterated perception of reality due to external substances finding their way into a human body'.
- All intoxicating chemicals affect the abuser's mood and cause it to be falsely/unnaturally altered, distorting the perceived reality, for a limited period of time.

Whether they induce

serenity (opium and its derivatives; heroine, morphine and synthetic injectable opiates) enthusiasm (extacy, cocaine, speed)

sleep/slumber (valium, xanax, restoril, ativan, barbiturates, relaxin)

wakefulness and agility (retalin, speed, cocaine)

lethargy with heightened concentration of focus on some aspect/corner of reality (chars/hasheesh/cannabis/marijuana/skunk/bhang/chandoo)

agility followed by sloth (alcohol)

Agility followed by apathetic sluggishness (Ritalin, extacy, cocaine)

Each of the above operates by chemically deceiving the person's higher centers of sentiments, perception and morality and propagating a false signal of 'all is well' throughout the brain and body, , thus holding the person's cognitive faculties hostage, for a limited period of time..

Such prolonged self-mutilation, causes:

- 1.altered brain and body bio-chemical dynamics.
2. remaining invisible to others, the thoughts, emotions, sentiments, analysis and priorities within the abuser's brain, get distorted.
- 3.evident to others, all actions emanating from the abuser's body and brain get distorted.

Thus on one hand the entire chemical environment for mood invention is damaged and on the other, each episode of drug abuse slices away at the abuser's sensibility

like a six-bladed knife ; registering such fallacies to the consciousness, as:

- ‘vow’ what a kick
- This deserves repetition
- This is how joy ought to be defined
- This is the easiest path to bliss
- Every/any obstacle to treading this path is a breach of basic rights
- Every obstacle has to be overcome, come-what-may.

Gradually the abuser gets brain washed. The aggregate of social, spiritual, moral and personal principles that thus far ruled his/her decency, get tainted .

Telling lies and dodging authority to escape the consequences of delinquent behavior slowly give place to premeditated thefts and minor frauds.

Parental authority starts seeming villainy, till eventually they come to be perceived as adversaries.

What was unimaginably perverted once, seems not so odd...what was absolute ‘poison’ is now a mere choice of prejudiced words....what seemed perfectly decadent, now appears morally acceptable.

What was an accepted haraam once, is now practiced by the abuser as though it was perfectly halaal.

All the above venomous factors result in:

the deranged/distorted psychology:

The mood managing system’s disturbed chemical framework, along with the unbalanced/confused abstract standards, for defining ‘normal/healthy/good/bad mood’ cause it (the ailing mood system) to be ‘triggered’ by any/all normal environmental play on the mood.

In simpler words, anything that normally elevated/depressed the patient’s mood (when in health), is sensed as a messenger/stimulus/reason for drug abuse.

For example, a normal pleasing occurrence, such as a birthday/wedding party, a usual family gathering in celebration of whatever, news of the son’s academic success, witnessing a favorite TV program ,or even a cloudy&windy evening during summer is interpreted as, “It’s happy-time, commence partying, use the drug”.

Similarly a normal natural grievance such as a relative’s illness, or some trifle dispute with a dear one, or one of the usual disappointments of every-day life, such as missing some specific appointment, or being unable to get a ride/taxi at the desired time

Will cause the ‘am aggrieved’ light to flash in the abuser’s mind and the learned pattern for dealing with it will whisper, “avoid hurt, lift up your mood, do your drug”.

Any occasion in normal daily living that warrants extra agility/energy/attention, such as a new job interview, a court attendance, a blind date, shifting furniture for the new paint job in own room, or even the need to drive to a workshop for getting the car fixed, will craft the “performing successfully needs additional vigor, do your drug”, pretext and of course the patient will gladly obey.

In summation, the thought/feeling/behavior pattern will be:

- Occasion to celebrate— have fun! do your drug
- Occasion for sadness— improvise! do your drug
- Occasion for excelling— girdle up !do your drug

As evident, these deviant bio-chemical-dynamics of the ‘mood managing system’ impart their sickness, to the higher logical centers of thought, analysis and perception and through them, the data that constitutes the moral , social and spiritual values governing the patient’s behavior/attitude gets deformed.

In actual, three of the basic foundations of, the character that ‘was’, become crooked.

1.Common sense: Whatever was considered ‘unhealthy/damaging’ by (the subject’s) common sensibility, e.g., doing drugs, is not anymore.

2. Common social interactions: Since the common is replaced by the uncommon sensibility of sickness, the responses of significant others in the family/neighborhood/place of job, to the subject’s drug induced irresponsibility and irrationalities cause the patient to resent **them**, and **not the drug**.

3.Common system of Values : The body & brain’s driver, ‘the mood managing system’, endlessly canvasses the higher centers in favor of the drug abuse such that all social, religious and familial traditions learned during health, acquire a hollowed out, impractical and outdated significance and become meaningless to/for the patient.

This results in a sick/incorrect/unnatural interpretation of all acquired /imparted knowledge and constantly arriving new information.

If one perceives through the same crooked visualizing angle of the patient, the irrational insinuations seem real, however what has happened is:

- Drug abuse , commenced for entertainment , caused such changes in the mind and body..
- That made the abuser believe, with the passage of time, that there was no other choice for feeling normal, but drug usage ...
- and this psycho-somatic conviction with still more time and biochemical damage, induces the ‘faith’ that doing the drug of choice, is the patient’s basic need of life.
- which in turn endorses the **legitimacy** for overcoming/resisting any hurdle /obstacle/barrier (social, familial, medical, legal or religious) to the providence of this **basic need** for life.

All this is so skillfully done by the ‘disease’, with such absolute submission of all mental and physical faculties of the patient, to doing just that; that some times even the healthy believe the irrational/illogical/sick/aberrant explanations that the patient voices for the realities of life.

When the veil of fabricated/ailing rationales completely blind the patient, all acts and attitudes originating from his/her body and mind become unsound, while the ‘**master** (drug)’ keeps convincing otherwise with false signals of ‘all is well’.

The abnormal/adverse familial and social consequences of the patient’s sick attitude towards life, are relayed by the whirlpool of addiction as reasons for doing more of the drug, thus pulling the patient deeper into it’s trap of slow suicide.

The affect of deranged psychology on the family’s /co-dependence:

A principle of abnormal psychology states, “the sickest mind dominates the rest”.

This manifests itself in the addict’s family as follows:

The addict’s self–‘inflicted’ definition for a ‘good-mood’ needs an endless chase after the drug of choice, and escape away from it’s consequences. While the ‘the addict should heal’ is an indispensable constituent of the unfortunate family’s definition for their ‘good-mood’.

Thus , the situation is seen by onlookers as:

Healthful living < < **constantly increasing distance** > > *family* → → *patient* → → **drug**

- The patient tells lies, for the drug and the family does, to protect/avoid him.
- The patient deceives for the drug and the family does so to escape the consequences of the addict's tricks.
- The addict manipulates and abuses others for the drug and the family does so due to the addict.
- The addict disregards social/legal/religious norms/limits for the drug, the family does so due to/for the addict.

Thus the disease entraps the entire family, imprinting psycho-socio-spiritual defects onto them all. Continuously maiming their mental peace/health

The feelings of guilt and shame, caused by their respective deviations from socio-spiritual norms, result in a sense of 'inferiority', which when untreated, expands like a blister and the 'pus' of 'feeling helpless/self pity' that seeps, eats away at that **last** accessible patron, spirituality/spiritual values.

Continuous Psychological trauma leads to spiritual wasteland:

1. The above mentioned ,negative feelings of 'inferiority' and 'self-pity' are countered by certain innate(natural) psychological defense mechanisms.

Denial works to absorb the actual magnitude of the shock that the state of affairs carry for the family members.

Rationalization enables them to devise bizarre rationales for their pitiful state. Minimization allows them to see their situation with minimal cutting/hurting/jagged edges and Projection, blaming, comparing enable them to find faults with almost everyone around them.

This results in their twisting of every social, legal, moral and religious principle to their own liking which causes those principles to become unimportant, insignificant and seem unnecessary.

But, since every individual's 'self-esteem' is based on these very principles, the essence of all family characters is shaken to the roots.

2. Repeated failing due to incomplete or incorrect treatment modalities, disillusion the patient and the family about the medical science and/or practitioners.

3. The long history of 'wrong treatments and correct prayers' disappoints the family members of their spiritual values/deities, if not completely then at least to their patient's extent, believing that "medicines nor prayers can cure our patient".

The Addict's spiritual demise:

Overwhelming physical ailments/shortcomings

Ruined mental framework

Torn familial ties

Sunken social status

Failed treatments

Unanswered prayers, make the patient absolutely disappointed.

All moral values appear to be for some other species.

The addict continues to live for;

Getting the drug and using it.

This is the deepest gash /cut inflicted by the disease because the patient lives in pursuit of an unhealthy desire. And since only animals live to chase after

immoral/unhealthy desires, the disease of drug addiction has successfully dethroned a human being and caused a spiritual demise.

The philosophy/justification for disease/s

Nothing in existence is meaningless, not even diseases.

They are mediums that impose 'refinement' and 'improvement/progress' upon human societies.

'Pain' is a signal that attracts the attention of an individual to whatever is wrong in the body, similarly diseases force humans to heed to 'shortcomings and flaws' that act as pollutants/contaminants in their society but are either ignored or considered negligible/insignificant.

--the existence/presence of:

- 1.this disease/clinical syndrome around us
- 2.the factors that initially tempted/taught the patient to abuse drugs e.g., some adult relative's model, media etc.,
- 3.the easy/continuous availability of drugs of abuse, from the environment
- 4.the progressively worsening state of the patient/s

Are all indicative of faults within the societal fabric that are either unidentified or overlooked, but that are lethal in every sense of the word.

The facts that :

THE patient's worsening morality remains unnoticed and the patient continues to consider it a physical ailment, and stays oblivious to the psycho-socio-moral (spiritual) degradation caused by the disease, indicate that the environment the addict lives in lacks moral/spiritual stimulants/reminders/consciousness.

Otherwise, the psycho-socio-moral muddle of drug-dependence, should warn the patient/family much before the physical signs and symptoms become palpably visible.(, and by then the disease is already too far gone).

Modern medical science has already concluded that 75% of all physical ailments are presentations/manifestations of psycho-social defects. But since modern medical science has grown in Jewish/Christian cultures, it is rightfully prejudiced against (their) spiritual values.(due to the basic Christian wrong belief of considering all human beings 'born sinners that remain such' and the basic error of jewish mythology that declares jews superior to other humans for being of godly pedigree). And as a surviving tactic, modern medical science maintains an 'indifferent' distance from 'moral/behavioral' issues. Otherwise, modern medical science would call all behavioral defects, flaws in the moral/spiritual constitution of the individual.

The rampant psycho-spiritual debilities such as, falseness of speech and action ,dishonesty, egotism/vanity/ false pride, jealousy caused by selfish struggles at materialistic challenges, vindictive morality (being kind to those that can be of advantage and unkind, or wry with those that can not),greed, lust and gluttony, social injustices that mottle every society, robbing others' rights for snatching own,...all these and more, do not allow the patient and family to pay attention to the moral regression caused by drug addiction.

- 1 And a daily overdose of such experiences/information from the media and the environment, educate the patient to consider the disease, a physical dependence alone.
- 2.Also the negative experiences and factors around induce dismay and anger within that is directed against the society as well as self....in the absence of healthful(inner and/or outer) environment, such emotions will only cause the patient to continue migrating to dependence based living and thinking. Which is a stimulant for doing more drugs.
- 3.The only method of uprooting this agony and the urge for dependence, at least to the extent of the patient, is to replace the subject's discontent with self-placating contentment. This can only be achieved through replacing dishonesty with honesty,

selfishness with compassion and empathy, vanity with humility, jealousy/envy with gratitude, greed with contentment and trust, and vindictive morality with absolute morality.

For such changes to occur, the patient has to;

First, experience such positivism, under role-model supervision and

Next, practice it personally in a controlled environment.

Definitely the only reason drug-dependence is epidemic all over the globe is to force humans to rekindle the socio-moral ethics of humane nature.

Presently every third household in Pakistan is directly or indirectly afflicted by the disease of drug addiction, and this number is on the rise.

However; this number is lower than other parts of the world, also, the statistics for rehabilitated patients(that underwent moral/faith-based treatment modalities)is highest in Pakistan. (the number of ex-addicts that are drug-free and positively contributing to the society after being treated at Rah-e-Rast is over 30% of all treated there).This fact is from 2003..to 2008 . follow-ups have revealed the number of patients that remained in recovery for longer than 2 years has diminished from 60 to >30%.

The reason is explained in the foreword/preface where faith-based treatment/rehabilitation modalities are introduced

Drug addiction caused defections from normal /health, that warrant treatment, are grouped as:

- A-psychological
- B-physical/tangible
- C-social
- D-spiritual

Physical/medical defections from health:

Physical medical derangement caused by addiction is best explained by splitting it into:

- 1.Normal body systems and their mechanism of function.
- 2.addicts' body systems and their distortion.
- 3.The disfiguring mechanics of marijuana, hasheesh, skunk, pot, or charas.(Cannabis Indica)
4. The disfiguring mechanics of prescription pills i.e., sedatives, tranquillizers, anxiolytics, relaxants. (sleeping pills/valium/xanax/restoril/ativan/relaxin, etc.,)
5. The disfiguring mechanics of heroine, morphine, injectable synthetic narcotics & opium.
6. The disfiguring mechanics of alcohol.
7. The disfiguring mechanics of speed/amphetamines, extacy, cocaine (sleep repellants/C.N.S Stimulants)
8. The disfiguring mechanics of sniffed household/industrial materials such as glue, paints, polishes etc.,
9. The disfiguring mechanics of tobacco smoking.

Knowledge of the normal systems of a healthy body makes it easier to understand how drugs assault the body systems.

Normal body systems and their functioning:

The heart pumps blood through the body's blood vessels.

The gut and the intestines derive nutrients from the food and give them to the blood, which carries the nutrients to all body parts.

The fresh air needed for 'burning' the fuel(glucose or fat) in the body to get energy for all the functions is breathed in by lungs and conveyed everywhere through the blood.

The blood also gathers all the 'smoke fumes' and 'waste products' resulting from the activities of various body tissues.

The used air is exhaled through the lungs and the fluid poisons go out through the kidneys that continuously filter the blood.

The special senses (sight, sound, smell, touch and taste) convey information of the surroundings to the brain, that monitors the activity of the muscles(including those of the tongue) and joints to maneuver favorably in the given surroundings., and also interprets the information arriving from all body parts/organs in light of past experience and expedites whatever needs doing by whichever body part.

Information travels along nerves at a speed of 100 meters per minute.

Thus there are two sets of conveyance mechanisms in the body.

One that conveys matter/materials (blood system){*the flesh&bone, animal component of humanity*},and the other that conveys information(nervous system){*the abstract, humane, spiritual component*}.

The entire body needs their branches, so a very extensive network of their branches traverses the entire body.

Since matter is conveyed through the blood system, the blood vessels are identical in function to man-made roads used by load carrying vehicles for transport of 'materials', and both are subject to the recurring wear and tear of the nonstop traffic of heavy carriers.

The vessel walls therefore need regular repair and maintenance

The branches of the nervous system convey information of each organ's functional and structural well being to the other body parts dependent upon and/or responsible for that organ's functional/structural competence.

{ Since the nerve channels are not (by default) subjected to any foreign matter, they do not undergo wear and tear, and if they do deteriorate in structure or function, they are unable to regenerate, at least not perfectly. }

All this is extremely inter-related, inter-dependent and amazingly coordinated.

For example:

→-The nerve fibers in the skin of the right leg sent 'pain' signals to the brain,
→-the brain responded by instructing the visual devices 'eyes' to focus at the site eliciting the alarm

→-the eyes informed the brain that 2 inches above the knee, there is a wide gash in the skin bleeding profusely.

→-The brain orders the :

the adrenal glands to release the 'emergency declaration' of 'adrenaline' into the blood system to alert the entire body machine for dealing with the emergent situation ,and

→- instructs the Muscles of the arms to move the hands to the site of injury and press the wound, attempting to reduce blood flow, as well as diminish the pain intensity.

→-It also causes muscles of the sound producing apparatus in the throat to ask for help or at least groan and moan so that surrounding people may help.

→-Meanwhile the adrenaline released in blood, in response to nerve signals, Causes:

- the heart to accelerate it's pumping since, more blood will be needed for carrying first aid equipment + nutrients to the injured population of cells at the wound site as well as all organs that will manage the crisis.

- the lungs to increase the speed of breathing and the depth of it for providing additional fresh air (to be burnt for extra energy) to the entire 'calamity-fighting' apparatus of the body

- The blood vessels leading to sites /organs that do not actively participate in dealing with the disaster, constrict (in response to adrenaline). So the blood flow to the skin, stomach, intestines, and kidneys is diminished. This allocates sufficient blood volume for catering to the demands of body parts that are basic to crisis-management..

The reduced blood flow to;

-- the skin causes it to acquire a pallor and become clammy,

-- the stomach and intestines results in a loss of appetite,

-- the kidneys causes , increased sweating, attempting to expel through sweat, the waste products in blood

- Reduced blood flow to mouth's linings, triggers thirst and this also acts as a first aid-mechanism for restoring the body fluids lost from the ruptured skin.

→- In the meantime, the blood that is always hidden from air and light, clots at the site of bleeding due to exposure, thus plugging the bleeding vessels, causing the loss of blood (from the wound) to decrease in quantity or cease altogether..

→- The products of blood that were altered by exposure to air and light convey chemical-messages (in the form of their own altered structure) to the blood manufacturing factories within the body, to increase new blood formation.

→- And some products of blood 'altered'(by exposure) + passage of time, cause the blood vessels at the site of accident to widen thus allowing more blood flow, i.e., greater conveyance of repair material to arrive at the site of damage

Now , the site of the wound swarms with :

1-the repair materials and ,2-their conveyors as well as, 3-degradation products of the torn body tissue...

exactly like the site of a road accident which is crowded by the emergency crew as well as onlookers.

This 'crowding'/swelling at the wound site will press on the nerve endings there, and this constant 'pressure' will cause the 'handle with care ' sign to continue blinking in the brain disallowing the body systems to forget the fragility of their neighbor (the wound) and tending to it.

Addicts' body systems and their distortion

All mood altering chemicals operate through chemically deceiving the brain and asserting a bogus/artificial chemical environment of well being throughout the body.

However the body systems do not cease the 'chemical analysis' of all incoming materials. This omnipresent scrutiny triggers the mounting of a defense, as soon as the invading intoxicant/crook is recognized to be injurious to health.

When drug abuse becomes a regular habit, the defense against it becomes a constant chemical climate within the body.

In simpler words, the owner of the body goes on throwing poisons into the body, and the body decides to maintain an uninterrupted war against those poisons.

Thus ,whether the patient is asleep, awake, knocked unconscious by the drug, or waiting for the next fix/dose/drink of the drug of choice ,the 'state of emergency' declared within the body persists nonstop. The body chemistry does not take breaks unlike the addict who does.

This continuous state of war in the body, disallows it's workings to respect those needs of a normal/healthful body regime that are classified as 'mundane' during combat.

E.g., if a foreign enemy continues infiltrating at random intervals, the defense forces of the permeated country would remain on a continuous alert, and the round-the-clock vigilance in each aspect of normal living, would aid the defense but deprive the local, civilian populace of their usual rights and comforts. Exactly like the rape of democratic societies/populace by military rules/martial laws.

So the unending, defensive workings of the entire body machinery suspend the normal/healthy routines/regimes of it's systems.

When this suspension of normalcy is prolonged over months and years, each body system's/organ's ability to deliver it's normal functions gets 'rusty', and medical science or common sense defines that as 'sickness'.

For the works to revert to significant normalcy, a drug free interval of at least 2 years is required.

Domestic, familial, social, financial deficits/consequences of addiction

Most patients and their relatives think that the domestic/social/ financial consequences of disease will wear off/resolve of their own once the drug habit is kicked,

This is not untrue,

But,

This will depend on continuous progression of the physical and psychological recovery achieved during treatment,

Therefore,

The social/ financial consequences of the disease, wear off after rigorously testing the healthful psycho-physical attitudes of the patient, and thus these, the social/domestic/financial consequences of drug addiction become the most important Factors that the patient must deal with in the earlier period of recovery (the first 2 years).

Because,,

The quantum (amount) of patience, diligence, honest self-analysis that these domestic/social/financial tests demand, keep bringing back memories of the easiest/old method of dealing with stress, viz., drugs.

The defects that evolve with addiction, may vary from patient to patient ;however the basics are similar in all, namely:

- 1.inability to complete education/academic failure/breakdown
- 2.losing one's job, due to expulsion or sloth(laziness/carelessness)
- 3.changing jobs/businesses or loosing them
- 4.breached familial, social contacts and loss of others' trust
- 5.loss of status in the neighborhood/workplace/family
- 6.divorce or distorted marital, extra marital relationships.
- 7.getting progressively loaded with debts or becoming absolutely bankrupt.
- 8.getting entangled in legal litigations that may be of civil, domestic/familial or criminal nature.

Spiritual deficit caused by addiction:

In order to explain these, it is important that we first define what medical science views spirituality as.

Flesh, bone, skin, temptations, greed, lust, appetite thirst are all needs/traits that are common to all animals (including man)...and it is these that result in each species' resorting to making homes/nests/abodes, mating and doing business/hunting etc.,...

However the characteristics that differentiate man from other animals is that "humans can sense, feel, and understand the feelings, emotions and needs of other humans"...

..and due to this extra /superior ability, each man expects for his feelings/sentiments/emotions/needs to be at least minimally accommodated by the other/s.....this is why man is called a social animal.

The members of a family unit, a neighborhood, a block, a city a province a country and/or the planet, each needs, for one's own sake, to treat the others as one wants oneself to be treated, or at least, to not treat the others as one does not like oneself to be treated...this is the first rung/step/stage of social honesty.

In proportion to each individual's social values, education and the degree of honest self-analysis exercised,

Each individual of a society does employ certain "cohesive social traits" that cause the societal fabric to remain intact and not tear apart.

In the form of a list, those 'cohesive social traits' the practice of which interconnects the elements/components of a society into an ordered/consolidated society are:

Tolerance

Patience

Endurance

Empathy

Sympathy

Foregoing/forgiveness

humility

Sacrificing for others(self-less-ness to varying degrees)

Honesty(with self about actions and intents)and others around

Cleanliness (of external/visible body, clothes and living quarters) as well as that of inner abstract emotions and desires.

These are all abilities that are absolutely absent among animals, rather their contrary is essential for them to survive.

These qualities/traits/characteristics are responsible for the degree to which "human or humane" values prevail in humanity.

However since each of the above, does , at it's roots, have the foundation of 'making room/accommodating' another fellow human at the expense of personal benefit or ease; these qualities or traits are considered 'holy' by men.

This holy label causes most people to consider religion and spirituality synonymous/the same.

This is a mistake because religion is an optional set of beliefs and one could survive as a positive contributor to any society without being associated with any religious/theocratic class.

Whereas spirituality, i.e., the need to remain in harmony with the rest of the society.

by exercising at least minimal patience, tolerance, endurance, empathy, sympathy, generosity, honesty and cleanliness is obligatory/compulsory or else one would be automatically cast out of a society due to the constant friction with fellow humans' interests due to a lack of the above.

Absolute lack of the above mentioned 'humane' traits would make the individual's life so agonizing, lonely and isolated that death would seem a welcome end to it.

The spiritual status of patients of chronic or incurable diseases:

One thing common to all incurable, chronic, progressively debilitating diseases is that the patient's "critical analysis" of others' spirituality becomes very sharp.

(not the spirituality practiced by the patient, but the spirituality practiced by others is very keenly and accurately analyzed/sensed)

reason

the helpless, needy, lonely, hopelessness of a patient suffering from an incurable, debilitating chronic disease is so accentuated that the amount/quantum of patience, endurance, sympathy, generosity that others show /practice with such a patient becomes the most sensed/needed feature of their behavior towards the patient.

Such a state

Automatically sharpens the analysis of others' spirituality; however this is limited to analyzing others, and the degree of the patient's own spirituality of course depends on the amount of patience, endurance, tolerance, forgiveness, humility and honesty practiced by the patient .

In simpler words the enhanced sensitivity does add to the patient's awareness but not the practice.

The spiritual state of an addict:

In an addict, the analytic scrutiny of others' spiritual worth is increased as mentioned above, but an addict uses all mental/spiritual faculties to accumulate rationales for continuing drug abuse,..

Finding faults with others masks the guilt an addict feels and the deeper or stronger the relation with the person being scrutinized, the more malignant is the analysis that the addict subjects that person to and the more free is the analysis of any traces of admission of/confession of/awareness of own faults.

Along with these stacks of evidence against those who care for the patient,

the abundance of physical deficits,
the chaotic psychological processes,
the absurd failures of the social life ,
ripped familial/domestic associations and
recurrent failures of incomplete or incorrect treatments ,
confine the patient to absolute despair.

In these circumstances the practice of tolerance, patience, humility, compassion, and foregoing/forgiving seem too taxing to the patient or factually agonizing.

Such spiritual poverty makes the patient absolutely devoid of sincerity and honesty, and all others also appear to the patient as insincere and dishonest as self.

Patients with cultural/familial/domestic religious backgrounds also add to all the above, the extra burden of the guilt for having sinned/rebelled against god through their drug abuse.

The result is such an acute and thorough feeling of hopelessness that the patient loses hope not only in any or all treatments but the Creator/god too.

Such distress leads to suicides especially among non muslim patients.

Because such agonizingly lonely existence which is devoid of any faith in any worldly or religious principles/deities is actually and truly more torturing than death itself.

Of all the harm that addiction does a person ,this, state of absolute hopelessness and despair is the most dangerous and damaging.

The family members also see through this state and although they may not call it or describe it as above but they do conclude that “our patient has no choice but to continue abusing and die doing that”.

such a state of affairs is more harmful and grievous than the actual demise of someone, because these circumstances subject the non-using family members to progressively worsening spiritual erosion of the ugliest nature.

A faithless life is a lifeless existence for the entire family.

The Philosophy of Drug Addiction/Pathophysiology/Pathopsychology

This topic is probably, the most basic in understanding this disease. It may appear complicated, but is not.

To understand the mechanism of this disease, it is essential that the normal human brain's structure and function be comprehended. In order to achieve this, we look at the following :

- 1 The structure and function of the normal brain.
- 2 The effect of the **mood** and it's control over the **quality** of a person's mental and physical attitude, behavior & performance.
- 3 The mechanism of mood alteration in a normal brain.
- 4 The effect of addictive drugs on the mood mechanisms.
- 5 The mood system of a chronic addict (cause of psychological discomfort – the agony of drug withdrawal).
- 6 The body system of a chronic drug abuser (causes of physical discomfort – the torture of drug withdrawal).
- 7 How does a first time user eventually become an addict.

1. The structure and function of the normal brain.

How does our brain function and how does it control our body?

The human brain is a collection of very delicate cells and the living brain is similar in shape and consistency to that of a soapy lather. The cells are the smallest living 'bricks' that unite to build living matter. Within minutes of death, the human brain loses its softness.

These (brain) cells gather information from the surroundings as well as the rest of the body. Information about the surrounding temperature; about the feel of things making contact with the body; whatever the eyes see, the ears hear, the nose smells, and the tongue tastes is continuously received by the brain cells.

Also, information about various parts of the body continuously arrive at these cells. Eg : the rate at which the heart beats, the depth and rate of breathing, the caliber (size) of blood vessels at every part of the body, the chemical composition of blood gases, the activities going on in the organs - such as the intestines, liver, bone marrow, the position of muscles and joints.

This constant supply of information is concomitantly subjected to an analysis by the brain based on, and in bias to, the previous information and past experience stored in the memory. The inferences drawn by the brain after such an analysis cause the feelings, emotions and sentiments that the person then experiences. Which in turn, regulate the quality and nature of the orders given to various body and brain parts to execute whatever is appropriate. Such "commands" cause the actions and behavior which a person then performs/exhibits.

The arrival of information to brain cells, its analysis thereof, the issuance of resultant directives/commands to relevant parts of the body and brain, and the conveyance of these is achieved through “neurotransmitters”.

A neurotransmitter, is a chemical that by touching the wall of a brain cell causes an electrical current to travel along the inside of an individual brain cell, thus conveying the ‘electrical ripple’ from one end of it to the other. Once at its destination, the electrical current causes release of (this cell’s personal) “neurotransmitter” which is secreted from the cell, into the gap between it and the neighboring cell. The neighboring cell, touched by the neurotransmitter released by the previous cell, gets an electric ‘pulse’ to travel through its entire interior, causing it to release its own neurotransmitter at the other end.

The neurotransmitter released by this cell will then “stimulate” its neighbor in a similar manner. This is the mechanism of conveyance of signals and/or information from one cell (brick) to the next cell throughout the brain.

Science has so far recognized 50 different kinds of neurotransmitters.

A specific neurotransmitter, will stimulate some and depress other brain cells. Meaning that it will cause a current to travel through some and will impede current from flowing through others. Also, the frequency of the electrical ripples which are caused to flow through the inside of a cell will vary with the kind of neurotransmitter that elicits them. That frequency, in turn, will influence the **amount** of neurotransmitter released by that specific cell at its other end.

Moreover, the eventual direction in which the neurotransmitter elicited current will flow from one cell to its neighbor, will vary with the type of neurotransmitter .

Thus there is a very vast language that ‘instructs’ our brain, the alphabets of which are made of ;

- 1 50 different kinds of neurotransmitters
- 2 varying frequencies of electrical ripples caused by each different type of neurotransmitter
- 3 varying directions, of resultant current flow, along a three dimensional axis.

This lingo that regulates our brain and eventually our body functions, is immeasurable and not completely explicable through any language made up of only 27 alphabet letters.

However; it is experimentally proven now that besides centers for hearing, seeing, smelling, sensing touch, temperature and body parts’ positions, vocalizing and memorizing as in all mammals, there are centers in the brain, called the “higher human centers” that regulate contentment/dissatisfaction, pleasure/displeasure, and they induce motivation/ deterrence, boredom/liveliness, lethargy/vigor and are associated with such abstract realities as grief/happiness, courage/cowardice, compassion/indifference etc.

2. The “mood” determines the quality of brain and body functions

In the frontal part of the human brain is an area called the ‘medial forebrain’ which accommodates an aggregate of brain cells called the ‘reward and motivation center’.

When this center is experimentally stimulated by electricity, a sense of pleasure and contentment is experienced which is accompanied by an urge for more to attain greater satisfaction. Thus, the subject feels rewarded as well as motivated to earn the reward repeatedly..

In simpler words, the ‘mood is enlivened’ and the rest of the brain and body also receive an “all is well” directive. Such a directive also brightens up the social attitude and others also find the person pleasing, and agreeable. The greater the frequency of electrical stimuli, the greater is the sense of reward and resultant motivation.

Since increased frequency of electrical stimuli causes increased quantities of neurotransmitters released upon the cells of this specific center, it is conclusive that **the greater the amount of neurotransmitters released, the greater shall be the sense of well being experienced.**

When the frequency of electrical stimuli to this center is reduced, meaning a reduction in the quantity of neurotransmitters ‘soiling’ its component cells, a relative gloom envelops the senses and the spirits are dampened. In simpler words, the ‘mood’ is blemished. Resultant, matching directives to the rest of the brain and body cause the social attitude to become dull and others too, find the person, cheerless, dissatisfied and disagreeable. **The lesser the amount of the ‘wetting’ neurotransmitter, the greater is the depressing effect on the mood.**

This center, called the ‘reward and motivation center’ coordinates with the rest of the brain through the ‘Mesolimbic Dopamine System’.

3. The mechanism of mood alteration in a normal brain:

The Mesolimbic Dopamine System :

This is a network of brain cells which is connected, directly or indirectly, to almost all centers of the brain, and is similar in purpose and shape to a web of wires connecting various ‘main controls’ of different machines that need to work in a coordinated order.

. The hearing center, and other centres for vision, smell, sensing touch, pressure and temperature - as well as others that overlook the activities of the heart, lungs, muscles and joints, etc. All these centers are continuously receiving information from the surroundings as well as the body itself. Each center is continuously analyzing the received information from its respective subordinate organ/sense.

This information is concomitantly being ‘weighed’ against the “preferences” stored in the ‘Memory Center’ where reside the knowledge, convictions, social values, religious values, familial traditions, pleasant and unpleasant past experiences (which shape the personal priorities)..

The final analytic report of each piece of arriving information, directly or indirectly conveys its ‘impression’ to the reward and motivation center through the Mesolimbic Dopamine System.

In a healthy brain, the cells of the Mesolimbic Dopamine System are continually conveying electrical ripples towards the “reward and motivation centre”, which causes the cells of that center to remain ‘moist’ by a light drizzle of the neurotransmitter “Dopamine”.

This moistness maintains the normal mood and the usual ups and downs of it, caused by the incoming information from the environment (and/or the body). This is dealt with by the healthy person, through learned adaptations to the routine highs and lows of daily life.

As soon as the Dopamine dampening the ‘reward and motivation cells’ increases in amount, the mood elevates and, as soon as the Dopamine reduces in amount, the mood declines or wanes. The more soaked the cells of the reward center become, the greater is the elation perceived by the person.

Favorite or disliked food, weather, TV show, company, or the progress/decline in anything recorded as “significant” in the priorities’ list of the subject’s consciousness will go through the scrutiny of the brain in light of the “personal preferences’ ” diktats and a resultant ‘imprint’ will be sent to the reward and motivation(mood) center. The frequency with which that imprint causes electrical ripples will decide the quantity of Dopamine that will be released at the nerve endings (tails of brain cells) terminating upon the “mood centers’ ” cells.

The more SOAKED THEY ARE IN dopamine, the higher will be the felt elation/cheerfulness and vice versa....

The MOOD CENTER thus is the most significant of all higher human centers of the brain, because its activity is an index to the persons’ happiness/satisfaction/contentment.

The Dopamine released by the Mesolimbic Dopamine nerve endings, is reabsorbed into them once it has touched the mood center cells and elicited the electrical ripples in them.

This last sentence will be of significance later in the book, while explaining the mechanism of prolonged euphoria “elation” caused by some drugs, the need for increased amounts of drug with aging habit (tolerance to the drug), and the “depressing” sensations caused by withdrawal.

4.The effect of mood altering chemicals/intoxicants:

How do such chemicals effect the ‘mesolimbic dopamine system’ or the normal scheme of ‘mood’ variations.;

M.A.Cs (mood altering chemicals) increase the frequency of electrical discharges through the cells of the mesolimbic system causing a consequent ‘oversecretion’ of dopamine on the cells of the ‘motivation and reward centre’...the cells of that centre therefore become overstimulated and generate strong feelings of well-being/euphoria/mood-elevation, and the person feels extremely pleased and contented. However, this episode of excess dopamine’s effect on the ‘reward and motivation centre’ and the resultant sensation of extraordinary well-being experienced by the rest of the body and brain, is also stored in one’s ‘memory’.

Thus ,when the blood concentration of the mood altering chemical recedes, causing the 'dopamine' levels to fall back to it's normal/non drug influenced levels (due to reduced electrical stimuli to the 'reward and motivation centre') , the mood wanes and grows weary and the person feels more ill-at-ease, because :

- 1.The dopamine wetting the reward and motivation centre is too little.
- 2.The memory system has adapted to/learned of higher levels of dopamine on the reward and motivation centre, as normal.
- 3.And the above 'learned' factors cause the mood to worsen when the dopamine levels are below that caused by drug abuse, i.e.,normal.

If this person abstains from anymore drug abuse, then during the next few weeks, the brain centers of 'data collection and analysis' restore the previous/healthy 'format' of normal/minute levels of dopamine as the requisite for normal mood maintenance. .

5-An addict's 'mood' system

(causes of psychological distress without the drug)

In an addict's 'mood' system, the amount of available 'dopamine' is reduced, due to excessive release of it in response to drugs, and some parts of this excess dopamine are absorbed in the blood stream and destroyed.(not all of it is re-absorbed into the cells of the mesolimbic dopamine system).

However during an episode of drug abuse, the cells of the 'mesolimbic dopamine system 'abnormally increase their frequency of discharge..thus using the little amount of available 'dopamine' repeatedly and more frequently....this causes the euphoric effect during the drug abuse,

But When the drug wears off:

A:

- 1.Reduced frequency of electrical stimuli to the reward and motivation center, coupled with;
 2. Reduced amounts of cell soiling dopamine at the reward and motivation centre,and
 3. Learned/conditioned memoirs of euphoria from past instances of abuse,
- Induce;

B:

- .1.The desire to repeat drug abuse,
 - 2.Increase the amount of drug abused
- and cause the addict to be convinced;

C:

1. In favor of considering the drug, basic to the addict's needs.
- 2.And become biased against any person/principles that advocate abstinence.

A+B+C result in agonizing psychological discomfort and loneliness that shows.(significant others in the addict's life can see the agony embodied).

6-Causes of physical distress without the drug:

Besides the above mentioned , certain other cells of the nervous system modify their individual behavior due to the repeated episodes of drug abuse., that they interpret as 'episodes of poisoning'.

These are components of the 'autonomic nervous system' and are called the 'locus coeruleus'.

These are cells of that part of our nervous system that regulates such activities of our body and brain, that we do-not/can-not monitor/regulate ourselves .

Activities include among others, the regulation of heart rate and rhythm, depth of

breathing and its rate, caliber of blood vessels, activity of sweat glands, movements of the stomach and intestines, responses of the bladder etc., and generation of such feelings as fear and/or urgency.

The 'locus' cells release or cause to release juices/secretions into the blood stream and these secretions then mediate effects on a variety of organs described above....the response of these organs may include secretions by them too, that further influence the activities of other organs.

Mood altering chemicals (all mood altering chemicals in general and opium&its derivatives such as heroine, morphine, sedatives such as valium, xanax, cannabis/hasheesh, marijuana, skunk/bhang etc., more so) tend to 'glue' to certain components of these nervous regulators of our body, rendering their functions(generation of electrical impulses within each cell to eventuate in its specific secretion being released in to the blood stream) slow.

Thus frequently, an excess dose of a drug, or a dose in excess of the abuser's body's endurance causes death by such mechanisms as cardiac arrest or arrhythmias, by respiratory paralysis, or asphyxiation, etc.,.

Therefore in an addict's body the 'locus' cells adapt a faster/more frequent rate of electrical discharge to overcome the 'brakes' continually/continuously applied by the drug. This is a 'life-saving' tactic meant to prevent sudden death.

At times of withdrawal, i.e., when the drug is unavailable to the addict, the 'adapted overactivity' of the locus cells, in the absence of the drug caused 'brakes' to their activity, causes such physical manifestations as; nausea, vomiting, excessive sweating, piloerection(goose flesh formation),shivering, tremors, restlessness, lacrimation (excess tears from the eyes), nasal discharge, yawning, pains and aches in the body, diarrhea, feeling very cold, blurred vision, hearing sounds that do not exist(auditory hallucinations)

And talking/acting illogically/abnormally.

7-A onetime user becomes an addict; how?

There are four stages to this process:

- 1.Learning the mood swing
- 2.Developing tolerance to the drug
- 3.Becoming a habitual abuser
- 4.Getting addicted.

As described earlier, drug abuse causes the 'reward and motivation center' to get soaked with 'dopamine' and this induces an extraordinary feeling of well-being (euphoria).

This seemingly pleasant experience is also 'memorized' by the data collectors in the brain.

Such a memory acts as a temptation that motivates in favor of occasional indulgence/s, and spurred on by the past experience the new comer, uses again to regain the euphoria.

Thus the new-comer has **'learned the mood swing'(stage#1)** that drug abuse causes.

With time, the amount of drug used at an occasion and their frequency increases.

The newcomer continues to abuse drugs naively, intending to simply achieve a 'high/buzz/kick/good time',and then continues to increase the amount used and the frequency of abuse to get a more pronounced 'high/buzz/kick/goodtime'.

But his/her body and brain continue to undergo certain slow/silent changes.

1. In the Liver.

The liver acts as the first line of defense against any foreign matter that enters a

body.

The liver 'reads and memorizes' the chemical structure of the new invading drug and devises defenses that hurriedly render the invader, harmless or less harmful.

With each subsequent episode of abuse, the ease with which the liver will render the drug harmless/less harmful, is enhanced.

Thus giving rise to the need of 'more quantity of the drug to produce the same quantum of high/buzz/kick' that the abuser experienced the last time.

This phenomenon is called **'tolerance' to the drug.(stage#2)**

2. And after each subsequent abuse, the abuser will feel slightly more uncomfortable /depressed/low, because the 'reward and motivation center' will be more conditioned to a higher than normal amount of 'dopamine' wetting it's cells.

Also the excess amount of dopamine released over those cells, will not all be reabsorbed back into the parent cells, and thus some dopamine will be lost due to it being picked up by the blood and destroyed.

Therefore, each instance of abuse acts as a double edged knife at the 'reward and motivation center',... Thickening the center's skin, necessitating increased amounts of dopamine to cause the usual 'high' as well as reducing the quantity of dopamine in the cells that release it over the 'reward and motivation center'.

3. The Memories of the normal/healthy concentrations of dopamine on the reward and motivation center cells are replaced with the memories of higher concentrations spiced with memories of the ecstatic good times such occasions provide/d.

4. The noradrenergic neurons' 'locus coeruleus' adapt the 'life-saving' routine, that causes the abuser to feel physically uncomfortable each time the drug effect wears off.

So, gradually, the abuser renders his/her body more vulnerable to 'getting hooked'. As time passes and the 'fun-seeking' continues, the abuser crosses over to the stage where;

whenever his/her body is devoid of the drug, the mood doesnot feel 'normal' , this is when the abuser 'forgets' that he had initially started doing drugs to get a 'high/buzz/kick' and continues doing them to 'normalize' the mood.

This is the stage of **'habitual' drug abuser.(stage#3)** It is identified by the patient's confession that, "I simply perform better/feel better after doing my drug"..or..."I don't feel alright without my drug".

Soon after, the 'normalizing of mood' establishes itself as an 'essential daily chore' in the subject's psychological list of priorities, and the abuse for a 'high' becomes a tale from the past.

Guided by the above mentioned 'fresh' psychological 'dictat' the 'habitual' abuser delves deeper into drug abuse, and the vicious cycle;

that 'alters/plays up' the indices of dopamine concentrations required to 'gratify' coupled with the 'life-saving-modifications' adapted by the autonomic regulators of the body and brain-- continues to be amplified.

Shortly the patient arrives at that gate of the trap where:

1. he/she feels terrible when devoid of the drug
2. constantly fears that 'agony' from setting in (when devoid of the drug) and manipulates every faculty of mind , body and environment to avoid it {1+2= obsession}
3. thus remains suspended in a constant mental and physical endeavor, to 'get' the drug, 'do' it and 'get away with doing it (unnoticed)' , {#3=compulsion }
4. in simpler words the patient is then convinced that his/her physical, mental and

social performance is 'subject' to the drug...this is how medical science defines 'slavery/addiction' .**The patient is now a subject/slave to his/her drug of choice.(stage#4)**

The Philosophy Of Treatment

By this time the addict's mental faculties for thinking, understanding, analyzing, deciding and reacting along with the entire body's systems operate not for the patient but for the drug; for continuing to rationalize and abuse the drug.

The drug and the patient, have now formed a strong master-slave bond. with the drug as the master and the addict defying every reason, every pressure and continuing to serve it.

Therefore A hundred percent cure from addiction is only possible when the addict himself checks/guards his desires like a normal/healthy individual. Which only happens if the addict's abilities for perceiving and reacting are corrected/healed.

Medication alone or lectures for reminding the psychological damage or evidence from social sciences reminding of loss of status and respect or verbal spiritual rhetoric for mending the addict's morality do not suffice and are counterproductive because each ineffective / failed treatment results in increasing the dismay/hopelessness.(which is the principal psychological infliction of addiction.)

Dependence which is the meanest form of poverty is a great teacher; thus the addict is more aware of his socio- psycho-spiritual devastation/destitution .The problem for the addict is not to understand but to learn to develop a habit of abstinence .

Learning development of healthier habits involves personally experiencing a process of change. For this to happen, action is more significant than mere confession or understanding. Confessing or accepting that one has a drug habit is of no consequence. What is important is, to acquire all methods of breaking the habit and keeping it broken..

However, professional monitoring of these acquired , healthier methods/ habits is important, to calibrate their positivism, potency and specific effectiveness for each individual case(since the magnitude of a habit's effectiveness varies from patient to patient with relevance to each's unique socio-economic background and the support system after discharge)

But addicts heed to monitoring feedback only if the person monitoring them **qualifies their counter-analysis**

This is one of the reasons why licenses for the rehabilitation of drug addicts in western countries, are given to institutions where 80% of the workers are former drug addicts and have been successful in kicking the habit, and remained sober for over 2 years at least

Firstly these people act as role models secondly their personal journey through drug addictions enable them to understand the psyche of the patients and are more successful in helping them.

Points for successful treatment

1. In addition to medication and a healthy diet, it is essential that the socio-psycho-spiritual components of the disease, and also its treatment be communicated to the patient.
2. All activities of the patient must be guided/supervised by/through the communicated principles .

For this it is important that the patient be under the direct, round the clock care of an experienced ex-addict therapist.

3. Any fallacies of judgment by the patient can be corrected on the spot by giving scientific evidence to the contrary. And all scientific evidence be complemented through spiritual knowledge of Quran and Hadeeth. It is important for the therapist to practice what he preaches for the patient to accept these corrections wholeheartedly ; however, patients will find faults with everything during the early stages of rehab. But quranic and hadeeth logic is perfectly natural, simple and in absolute agreement with each person's innate instincts and thus perfectly convincing scientifically.

ENHANCED knowledge + SUPERVISION + A role model

- Penetrate the patient's mind through All faculties of the patient including vision, hearing, and other senses To change
- Lack of awareness + lack of humane guidance + lack of direction in life ,
- through repetitive healthy activities to result in
- Healthy/positive awareness + Social discipline + moral growth
- Which are the keys to a complete and lasting cure.

DEAVASTATION CAUSED BY VARIOUS DRUGS OF ABUSE:

Disfigurement caused by Charas, hasheesh, marijuana,skunk, pot (Cannabis Indica):

This is the 'GATEWAY' to LA' LA' LAND.

The Botanical name, "Cannabis" means 'grass', and the drug is wildly abundant in nature.

It's stem and leaves when smoked with tobacco are called marijuana, pot, chundoo and the juice of it's leaves and stem is called bhang, the ' sticky' gum-like pollen grains of it's fresh flowers is called hasheesh and the dried flowers in a powder form are called 'gardaa'/skunk.

The drug is used for smoking mostly, after mixing it with tobacco. Some people may eat it or others may mash it's leaves and stems and drink the juice thus obtained (bhong). It is often the drug of choice for beginners, and is therefore called a "gateway drug".

In Pakistan and other muslim countries, it is the preferred drug since many suffer from the illusion that it is not haraam/religiously prohibited.

The active ingredient in it's juice or smoke is called 'TETRAHYDROCANNABINOL'(THC).

T.H.C. in the body:

When smoked/inhaled, 50% of it, and when swallowed/ingested, 30% of T.H.C in the drug is absorbed by the blood.

Once the blood picks up T.H.C, most of it is 'stored' in the fatty tissue of the body, and it stays there for 6 weeks to 6 months.(depending on the fat content of the body)

These stores of T.H.C act as depots that continue releasing small amounts of T.H.C. into the blood. These depots of T.H.C. do not allow the patient to feel 'physically/psychologically miserable' even though they do not 'apparently' take Cannabis for long durations of time. Every time the blood levels of T.H.C. fall below a certain baseline, the body stores of it, release some into the blood and the habitual user does not experience the 'withdrawal symptoms' that other drugs induce when absent from the blood.

This absence of misery during intervals of abstinence convinces the patient that the drug is not addictive and the abuser is not an addict.

Whereas in reality, the blood system is continuously fed with T.H.C. from it's depots within the body.

This mechanism of Cannabis besides other reasons, makes it 'THE MOST DANGEROUS' drug of abuse

This also is the reason why senior cannabis abusers use milk and butter products during the 'munchies' (chewing sprees that the drug elicits by stimulating appetite). The myth that butter and milk ward off the harmful effects of cannabis is due to the T.H.C. in the drug being absorbed in the freshly ingested fats of milk/butter and getting stored in the body.

The T.H.C effects mainly the brain, the heart, and the blood circulatory systems.

It causes, what the newcomer is taught to believe and call , 'a buzz / a kick'.

Effects of T.H.C. on the brain:

It effects the;

- (i) Forebrain, that houses the higher centers for sentiments and emotions
- (ii) Mid brain where the audio-visual centers (for sight/vision and sound/hearing) are located
- (iii) Hindbrain that regulates, balances and coordinates body movements
- (iv) Brain stem that receives all incoming info, delegates it to the specific brain sites

that will analyze it, and then 'fine tune' whatever response/action/directive emanates from those higher centers.

T.H.C., partially or completely shuts off/ suspends/blocks secondary neurotransmitter activity at all these sites.

The primary neurotransmitter activity remains intact so the orientation in time and space 'seems' unaltered, but, the finer analysis of all incoming info in light of past experience, social/moral/legal traditions/obligations is blocked/hindered/adulterated/biased due to the secondary neurotransmitter blockade.

This 'imbalanced assessment' of self and environment causes the actions and/or reactions to become imprecise and out of proportion. The caliber of behavioral restraint/liberty exhibited, is irrelevant/contrary to the environmental norms or those of social health..

The above is the reason why youth in their teens, the age of rebellion against values/authority, consider it a fad/fashion and a sign of maturity, to do hasheesh/marijuana.

The growing teens misinterpret such behavior to be carefree/laid-back/casual ,whereas in reality, genuine care-free attitude would not/does not give two pennies for feeling, or seeming to feel free of care.

Results of research on animals:

Prolonged administration of Cannabis , to experimental animals (monkeys/rabbits) has shown to cause 'ZINC' deposits in a regulatory center in the brain stem; "the Substantia Niagra".

As narrated above, this is the brain component that subjects all incoming info. to the initial classification and delegates each specific piece of info to, the higher centers of 'humane/human' analysis. It is Also the thoroughfare for all outgoing commands to the rest of the body, that undergo fine tuning in their passage through it.

Thus excess metal deposits here would have effects similar to those of extra metal shoved into an electricity regulating/controlling switch board;

Pressing the button for a 'fan' would cause the 'lights' to come on instead; higher center commands for movement in the hand muscles will cause the tongue muscles to start chattering.

Pressing the buttons for/of:

visiting someone's wedding reception will cause the patient to get dressed like a groom/bride.

Hearing rebuke will cause the patient to miss the secondary neurotransmitter mediated info that the shouting person is 'dad' and the primary neurotransmitter mediated response of hitting out / reacting violently will surface as a reflex.

The western cultures 'need' mood altering chemicals as an escape from the mortgage paying/earning ,friendless monotony that life's materialistic chase has brought unto them.

And since Cannabis causes relatively less domestic discord and social casualties than alcohol does, and because this wild grass is cheaper, the west is covertly promoting the idea of Cannabis' harmlessness, or relative harmlessness.

However:

This intoxicant is more treacherous than any other because :

1-It causes a very slow (and if untreated, permanent) erosion of the subject's morality/perception patterns/behavior extremely insensibly/inertly. So the naïve subject remains oblivious to the damage due to no immediate adverse physical or social effects surfacing from it's use.

2-By the time the surrounding people notice the subject's degeneration, it has progressed far enough to have made the subject a vehement advocate for the harmlessness/advantages of Cannabis.

3.#1 causes unabated drug abuse by the subject and #2 causes the warmth in social/domestic relationships to continue fading and

When the breaking point arrives, everything and everyone seems to have deserted for no apparent cause; whereas in the case of other drugs of abuse, the patient does appreciate the role that the drug abuse played in spoiling the subject's existence.

In muslim societies, the false claimants to apostasy or sainthood are the products of the slow, insensible, disfigurement of hasheesh that completely unhinges all psycho-social logic in the claimants head.

The masking of all realities by this illusive drug is responsible for most domestic and social disputes being prolonged or their aggravation.

This is the most widely abused drug In Pakistan.

The mechanism of 'buzz/euphoria/kick' delivery:

The effect is mainly to boost the 'feeling/mood' that the user was already experiencing just before Cannabis was inhaled/ingested. E.g.,:

- If taken while angry, the anger gets multiplied.
- the joy is enhanced when used while already delighted
- The skepticism, grief, melancholy is increased when used while gloomy.

The reason is:

The primary neurotransmitter activity remains unaltered, so the 'basic' perceptions of the surrounding conditions/situation do not get altered, while the secondary neurotransmitter activity gets altered/blocked, so whatever info is available for analysis, is analyzed in context of that initial/pre-use state of mind.

Thus (after using) whatever inferences/insinuations/decisions the mind guides the social attitude towards, are 'tainted' with the individual's own 'prejudice/sympathy/preference' and that attitude/feeling is not at all 'plugged-in' or 'tuned' to the finer/delicate alterations of the ever-changing dynamics of (any/all living/alive) surroundings.

That is why medical science uses the phrase; "MIND BENDER" for Cannabis.

Exactly like a Car whose wheel-alignment is disturbed, so the car keeps inching to the right or the left of the straight track. The car driver; however has the road margins/shoulders as a reference and thus keeps a constant pull on the steering wheel to keep the car on a straight path. Whereas; in the wide boundless field of human imagination and society, there are no reference points that will warn the 'mind-bender-poisoned' brain, of it's crooked curved pace through life.

Example:

A broke professional painter/artist visits an exhibition planning to sell some of his works to enable his family to cook the next meal.

Once at the exhibition, the artist, out of his habit of celebrating any achievement (through 'relaxing with a joint') celebrates getting there, by smoking some cannabis.

The Cannabis, blocks the secondary neurotransmitter activity in the higher centers while the primary neurotransmitters continue conveying the idea that he is there to sell.

The artist enjoys the exhibition and the company of art-lovers, and in response to the continuous nagging of the primary neurotransmitters, manages to get some orders on credit, for a few paintings while selling none of those he carried there.

The secondary neurotransmitter blockade conceals from the painter's consciousness, the:

- 1 'lack of money for buying the paints, brushes, canvas etc., for fulfilling the order'
- 2 the empty kitchen at home and the fact that whatever money the family had was spent for arriving at the exhibition.

. The primary neurotransmitter mediated jubilation at having 'sold' brings a pleased artist back home. Once there, the family infers from the radiating smiles that the kitchen would finally warm up. However, the art-lover then informs that the payments would come once the paintings are made.(orders were placed subject to delivery.)

The family squeals at the 'cash delight over a borrowed deal' and again the primary neurotransmitters remind the art-lover of the aesthetic poverty of the spouse, disallowing the secondary neurotransmitters to remind him of the delicate reports of days of meager diet that the family has had, and of the fact that whatever money the family had, was spent on conveying the painter and his un-sold paintings to and from the exhibition.

Rather, the bent mind registers the whole episode as "another example of a lack of empathy for 'art and artists'."

The effects on the sounds and sights discerning centers of the brain:

In a normal brain, the secondary neurotransmitters of these centers, hinder the access of 'unimportant/insignificant' sounds and colors to the highest analytic centers, in order to save time, energy and effort, needed for heeding to the important/significant colors, sounds in the environment..

Therefore ,if one looks through a crowd of people, searching for one's friend dressed in blue, the secondary neurotransmitters will protect the focus of search from being consumed on colors other than blue, and as soon as blue colored clothes are perceived in the crowd, the secondary neurotransmitters will inform the 'silhouette' analyzing nerve paths to identify the person, and so on.

The mind-bender at work:

But if a cannabis loaded brain is studying the same crowd for the same person, the secondary neurotransmitter blockade will allow other colors/objects to crowd the initial purpose of study in the consciousness, and some other color or attraction in the crowd will draw the entire focus.

Thus the primary neurotransmitter mediated study of the crowd will continue, but the secondary neurotransmitter mediated search will lose it's specificity, and not only that but whatever novelty allured the viewer off the initial intention will register as a "better reason for continuing to scan".('bent' mind)

Similarly if a normal brain listens to a song for it's lyrics, the secondary neurotransmitters, cause easy discernment/differentiation of the song's words from among the other noises of musical instruments , but with cannabis/the mind bender, the same person may start listening for the lyrics and end up paying attention to the beat of the drum or the base guitarist's skill with absolute disregard to the lyrics. Because the secondary neurotransmitter blockade eradicates the 'delicate/sensitive' 'reason' for starting to listen while the primary neurotransmitter mediated stout command of 'must listen' remains intact.

It is the cannabis induced, prolonged & twisted functioning of the secondary neurotransmitters that result in auditory and/or visual hallucinations.(hearing sounds that do not exist, and seeing visions that are not real).

The unfortunate reasoning of the newcomer to cannabis abuse:

Since Cannabis 'promotes'/ 'strengthens' the frame of mind that existed just before it was used, and the newcomer (who in the beginning) always uses it in favored

company and surroundings (thus in a preferred mood already); gets easily deceived into believing that it ‘enriches/supplements’ that specific mental spirit.

Cannabis ‘accentuates’ my ability to play/ write/ study/ drive/ socialize/have sex (or.

whatever else is the ‘reason of choice’ for using) is the only explanation the newcomer gives for continuing.

The repeated persuasive effect of cannabis use in the preferred company and frame of mind precipitates loyalty to the ‘advantages’ of it. Most teen aged ‘apprentices’ to cannabis, or other grownups whose profession involves repetition of the same mental/physical activity again and again,(sportsmen, cobblers, tailors, poets, media personnel, drivers, bartenders, cooks etc.,) strongly advocate that Cannabis use enhances their ability(to do that singular physical/mental act that is their profession).

However; The mechanism explained above that makes the audio-visual ‘priorities’ of an addict erratic, also destabilizes the entire socio-moral data of the person’s brain, and soon the addict becomes so vacillating in thoughts, decisions, and judgments that self confidence wanes to a minimum, and the drug is then used for feeling confident, and not for elation.

The manner in which primary visual or/and auditory priorities change instantly under the influence, also reflects in the patient’s carelessness/ slackness towards other psycho-social commitments /responsibilities.

The deviation (absolute inconsistency) is so obvious to the surrounding healthy people and the patient so oblivious to his/her transformation that unless treated, their interaction only promotes friction, conflict and discord.

The results of habitual use:

®- pronounced indifference towards details and accuracy

®-the abilities to gauge, analyze, and take decisions are thinned, or absolutely distorted/disabled

®-unable to undertake any new task that involves analyzing observed facts and responding wisely/judiciously and sharply through fine physical maneuvers. E.g., operating a machine, comprehending a multifaceted reading material/lecture, resolving any complex social/emotional issue.

The profile of an old-timer:

► Mental state(cognitive abilities):

The imbalanced senses for gauging and analyzing, cause;

Fractured logic/wisdom ,

That delays responses,

Which disrupt the coordination between the brain’s controls over the muscle activities.

This causes ‘lack of skill’ to creep into all acts requiring alertness and

The voice, Speech, visual identification, and memory, all become feeble and inarticulate.

► Psychological state:

There is unprovoked and erratic mood oscillation between depression, anxiety, and or excitement.

Sudden, unwarranted/inexplicable extremes of mood changes become usual.

Un-identifiable and false worries and fears crowd the thoughts.

The persona, the turnout and the living style are all changed for worse.

And there is a Continuous recall of the ‘advantages/euphoria/buzz’ of Cannabis use.

2 to 3 % of all Cannabis abusers shift into a ‘drug induced psychoses’, and this may happen with a single joint/cigarette or glass of

bhanga. It is an extremely grave disorder that warrants committal to an asylum. Untreated Cannabis –induced –psychoses may end in the patient ‘running-amok’ which in simple words means ‘running around with murderous tendencies’.

The 2002/3 murder of the Nepalese king, queen and their children, by the Nepalese crown-prince, in the royal court is one example of a running amok patient causing social catastrophe.(Nepal is a favored tourist spot for Cannabis lovers, and ‘amok’ is a word of the Nepalese language.).

► Social state:

Prefers isolation and withdraws from gatherings.

Becomes reckless in choosing friends/companions and there is an adverse change in peer-group identification.

Drops out from social activities such as sports, college, employment etc.,.

► Effects on the heart and the blood circulatory system:

The heart beats at a faster rate.

The blood pressure is raised when reclining, which enables the mind to race and make wonderful plans .The blood pressure falls on standing, inducing lethargy and laziness, causing the will to follow-up on the made plans to die off.

Also the decreased blood pressure in the erect posture creates a tendency to lie down when-/where-ever possible.

► Effects on the digestive system:

In beginners the appetite is stimulated (munchies), in oldtimers the appetite is suppressed and messages from the digestive system that inform of ‘hunger’ are misinterpreted as ‘cravings’ for cannabis.

When T.H.C levels fall below the habitual levels, nausea is triggered.

The evacuating regime/routine of the digestive system gets disrupted.

► Effects on the lungs and the respiratory apparatus:

Permanent, non-productive(dry)cough.

Nasal discharge, indicated by repeated sniffing.

Chest infections colonize the lungs.

Predisposed to or already a prey to Such diseases of the respiratory tract, that have the potential to involve the heart in later stages.(emphysema, cor-pulmonale)

Lung cancer

► Effects on the reproductive system/sexuality:

In women irregularities of the menstrual cycle, viz., the index to their sexual health.

Infertility, in both sexes.

Children born to cannabis using mothers may have genetic psychological or physical defects.

In males, both the libido (appetite)and gratification diminish markedly or absolutely.

In males both kinds of impotence (saggy and arid)

Anxiolytics, Sedatives, Hypnotics, muscle relaxants, Tranquillizers

Are the second, most widely consumed mood altering drugs, in Pakistan.

The majority of people dependent/on addicted /to these drugs are trapped

unsuspectingly.

Victims are primarily males with white collar jobs and literate females, who have been turned on to these drugs either by physicians that did not warn of the addictive potential of the drugs they prescribed, or well-meaning, ill-informed kith and kin that were themselves enslaved by these drugs.

They include;

Valium, Diazepam, Relaxin, laxotamil, xanax, restoril, noctamid, ativan, barbiturates etc.,

Such medicines are so vastly in demand that pharmaceutical companies keep introducing new preparations with fancier names.

In developed countries, it is a crime to sell/procure these medicines without signed prescriptions from licensed physicians, and each sold tablet/capsule/ampoule requires explication to the 'dangerous drugs controlling authorities'.

In the third world, the governments and the public that constitutes/elects them, consider the scarcity of funds their major worry and are negligent towards promoting awareness, which is basic to health care and maintenance. This ignorant attitude is damaging the wealth of manpower/human resources that they are richest in..

► If any of the above mentioned drugs is used continuously for 4 weeks, the user becomes addicted/hooked/dependent.

► When the user is already dependent on some other mood altering chemical; the concomitant use of one of these medicines will cause addiction to it in a shorter time span.

■ All these medicines, cause muscle relaxation in low dosage.

■ In slightly stronger dosage they relieve anxiety.

■ An even stronger dose causes sleep induction.

They are used principally in epilepsy to avert seizures, and in disorders that enhance anxiety and/or otherwise deter sleep.

The Addictive Potential:

These drugs act through chemically masking the perception of reality.

Thus when the drug's effect wears off and the unmasked reality is re-perceived, the need for the drug's refuge amplifies.

In simpler words; whatever is meant to be averted by their use, comes on even more powerfully when their effect wears off.

Therefore, with the passage of time, like any other addictive drug, the user takes these medicines to 'avoid being miserable' instead of taking them to 'feel better'.

The user's conviction/belief that "without the drug, misery is inevitable" indicates that the user is already "conquered".

That a non-living chemical now cages a human's confidence, is 'addiction'; a befitting title.

The modus operandi in the brain:

.....
Incidences, occurrences and/or situations that one finds unpleasant, or disturbing cause perceptions that may entice the negative aspects of the higher centers of sentiments and emotions.

Dwelling on such emotions and sentiments, delving in them and allowing that to steer one's course, may seem to be a part of the natural defensive effort to change the unfavorable that caused/causes them to favorable. However this cultivates an atmosphere antagonistic to mental well being that envelopes the entire body and brain. Mental maturity and growth means/dictates that a person does not allow anything disagreeable in the environment to disturb the healthful self-control/-preservation in responding to the environmental stimulus. In so doing the subject does not allow the environment to tilt the scale of the equation, entirely in favor of the disagreeable. Thus one of the two, meaning one half of every situation, is naturally/actually within the subject's control.

Also, since each individual's growth to such a mature status of mental health is central for the social/communal existence of human beings ; nature keeps producing 'provocations' to provide 'practical training' to each one of us.

Dealing with them through personal/natural abilities of positive analysis and learning to keep the negativity out of social perceptions and personal interactions is the growth that the society achieves through this time old natural cycle.

However, the material-wealth chasing rat-race that has made life lonelier and faster for all of us, has of course done so at the expense of the mental/emotional/abstract/spiritual components of our human/humane entities.

The easier method of dealing with such 'maturity inducing' stimuli from the environment; method that saves time and energy for quicker ascent along the material/tangible index to performance, is to numb/anaesthetize the nerve paths that convey such information to and fro in the brain.

That is the principal mechanism by which 'sedatives', 'tranquillizers', 'sleeping pills' and 'anxiolytics' create their soothing mirages.

The exact chemical gambit, elucidated:

All the above drugs enhance the activity of 'Gamma Amino Butyric Acid'(GABA).

GABA is an inhibitory neurotransmitter, i.e., it inhibits/blocks the passage of messages from one brain cell to the next.

In so doing ;

► The to & fro transference of thoughts , and among them the unpleasant, unwanted, distressing, anxiety inducing are blocked.

► The belligerent spirit induced in the entire body by the above mentioned types of messages causes muscle tautness, and their blockade (in addition to the blockade of direct messages from the muscle tone regulating centers) results in muscle relaxation.

► The tension in the brain's electrical (message conveying) status is suppressed temporarily. That relatively 'idle' state of the brain cleaves less oxygen from the blood and thus, as a reflex against low oxygen perfusion of brain tissues, the brain halts its activities and declares a 'sleeping-break/nap'.

The addict's profile:

The amalgam of ; material chase+ urgency+ stress abhorrence+ self-serving parameters for empathy bordering on self-pity cause most 'growth nurturing' happenings in the surroundings to seem stressful.

With sedatives, the jagged ends of reality-caused sentiments are chiseled to numbness and the addict feels at home.

The addict conditions/trains the mind to consider such 'comfortable numbness'; elation.

As soon as the prickly drug free state of normalcy shows it's face; stress cycling commences nudging towards the next 'fix'/dose of sedatives.

The tell-tale disposition:

Skin deep personal hygiene and morality.

Lethargy, carelessness, indifference, and a very low esteemed view of personal abilities/capabilities, rationalized with the label of 'humility'.

Aiming low and a slot-filling attitude towards all domestic/social obligations and responsibilities.

Extremely willing to compromise all/any principles and very placating in all interactions.

The mental deterioration:

► Mental skill, the ability to concentrate, and expedite such functions that require a coordinated articulation of memory, intelligence and muscular apparatus, are weakened.

► The repeated drug induced confusion that the 'memory' apparatus is subjected to, baffles it permanently and disturbances of recent as well as longtime memory become a habit.

► This further lowers the self confidence which causes an everpresent sense of inadequacy. That coupled with a very low tolerance for attention needing (now defined as stressful) chores/interactions of daily living, make the patient irate and easily agitated.

► lack of gratitude and pessimism become the mediums that all contemplations, perceptions and anticipations breathe in.

► The resulting constantly worsening conflicts/friction in social/domestic/business interactions scars the self-esteem.

► That triggers the negative use of the psychological defense mechanisms, which through resentment collection, further aggravate the self-pitying lowliness of self-image, and may eventually push to suicidal tendencies.

In simple words, the relationship between the 'king' (brain) and the 'subjects' (body and it's social/personal functions) is marred.

Slow poison:

The stimuli that bring on growth in the mental faculties are treated as unwanted and the numbing with drugs does not only incapacitate those stimuli, but also brain washes the patient against any future stressful real-life challenges.

Facing real life with real vigor and courage seems/becomes impossible and a 'robotic' existence substitutes for the real person.

Opium, Morphine, Heroin, synthetic injectables (that are either like opiates or mimic them)

Opium is a naturally produced 'narcotic'. A gum/resin like structure, slowly oozes out of the full bloomed poppy flower's base which is partially slit with a knife while the flower remains attached to the living stem of the plant.

The exudent hardens on exposure to air and light, and contains at least 3 different natural alkaloids that have addictive /mood-altering potential.

1-Codeine and

2-morphine are the two most commonly abused opium derivatives, besides

3-whole-opium (the exuded resin itself).

4- Heroin(diacetylmorphine/dia-morphine) is synthesized by laboratory/chemical manipulation of morphine.

5-In Asian countries, the dried, dead flowers' powder and the seeds of the Opium plant are also used for medicinal purposes as well as vice.

The use of opium dates as far back as the 10th century B.C., used mainly for 'killing pain'(analgesia).

Narcotic is a phrase for medically classifying 'central nervous system depressants that have morphine-like effects'.

In the late 19th century, morphine was isolated, the hypodermic syringe for administering medicines was invented, and morphine was adulterated to heroin.

These three events affected opiate use and abuse.

In 1914 the drug was declared 'illegal' for non-medical use.

What makes addiction to 'opiates' so hard to give up:

Heroin, morphine or opium are also known as '**mother nature**' in the addicts' slang.

Their extremely rigid dependence stems from the fact that 'morphine' is very similar in chemical structure to a group of neurotransmitters synthesized in the brain, the 'endorphins'.(mother nature)

Morphine is mistaken for endorphins by the nervous system and the drug from without mimics all natural actions of endorphins.

Heroin is slightly modified morphine and a more potent imitator of natural endorphins. Endorphins act mainly in the 'pain perceiving' centers of the brain and the 'higher human centers of emotions and sentiments'. So besides the primitive mental faculty for sensing and calibrating pain, the higher (human) faculties that create/propagate well-being/insecurity, contentment/discontent, serenity/panic, hope/hopelessness etc., are also subject to endorphins.

Endorphins, therefore not only suppress pain sensations, but also alter the emotional and behavioral reactions to pain. In simpler words, ***endorphins do not only lessen the pain they also diminish the 'agony'***.

Addiction to opiates therefore means that those parts of the brain that 'console/soothe' the body in a catastrophe are themselves addicted to being consoled/supported by the appeasing atmosphere maintained in the brain by opiate intake.i.e., the body's apparatus that furnishes sentimental/emotional support for the morale, in an emergency, is itself a source of (deflating the morale) exaggerating crisis perception in the absence of opiates.

Administration of Opiates, cause the minute quantities of natural endorphins to lose their strategic significance in the body functions and it takes at least 20 days for the abstinent subject's body and brain to revert to(sustaining a minimally viable morale) responding favorably to those negligible/natural quantities of the endorphins.

Those first 20 days of abstinence are naturally 'excruciating' to cope with because the entire mental hierarchy for "perceiving, calibrating and humanely responding to

pain/calamity/untoward situations” is busy magnifying, over stating, and overstressing the calamity (abstinence) in the consciousness.

. For the patient, (exaggerated) played up ‘pain perception and response’ apparatus means that the colicky pain caused by the opiate deprived, over-motile intestines (diarrhea) leaves the patient as debilitated ,exhausted and shocked as a bone fracturing injury would. OR when the patient’s unshaved facial stub gets lightly scraped with own hand, it elicits a chain of feelings and sentiments that would normally be triggered by endless days of fatigue, hunger and unaided despair.

Following those 20 days, the process of re-learning to decipher, check and balance the comfort-greedy, comfort-addicted demands of higher/human brain centers of content/discontent is analogous to what the child has to learn once it leaves it’s mother’s lap.

That re-learning lasts at least another 40 days, before the patient can **begin** to act his/her age in facing real life. AND those 60 days CAN NOT be traversed successfully without professional help and guidance.

The mechanism of mood elevation:

As described earlier in the book, the more the ‘dopamine’ that soaks the ‘reward and motivation’ center in the brain, the greater is the elation perceived. Opiates, especially morphine and heroin (in the first few minutes after a fix) cause excessive release of dopamine in that center.

Thus opiate (heroin/morphine) addicts who inject it into their veins (mainlining); describe the first moments of a ‘fix’ as a tall, tidal wave that they sense ‘approaching and then submerging them’ in pleasure..

The ‘pleasure’ they mention is a feeling of motionless numbness that envelopes the body and brain as soon as the wave (rush) settles. So in reality it is just that habit of sensing the ‘approaching wave, and then being drenched with it’ (the large quantity of endorphin mimicking fluid in blood is sensed as a rushing wave) and it lasts only as long as any real wave does; not longer than a couple of moments.

Still later, as the disease matures, addiction is to the ‘prick’ that their skin feels when injecting, the tidal wave having deserted them a long way back on their trail to self-inflicted decay, and the pleasure of standing still in time is replaced by remorse for not being able to move on in life. The sentimental state after each fix is like ‘spiraling down to the hole in the ground where they hide’, the occasional breather they attempt at with a ‘fix’ only aggravates the dismay, by reminding of the wastage of time, money and life on repeating the same act again and again, expecting different results each time(definition for insanity).

For those that sniff heroin, the initial minutes are those of ‘pronounced stimulation’ of the ‘reward and motivation center’ and then (15 to 30 minutes later) the sloth and slumber (central nervous system depression) of opiates overcome.

For those that smoke heroin (which is rarer because of it being the most expensive method) the working/awake time is increased, because heroin changes to(less potent) morphine as it shifts from the smoke to the blood. Moods of Smokers (inhaling fumes of heroin) during the earlier stages of abuse, remain on an elevated ‘plateau’; however, the time span of such elevation reduces progressively within days, and the dosage therefore increases progressively, until a lack of resources forces them to either sniff , mainline and/or sell.

Bio-chemical sabotage of the body and brain:

Opiates do what they do in a human body by :

1. slowing down message transmissions in the entire nervous system(the reward

and motivation[mood] center is hyper-stimulated in the first few minutes due to opiate sensitive nerve pathways, causing increased 'dopamine' release at that center).

2. slowing down message transmissions along the nerve paths that control the motility of the gut (gastrointestinal tract).

Sluggish nerve transmission causes:

► In the breathing apparatus (lungs, windpipes)

- Reduced rate and depth of breathing;

Brain centers for 'reading' the gas levels in blood, are 'lazy' at informing the breathing rate/depth regulating center of the high levels of 'used' air in blood that ought to be quickly thrown out of the body by fast and deep breathing. Therefore the breathing remains slow and shallow.

- The airways (windpipes) narrow their caliber due to chemicals (Histamine) released in response to opiate intake.

- The internal regulators normally delegate/send minimal blood to regions/body parts that are rarely used.

Therefore shallow breathing coupled with narrowed airways, cause the scantily used 'depths' of the lungs to lose their functioning capacity and the effective volume of the lungs is reduced.(Emphysema).

- Also the reduced blood flow to the farthest/deepest crevices of the lungs, disallows the eradication of germs conveyed there with air. Those crevices therefore become colonies for germs; sources of recurring infections.

- This gradually devastates the 'fresh air conveyance/respiration'.

Indeed the usual cause of death in heroin/morphine addicts is 'respiratory failure'.

► In the Gut (stomach and intestines)

- Movements of the stomach walls' muscles and of the small and large intestine tubes, that propel food downward are arrested and the muscle rings that form their orifices are partially paralyzed causing constipation.

This explains the traditional, medicinal use of opium to relieve diarrhea.

- The appetite suppression due to the direct action of opiates on the brain center for appetite together with arrested gut motility, over a long period, cause the stomach wall muscles to shrink in size and bulk. Their efficiency at digesting food diminishes.

- The brain center that recognizes poisons in blood (heroin, morphine, opium,) keeps triggering the vomiting reflex and thus whatever little food the patient does swallow, is vomited causing the patient to become dehydrated (lack of sufficient water in the body)

- All the above result in depriving the body of essential nutrients needed for day to day living.

—Stunning weight loss;

- Suppressed appetite, Sluggish/arrested stomach/gut activity, Reduced blood flow to the 'idle' intestines, deprive the body of the essential nutrients. When such attrition/erosion prevails for long, the body acquires the malicious stance of a 'starved' and 'imprisoned' being. To combat the starvation, own flesh slowly dissolves as nourishment and the fat stores are burned up for energy. Thus the stunning weight loss.

- Also the slow circulation of blood, the insufficiency/deficit of healthy/whole elements of blood, the lack of oxygen (in the body) and the constantly de-hydrated state elicit a defensive maneuver by which the body tends to reduce its mass/size to compensate for the dearth of blood, oxygen and efficient circulation.

- To contend with the psycho-social sense of being trapped, the ease seeking attitude ushers in stealing, snatching, resenting and vindicating which eventually lead to

criminal behavior.

► In the blood synthesizing (manufacturing) system

- The addict, or the frequent abuser's blood has to perform in an atmosphere of oxygen deficiency caused by the effects of opiates on the lungs and the airways. This shortens the life span of major blood elements (which is 120 days in a healthy body).

- The urgency caused by the rarity of whole & healthy blood is sensed by the 'blood production regulators' and an 'overactivity' is triggered in the blood manufacturing systems.

In an adult, most blood production occurs in the bone marrow of the hip bone, the central chest bone (sternum), the skull bones and those of the jaws.

- However; since the essential nutrients required for manufacturing healthy, whole blood are scarce/missing (due to the effects of opiates on the gut system), the overactivity of the addict's bone marrow results in the production of blood elements that are frail, short lived and relatively inefficient.

This further amplifies/exaggerates the overactivity in the marrow and the engorged bones start to deform slowly.

- Opiates also cause abnormal levels of 'growth hormone' that adds to the inappropriate bone growth leading to architectural distortion of the patient's skeleton.

- The resultant, protruding forehead, prominent jaws, on a pigeon breasted skinny body with an athletic gait, coarse skin and an unkempt appearance makes the chronic addict easily identifiable.

► In the heart and the blood circulation:

- The lethargy enveloping the brain and its functions causes the blood vessels to maintain a caliber specific to resting/sleeping. This laid-back /dilated disposition of the blood circulation system keeps the (blood) pressure in them low, which in turn causes poor perfusion(perfusion=the blood that runs in the vessels) of the active/awake body.

- Although normally a reduced pressure in the awake and active state would cause a compensatory increase in the heart's rate of contracting/pumping blood, yet the central depressant effects of opiates keep the heart rate slow.

► Cosmetic damage: ▪Heroin/morphine carriage through the blood vessels, results in the release of a 'defending' chemical (Histamine) by the cells that surround blood vessels. This induces the urge to chafe. Vigorous "chafing sprees" repeatedly abrade the skin. Which together with the poor personal hygiene and profuse sweating cause the skin to be colonized by germs and coarsen it.

- Poorly functioning kidneys allow harmful chemicals to linger on in the blood, thus altering the hue of the overlying skin.(sallow)

- The defense against the drug induced starvation devours the fatty tissue layer under the skin, causing increased wrinkles and deepened creases.

■ The mechanism of kidney damage:

As blood sifts through the renal(kidney)sieves, normal kidney function returns the essential blood ingredients to the blood stream and selects the toxic (poisonous) chemicals for excretion.

All pain killers damage this ability of the kidneys.

Poisons are partially removed from blood, while vital blood constituents are lost to the exterior.

The accumulating poisons further twist the deranged mental and sensory faculties and the loss of essentials through urine inflates the chemical disturbances within the body.

The second most common cause of death in heroin addicts (for the relatively affluent, the first) is through uremia (renal/kidney failure).

► In the reproductive system:

- Since absolute mayhem plagues the body & brain, there remains no room for 'libido' and/or 'sensuality'.
 - Males develop both kinds of impotence.
 - In women the monthly cycles become irregular.
 - Possibilities of conceiving are fortunately minimized, and if they do conceive, miscarriage protects against delivering an addicted infant.
- However since heroin and morphine are similar to the body's own chemicals, rehabilitation restores the reproductive health, usually with a rebound augmentation.

ALCOHOL (ETHANOL)

Alcohol is the most widely abused drug in the world.

Alcohol has held a level of importance in a lot of primitive cultures

Whisky means Water of life in Gaelic.(Irish/Scottish)

According to Islamic jurisprudence: it is disallowed and has been called
'refuse/junk/waste-product = RIJSUN' in Quran..

Also wedding a known alcoholic is disallowed, and the testimony of an alcoholic is not credible in Islamic law. Appointing an alcoholic to public office is also disallowed.(Islamic definition for an alcoholic is = " a person who 'frequently' drinks alcohol")

Alcohol (ethanol) has an ability to dissolve in water as well as fats, and that is why it is such a potent intoxicant. Alcohol (temporarily) alters the structure of the walls (membranes) of the nerve cells and in fact is the strongest neurotoxin (brain poison) legalized by many nations all over the world. Repeated alcohol intake results in permanent damage to brain cells many of which die in the partying. The post-mortem weight of the brain of a chronic alcoholic is less than the weight of a non-alcoholic of the same age. Drinkable alcohol (ethyl alcohol, or ethanol) is the result of a process called fermentation.

Fermentation :

The process of forcing Yeast (microscopic organisms) to live in the absence of fresh air and feed on sugar in hot environment is called fermentation.

. The yeast uses the sugar & water for food/energy and excretes ethanol and carbon dioxide as waste products.

(Products produced by fermentation are actually waste products produced during the reduction of pyruvate to regenerate NAD⁺ in the absence of oxygen.)

When yeast ferments (i.e., it lives in heat and the absence of fresh air) it breaks down the glucose (C₆H₁₂O₆)(to obtain the energy in it for living) and excretes two molecules of ethanol (C₂H₅OH) and two molecules of carbon dioxide (CO₂).



14% is the highest level of alcohol that can be obtained with fermentation because at levels above 14% the yeast spores die, by drowning in their own

excreta/urine; alcohol.

In order to get a higher concentration of alcohol distillation is needed.

Types of alcoholic beverages.

- (1) Beer - made from cereal grains (corn, rice) & malt. Malt is sprouted Barley. The enzymes in the malt converts the grain to sugar, then yeast uses the sugar and excretes alcohol. The alcohol content of beer is 5%..
- (2) Malt liquor - has an alcohol content of 5% to 7%.
- (3) Wine - is made by causing yeast to feed on fruit in the absence of air & has an alcohol content from 8% to 14%.
- (4) Fortified wine - is wine + brandy for more alcohol content.

LIQUORS: these are beverages made by distillation of fermentation products, for a higher alcohol content..

- (1) Vodka - .
- (2) Gin - .
- (3) Rum - .
- (4) Bourbon - .
- (5) Scotch - .
- (6) Brandy -
- (7) liqueur - brandies with flavor added. About 20% alcohol, higher than wine but less than whiskey.

Drinkable alcohol (ethyl, ethanol) affects the:

Central Nervous System(brain),

Gastro Intestinal system(digestive system),

Hormonal (endocrine)system,

Liver(defense)system,

Cardiovascular system, and

Kidney(excretory system).

Alcohol also affects fetal life (the child while it is still in the mother' s womb) and cross-reacts with many medicines.

ALCOHOL ABSORPTION

Some alcohol is absorbed into the blood from the stomach but most is absorbed through the small intestine.

FACTORS INFLUENCING THE ABSORPTION RATE OF ALCOHOL

(1) MUSCLE MASS - Most drugs absorb more readily into muscle tissue than into fatty tissue, therefore an individual with more fatty tissue will retain more of the drug in the blood to go to the brain. And the more muscular individual will have a lower Blood Alcohol Level (BAL) than the individual with more fatty tissue .

(2) BODY WEIGHT - the larger person has more volume for distribution so increased body weight contributes to lower BAL

(3) AGE

(a) The very young lack enzymes that breakdown alcohol, thus more of alcohol is absorbed

(b) Slow excretion in old, thus the drug stays in for long

(c) Elderly tend to get smaller - less muscular, therefore more of it manages to reach the brain.

(d) Liver and kidney less effective in the old, i.e., breakdown of alcohol by liver is reduced and excretion by the kidneys is reduced

(4) GENDER - The typical woman is more sensitive to drugs than a typical man.

The woman is smaller and pound for pound has more fat than a man.

Men have one enzyme in the stomach that women do not have that starts the breakdown of the alcohol. This enzyme starts breaking alcohol down before it gets into the blood. Therefore women get intoxicated quicker than men.

ALSO:

(1) The amount and kind - of food.

(2) The content of alcohol in the beverage..

(3) The mood - Fear and anger cause the stomach to dump its contents into the small intestine (including the alcohol), since most of the alcohol is absorbed in the small intestine; thus an angry ,scared person will get drunk quicker.

ONCE ALCOHOL IS IN THE BLOOD IT IS DISTRIBUTED VERY QUICKLY

The effect that alcohol has on humans:

Sedation,

Hypotension (lowering of blood 's pressure in vessels),

Gastro Intestinal Bleeding (due to scarring/partly digesting the walls of the stomach and intestines, in earlier stages and due to the food pipe (oesophagus) bleeding from increased pressure in the liver's blood vessels in later stages),

Lactic Acidosis (the body fluids get acidic due to increased lactic acid),

Acetaldehyde Toxicity (partially degraded alcohol ;acetaldehyde/poison accumulates),

Increased Hepatic Toxicity (liver cells get submerged in a cumulate of abnormal constituents).

1. A feeling of well being, social ease in the non-alcoholic. In the alcoholic it is a far greater sense of well being, often referred to as being "ten feet tall and bullet proof." The alcoholic is unaware of the social idiocies he/she commits when under the influence, sees self as the strongest, sexiest and brightest. What is even worse is that the alcoholic remembers the event the next morning through the same "rose colored glasses". This phenomena is called "euphoric recall."
2. Non alcoholics sometimes feel slightly nauseous and out of control. The alcoholic feels wonderful and completely in control.
3. Drinkers are at more risk of catching a cold or developing pneumonia because the blood vessels to the skin carry more blood and lose more heat. At the same time the drinker feels warmer and is fooled. Hypothermia means a lower body temperature

%BAL Blood Alcohol Level.

The BAL may range from 0% to 60%.

At 60% the brain 'medulla oblongata' ceases to function and breathing stops. (dead)

40%==Lethal Dose

50- 60%==Lethal Dose 100 (i.e.,100% of people with a 50=60%blood alcohol level die)

.05% Behavioral effects start, lower alertness, appetite is stimulated, release of inhibitions, impaired judgement, DASHING & DEBONAIR.

.10 % Slowed reaction time (i.e., the time taken by the brain to coordinate between arriving information, it's analysis, the choice of reaction , and the reaction) impaired motor function(that is muscular activity lacks finesse), less caution, DANGEROUS & DEVILISH.

.15 % Large increases in reaction time

.20 % Decidedly intoxicated, marked reduction in sensory(mental) & motor(physical) functions. DIZZY & DISTURBING

.25 % Staggering, sensory perceptions greatly impaired, disoriented "smashed".

.30 % Conscious but stuporous, no comprehension of the world around them, delirious, disoriented. DECIDEDLY DRUNK

.35 % The equivalent of surgical anesthesia, about LD1 (at least one person in 100 will die with this BAL) DEAD DRUNK

.40 % LD50 a fifty fifty chance of death.

.60 % LD100. DEFINITELY DEAD.

ALCOHOL METABOLISM

- (1) Alcohol dehydrogenase (ADH=an enzyme) & the liver are responsible for metabolism (breaking down alcohol to render it harmless /less harmful for the body) of most of the alcohol.
- (2) After the alcohol is acted upon by 'alcohol dehydrogenase' The primary by product is acetaldehyde(which is a poison)
- (3) Asian people are deficient in a chemical necessary to metabolize (break down) acetaldehyde.

An enzyme called 'acetaldehyde dehydrogenase ALDH' of the microsomal ethanol

oxidizing systems MEOS, converts acetaldehyde into acetic acid, carbon dioxide, and water which are eliminated through the lungs, urine, and kidneys. In 50% of Asians the enzyme ALDH is absent.

Acetaldehyde produces nausea, dizziness, skin flushing, and other unpleasant symptoms.

ALCOHOL'S MECHANISM - THE PSYCHO-ACTIVE EFFECT

CNS Effects

Alcohol actually simulates/potentiates the effects of such neurotransmitters that 'inhibit' brain activity. Therefore alcohol is actually a depressant.

1.The 'sedative' effect:

is the same as for sedative medications like valium or diazepam. Which act by inhibiting message conveyance in the brain and thus the information of the surroundings is not perceived in its entirety, and the resultant 'ignorance' seems 'blissful'.

Mechanism explained:

Nerve cells convey messages to their neighboring nerve cells by 'firing' an electrical impulse through their own body that touches the next (neighboring cell through the neurotransmitter they release at the other end) and that causes message conveyance.

Alcohol impedes the electrical impulse generation in nerve cells. Less firing means a more tranquilized effect

2.The depressant effects of alcohol :

Alcohol inhibits the release of neurotransmitters that induce excitation for various body functions – (glutamate, and acetylcholine(ACH))

- a. **Glutamate** is the main excitatory neurotransmitter
- b. **ACH** is responsible for conversion of short term to long term memory □ results in blackouts

Mechanism explained :

Alcohol causes those parts (receptors) of the nerve cells that receive and respond to 'inhibitory' commands, to become over-active/over-sensitive. This overactivity of the 'blocking' feature of each nerve cell results in the 'depressant' effect of Alcohol.

{alcohol - makes neuronal receptors on the neuron dendrites more sensitive to the inhibitory neurotransmitter GABA. Drugs which block alcohol absolutely also block the psycho-active effect of alcohol. The experimental source is RO15-4513, by Eli Lilly.}

3.Euphoria caused by alcohol:

Normally, the release of 'mood elevating' neurotransmitters (endorphins) is kept under a check; however alcohol causes that restraining effect to be curbed and thus result in increased endorphins release which elevate the mood.

Mechanism of Euphoria induction by alcohol:

1.D2 Dopamine receptors are stimulated (these receptors are actively inhibited in a normal person, that active inhibitory control over these receptors is itself inhibited by the GABA potentiating effect of alcohol, and thus these receptors get stimulated) by release of their feedback inhibition, and endorphins (opium-like 'mood' enhancers produced naturally in a normal human brain) are released.

2.these 'more than normal/usual' endorphins result in Euphoria.

*{Alcohol also affects the binding properties of brain receptors for (opioid peptides) endorphins, as well as the synthesis of these endorphins (peptides). Specifically, alcohol stimulates the release of beta-endorphins, neurotransmitters held responsible for euphoria and anesthesia, accounting for some of the intoxicating effects of alcohol. **The experimental observation that the administration of opioid blockers reduces craving for alcohol has led to the use of naltrexone, a drug that interferes with the function of opioid receptors, as a treatment for alcoholism.**}*

MECHANISM OF CAUSING DEPENDENCE:

The most important **factor in the development of alcoholism appears to be that the brains of alcoholics develop abnormal neurotransmitter systems**, especially in the **mesocorticolimbic dopamine system**.(described earlier in the book).

Mechanism explained:

This system consists of dopamine-releasing neurons(nerve cells connecting the ventral tegmentum (VTA) of the midbrain to the medial prefrontal cortex and the nucleus accumbens (NAC) in the limbic system). It is called the "reward and motivation system" or simply the "mood system". This system transmits inputs that lead to a sensation of reward or euphoria when processed in the limbic system.

The neurotransmitters; (i) GABA and (ii)the endorphins are active in the VTA and NAC, and play a role in regulating the dopaminergic system.(iii) The neurotransmitter serotonin, present in the hypothalamus, also seems to affect the system by regulating the activity of dopamine.

However, the brains of alcoholics seem to develop abnormalities that alter the normalcy of the dopaminergic system.

Alcohol consumption whether directly or indirectly through its effects on the receptors(parts of nerve cells that receive and respond to neurotransmitters) affect the dopaminergic system, causing an increase in the amount of dopamine released in the limbic system.

Studies of strains of rats bred to prefer alcohol to water show that these "alcoholic" rats have:

1 fewer serotonin-releasing neurons in the hypothalamus, Some studies have indicated serotonin levels 10-30% lower than normal

2.higher levels of opioid peptides(endorphins) in the hypothalamus,

3. more GABA neurons in the nucleus accumbens,(inhibiting the release of dopamine),

4.a reduced supply of dopamine in the nucleus accumbens , Some studies have indicated dopamine levels 20-30% lower.

5.a lower density of dopamine D2 receptors in certain areas of the limbic system when compared to normal rats., Some studies have indicated 20% fewer D2 receptors ,(D2 receptors cause endorphins release when stimulated)

(When drugs that stimulated serotonin release, or directly stimulated D2 receptors were administered, alcohol consumption decreased, while the administration of D2 dopamine-receptor antagonists increased consumption.)

6.The observed increase in dopamine release after the consumption of alcohol is also much higher in alcohol-preferring rats than in non-preferring rats, suggesting that the brains of alcohol-preferring rats are much more sensitive to the effects of alcohol.

These findings have also been replicated to some extent in humans.

► Levels of serotonin metabolites in the cerebrospinal (brain) fluid of alcoholics have been shown to be lower than normal.

► Alcoholics given serotonin and dopamine precursors (chemicals that will change, into serotonin and dopamine respectively,) in clinical trials reported fewer cravings for alcohol, less stress, and had an increased likelihood for recovery and a reduction in relapse rates.

However, the changes in the dopaminergic systems of alcoholics are reversible in the vast majority of alcoholics and are irreversible for only a very small fraction of patients with a very long history of alcoholism and/or co-existent chronic illnesses.

Aggressive rehabilitation through: healthful routine of daily chores, healthful molding of perception and reaction patterns through effective psychotherapy, coupled with education about the disease and treatment are definitely curative.

FETAL ALCOHOL SYNDROME (damage to the unborn child)

drinking is dangerous for the pregnant woman.
Symptoms:

- (1) bone abnormalities, (facial and cranial abnormalities in the newborn)
- (2) small, light, body weight of the newborn.

HANGOVER SYMPTOM

- (1) Alcohol - dilates the blood vessels in the brain = headache,
- (2) Alcohol - irritates the stomach lining and the rest of the gastrointestinal tract = upset stomach, and lost appetite
- (3)) Alcohol inhibits the anti-diuretic hormone which results in excessive urination and dehydration and upsets the body's electrolyte balance = thirst, weakness, fatigue and anxiety,
- (4) Endorphins levels in the brain fall to normal levels when the alcohol induced spike in their levels terminates, which causes less dopamine release at the (mood) 'reward and motivation center' = depression ,urge to be left alone.
- (5) Congeners (similar plants) substances produced in the fermentation process. When congeners are metabolized they are much more toxic than acetaldehyde, which is the normal byproduct. The fewer the congeners the alcoholic drink contains, the less toxic the congener byproducts are. Thus a hangover from Vodka is less than one from scotch, bourbon, beer, or wine.

COGNITIVE DEFICITS CAUSED BY ALCOHOL

- (1) A Blood Alcohol Level (BAL) of .01% to .03% = no cognitive defect and some studies suggest it helps less confident people think more clearly and exercise better judgment.
- (2) A BAL of .04% and up = alcohol interferes with ability to learn.
- (3) A BAL of .08% and up = produces some memory impairment for events that went on while one was drinking (blackouts).

EFFECTS ON THE ENDOCRINE

The adrenal gland

The short term effects of alcohol is to reduce resistance to disease. Alcohol causes the adrenal cortex (the outer layer of the adrenal gland) to secrete corticosteroids. Continued use of alcohol wears the adrenal cortex out. This makes the individual more susceptible to disease.

CHRONIC/LONGTERM EFFECTS OF ALCOHOLISM

(alcohol is the number one NEUROTOXIN/BRAIN POISON of abuse)

LIVER

(a) **Alcoholic fatty liver** - . As a result of heavy drinking fatty acids accumulate in the liver and these are stored as droplets in the liver cells. These interfere with the liver functions up to the point where the liver cells actually die everyone who abuses alcohol has alcoholic fatty liver. It only requires 3 days drinking of 6 drinks per day. It can be completely reversed by quitting drinking for 3 days.

(b) **Alcoholic hepatitis** - is an inflammation of the liver. Not all abusers progress to hepatitis although it is not known why. Alcoholic hepatitis is characterized by vomiting and disorientation and can be fatal.

Alcoholic hepatitis can be reversed by quitting drinking for 3 days. (c) **Cirrhosis** - Prolonged excessive alcohol intake causes damage throughout the liver resulting in diffuse fibrous scar formation that compresses neighboring cells resulting in **Cirrhosis**.

Liver Cirrhosis results in esophageal varices(bulging ,bleeding veins in the walls of the food-pipe), jaundice and ascites. Ascites is the collection of fluid in the peritoneal cavity due to increased blood pressure as a result of blood circulation of the liver being obstructed by the fibrous tissue aggregates mentioned above. This is not reversible. This is a serious scarring of the liver and is almost always fatal. Cirrhosis has a positive correlation to a family history of cirrhosis.

EFFECTS ON THE ESOPHAGUS/food pipe

(1) **Bleeding esophagus** - usually comes after drinking for many years and is found more often in those who drink straight. 95% fatal.

EFFECTS ON THE PANCREAS

(1) **Chronic abuse** - can inflame the pancreas (pancreatitis). This is fatal in 50% of the cases.

CARDIOVASCULAR DEFECTS.

larger amounts of alcohol cause **vasodilatation, increased Blood pressure, and alcoholic cardiomyopathy**

(2) Three drinks a day can cause increased blood pressure, increase in LDL (bad cholesterol).

(3) Heavy use (more than 2 drinks per day) has an adverse effect on the heart muscle. "cardiomyopathy"

ACUTE/IMMEDIATE REPRODUCTIVE SYSTEM EFFECTS

Alcohol is not an aphrodisiac (physiologically alcohol does not increase sexual arousal or pleasure. Increasing the alcohol up to .06% causes a perceived arousal in

both male and female. Any alcohol above .06% is actually a sexual depressant. HOWEVER, alcohol reduces inhibitions and nervousness which enhances the ability to tease and be romantic.

Male increase in the amount of time to achieve an erection.

decreased strength of erection.

increased in the time needed to achieve orgasm.

decrease in the intensity of orgasm.

Females: increase in time needed for vaginal lubrication & blood congestion.

increase in the amount of time to achieve an orgasm.

CHRONIC REPRODUCTIVE SYSTEM EFFECTS

MALE

- (1) Atrophy of the testicles. (tends to be irreversible)
- (2) Impotence - also tends to be irreversible
- (3) Infertility
- (4) Reduced production of testosterone - male sex hormone.
- (5) Increased synthesis of estrogen (female sex hormone) causing decreased body hair, enlarged breast, increase in female type fat.

FEMALE

- (1) Painful menstrual period. More PMS.
- (2) Higher rate of gynecological surgery.
- (3) Problems with fertility.
- (4) Increased testosterone (male sex hormone) associated with decreased breast size, more body hair, more male fat patterns.

ALCOHOL AND CANCER

There is a positive link between alcohol and cancer of the

- (1) mouth
- (2) tongue
- (3) esophagus
- (4) stomach
- (5) pancreas
- (6) colon
- (7) rectum

If smoking is combined with the drinking there is an amplified effect.

ALCOHOL AND AIDS

- (1) Alcohol decreases our immune system, especially the adrenal cortex so alcohol can contribute to aids.
- (2) Aids patients who drink die much faster than non-drinkers do.

CHRONIC BRAIN EFFECTS

Wernicke's Encephalopathy and Korsakoff's psychosis, described below

. **Fetal alcohol syndrome** results for the newborn, in facial malformations, mental retardation, increased susceptibility to infections, and abortion or stillbirth.

At risk women have 3 or more drinks a day, although the timing is unclear.

Wernicke's -Korsakoff's Syndrome ---. Long term abuse combined with Vit B-2 (thiamine) deficit leads to a toxic brain syndrome with:

- (a) Impairment of judgment associated with
- (b) Severe depression
- (c) Degeneration of the brain's cerebellum (which enables us to coordinate our

movements like walking, talking, touching our nose etc.,)

(d) Degeneration of the brain's corpus callosum which connects the two sides of the brain. This impairs the ability of the cerebral hemispheres to communicate. (The left brain is better at logical thinking.

The right brain is better at illogical or intuitive thinking.)

(e) Degeneration of the hippocampus (most of the brain's memory is stored in the hippocampus. This causes anterograde amnesia, a kind of amnesia where you cannot remember what has gone on since the onset of the disease.

(f) Degeneration of the neurons in the brain's cerebrum. (most people will die of some related cause before this happens.)

(g) Severe memory loss of old information. (retrograde amnesia, that is loss of memory of events before the disease set in)

ALCOHOL WITHDRAWAL SYNDROME

Withdrawal from alcohol is more life threatening than withdrawal from narcotics. **All of these are due to physical dependence.**

There are four stages of withdrawal. Treatment at any stage of withdrawal prevents the progression on to the next stage. Stage one starts just hours after the last drink.

STAGE 1

- (a) muscle tremors
- (b) rapid heartbeat
- (c) hypertension
- (d) heavy sweating
- (e) loss of appetite
- (f) insomnia

STAGE II

(1) (A) hallucinations - a false sensory experience (visual, auditory, tactile or olfactory i.e., the sense of smell).

STAGE III

(1) (a) disorientation and delirium.

STAGE IV

(1) (A) brain seizures (convulsions)

CAUSE OF WITHDRAWAL

The neurons have attempted to compensate for the depressant effects of the alcohol. When the alcohol is removed and the neurons are freed from the depressant effects of alcohol, their threshold of excitation is reduced and the brain becomes hyperactive.

(SOURCE of info below: Applied Cognitive Psychology, July 2006)

In our study, alcohol caused a narrowing of the attention to one specific aspect of a scene (counting passes), such that other information in the scene was more likely to be ignored," they add, concluding: "Our mildly intoxicated subjects demonstrated a substantial perceptual deficit, indicating that even having one stiff drink can make you blind drunk."/and>> hadeeth states(meaning), "what alters/disrupts cognition in a large dose is disallowed/haraam in minute doses as well".

Speed, amphetamines, extacy, cocaine, ritaline's mode of action:

These chemicals are called “central nervous system stimulants”, and enter the body through swallowing, injecting or sniffing.

In Pakistan cocaine, amphetamines, and ritaline are commonly used by the affluent or those that stay in their company.

The anarchy caused by these chemicals in the body is:

The method of enhancing the mood and inducing motivation acutely :

As mentioned earlier, the mesolimbic dopamine system that causes release of dopamine at the “reward and motivation centre” in the frontal brain, releases large amounts of dopamine under the influence of these drugs.

Along with this extraordinary excess release, the reabsorption of the released dopamine into the mesolimbic system's cells is paralysed for sometime.

This causes not only a very potent effect of mood enhancement but the duration of the affect is prolonged (because dopamine is not reabsorbed)

This excess “slush” of dopamine at the mood centre induces a ruthless euphoria, the patient feels like a king the sense of fatigue is entirely obliterated and motivation is at it's peak.

This is the same chemical that the U.S. army used in Vietnam for slaughtering women and children, because this drug abuse makes others seem meaningless/insignificant.

In the 1960's it was called speed, today with the addition of some more chemicals the drug is known as extacy.

The negative effects on the mood centre due to the trick played on it:

When the blood and body is finally devoid of these chemicals the psychological and physical state of the patient is exactly that of a king having lost everything. (cocaine about 90 minutes later and extacy about 4 to 6 hours later)

There is a tendency to not move at all

Sloth sets in

An amalgam of depression and grief envelops the mind

The mood is extremely sore.

Repeated and prolonged abuse of these chemicals cause the intrinsic dopamine to decrease in quantity, because once it's absorption back into the mesolimbic system is inhibited, it is removed from the reward and motivation centre by blood, which immediately breaks it down and excretes it.

This relative depletion of dopamine+

The sweet memories of the euphoria experienced+

The civil war going on in the rest of the body against that repeatedly invading poison

Cause the intensity and the frequency of intake to increase.

And the patient starts feeling incapable of performing any physical or mental activities in the absence of this chemical.

Sleeping continuously for a couple of days after the intoxicant wears off is one of the diagnostic (tell-tale) criteria for these chemicals' abuse.

The effects on the other parts of the brain:

Speed/cocaine/extacy makes the entire brain very vigorous.

Concentration is enhanced incredibly

Agility becomes excellent

The musculo-skeletal system (system of muscles and bones) is extremely active and the blood vessels that convey blood (nutrition and oxygen = energy) to the muscles are dilated to convey more blood.

The brain and body system that invokes a sensation of fatigue is absolutely blocked.

Due to the above mentioned, the patient's memory, loquacity and wisdom become very

accentuated

Shrewdness, intelligence, memory become very sharp, conversation very articulate (but very fast) and bodily movements become very skilled and quick.

The ability to do all/any kinds of mental activities is enhanced tremendously and the patient performs and expresses fearlessly, in other words the patient looks like an icon of chivalry.

Appetite is absolutely inhibited

Sleep vanishes

When the intoxicant wears off, all the above mentioned acquire an absolutely opposite state.

Effects on the rest of the body and organs:

These chemicals effect the other body organs besides the brain through those components of the brain that regulate such activities of the body that are **not** under a subject's/person's voluntary control. Example the caliber of the blood vessels, the speed at which the heart beats, the digestive system, the system that manufactures and then excretes urine.

For doing that it uses that part of the nervous system called the "autonomic nervous system".

The effects on the kidneys, the bladder and the hormone 'adrenaline':

The effects of these intoxicants causes increased nerve signals to the kidneys.

This causes an increased secretion of the hormone 'adrenaline' from the glands attached to the top of each kidney.

When high amounts of adrenaline are present in blood the state of "fight, fear & flight" is turned on.

This state, for the fight or flight, causes the heart to beat more rapidly, the strength of the heart muscles is also temporarily increased...

And since for fighting or fleeing an excess amount of oxygen will be needed by the body musculature, the depth and rate of breathing is increased, also the caliber of the air pipes to the lungs and within them increases, i.e., they dilate.

The blood vessels to the limbs dilate to carry more blood (nutrients+oxygen) to facilitate fighting or fleeing.

And since for extra effort the body will need extra fuel as energy, viz., glucose, the hormones (insulin) that remove glucose from the blood are totally inhibited...

Also the supply of blood to the skin and the digestive system is decreased being re-routed to the limbs, lungs, and heart for that more efficient fight or flight.

As a result the appetite is suppressed..

The skin gets goose flesh, i.e., the hair stand erect,

The sweat glands' activity is enhanced to make the body slippery lest the opponent (in the fight) tries grabbing for the subject,

The pupils of the eyes dilate to make the enemy and the entire scene of the battle more evident/visible to the subject

Such a warrior, armed with all his natural instincts of war provides enough indicting evidence to those around him at home, in the neighborhood or the work-place.

The effects of repeated abuse over a prolonged period:

This is a kind of mood altering chemical that if taken over a long period regularly or irregularly, leaves irreversible dents in the brain.

Exactly like a brand new car driven ruthlessly at high speeds will damage its novelty irreversibly.

With prolonged abuse there is a step by step deterioration in the brain and body

functions. Their continuity is as follows:

In the very early stages as the chemical's effects wear off irritability is common. Lack of appetite, and when devoid of the intoxicant then feelings of nausea, vomiting, diarrhea cause weight loss.

The "fear" inducing effect of the chemical causes the patient to remain anxious and scared of unknown fears even in the absence of any drug abuse.

All muscles of the body, and the brain itself get 'addicted' to sloth/laziness/remaining idle.\the usual daily chores seem tough to accomplish...**this is one reason why cocaine or speed addicts add alcohol to their daily regimes, because alcohol relatively facilitates the dispensation of daily chores of business etc.,**

Palor of the skin is very pronounced...

The irate, depressed, lazy, careless, indifferent attitude causes relations with family members neighbors and job mates to become initially strained and then altogether restrained.

Throughout this state of affairs the unknown fear that keeps haunting the patient adds to delusional thinking and others around him are seen as plotting against him or as his enemies.

Some patients may slip into speed/extacy/cocaine induced schizophrenia/psychoses

And such dreadful intents as self-mutilation or suicide are only in consequence of the above mentioned stacked resentments, misunderstandings and sick perceptions of other's words or actions.

The effects on the heart:

The repeated speeding up of the heart's beating rate as an ill/adverse/side-effect of the drug, damages the electrical system of the heart that maintains/regulates the contractions& relaxations of the heart muscles, their rate of contractions(beats), rhythm and

regularity (of the contractions alternating with relaxations.)

such diseases as angina pectoris (pain in the heart due to reduced oxygen supply to it's muscles),hypertension (raised blood pressure, which is synonymous with scraping the insides of all blood vessel walls due to blood rushing through them at high pressures) start showing in youth.....and death most often results from failed electrical activity of the heart.

The stimulating messages to other muscles of the body (skeletal muscles) when excessive or when the frequency of such stimulating messages from the brain is recurrent, seizures may result(seizures are convulsions similar to those seen in epilepsy patients, but these are not epileptic seizures/fits....speed/cocaine/extacy induced seizures are simply a result of the electrical activity that regulates normal skeletal muscle contraction/relaxations getting confused with the double triple kind of messages the brain sends)

The system that regulates the lung volume,the depth of breathing and it's rate also starts getting rusty and weak.

A patient that does not die of the heart's electrical failure, or does not go insane(psychoses)or does not reach the jail due to some illegal activity committed in the throes of euphoria, or does not get committed to an asylum by family members, may die of the respiratory system's failure due to an overdose or simply due to the weakened system of breathing being overloaded with a normal/usual dose of the drug.

Intoxication by sniffing household/industrial chemicals:

This includes all chemicals that are freely used at home, in schools, shops, offices and industry and their sale or purchase is not frowned at or suspected.

In Pakistan this list includes the UHU glue, samad bond, kerosene oil, petrol, fluids used in painting as thinners, nail polish removing spirits shoe polish etc.,

A generalized description would include all chemicals that tend to evaporate at room temperatures, or, in a therapists words, every chemical that tends to evaporate at room temperature is tried by addicts to such chemicals.

The majority of patients age from 6 to 13 and they are more often children working in factories, shops, roadside (shack) hotels or hostel residents of elite public schools who use them for not having access to harder/commoner drugs of abuse.

Adults that are entrapped by this kind of addiction are usually those who are in a lock up (such as a jail/asylum) or who are forced by a lack of funds to resort to this side of la' la' land (the land of drugs).

Diagnostic (tell-tale) criteria:

The most common sign is that of a stench of (aromatic hydrocarbons) spirit or petrol or kerosene oil spreading from the patient's clothes.

Next most common sign is the repeated sniffing that the patient acquires a habit of, trying to push the fluids tending to flow out of the (inflamed) nasal cavity (nose), backwards into the throat.

Mode of action on the brain and body:

All these chemicals act basically as do the general anaesthetics given prior to any major surgery.

However since these chemicals are not potent enough they do not cause the subject to lose consciousness but do induce a tipsy state which is stupor in its slight/soft form...

The Creator has created the human brain such that whenever the supply of oxygen to the brain is obstructed or reduced to critical levels, the brain defends itself by ordering the body and the brain to 'go to sleep', thus combating the reduced supply of oxygen by a reduced need for it...

These chemicals reduce the supply of oxygen to the brain and the few minutes of semi-doing-semi awake feeling of imbalance is termed by these patients as 'euphoria' and the habit of it is called dyspomania.

All bodily movements and muscles become slow and the analytic systems of the brain get sluggish, causing a staggering gait and disarticulate speech and therefore it is extremely dangerous for those working on or with machines, close to ovens or sources of flames or furnaces. It is more than often that the

Abuse of these chemicals exposes these patients to extremely dangerous and sometimes fatal or mutilating accidents.

The adverse effects on the heart's electrical activity:

All these chemicals cause an imbalance of the effect of intrinsic body chemicals that regulate the heart's functions by confusing the heart regulating mechanisms through repeated messages from the brain to "sleep in order to counter the lack of oxygen supply", and thus death may result at any moment from a failed electrical activity in the heart.

The effects on other body organs and society:

Since all nerves function by conveyance of electrical discharges through them, and these chemicals basically mutilate the electrical systems of the brain and the nerves originating from there, thus the abuse of these chemicals can cause irreversible

changes/damage in the nerves, at any site of the body.

Lungs and the wind pipes often remain infected and such patients suffer from bouts of pneumonia every few months.

Those working in workshops, factories, or road side hotels may cause accidents that may make them or others invalid for life.

Cigarettes, tea, coffee, naswar, snuff.

These are mood altering chemicals by definition .tea, coffee, naswar, snuff and cigarettes, contain caffeine and nicotine, respectively.

The mechanism of their action is to dilate the blood vessels to the brain, causing increased blood flow to it, which automatically causes a feeling of elation. agility, and the blood vessels to the limbs and the extremities are constricted which cause more blood to be freed for going to the brain.....but 10 to 15 minutes later the opposite happens, that the vessels to the brain get constricted and those to the limbs get dilated...this causes the person to feel low, slow and inactive and thus reaches for the next cup of tea or coffee, or lights the next cigarette or places the next pinch of naswar/snuff (green tobacco).{nicotine is more poisonous than arsenic, a bonafide poison, on weight to weight basis} Although the damage done by this mood altering effect and the slow poisoning resulting from the chemicals conveyed into the body; ,damages the body in many ways. However when the patient is being weaned off stronger drugs like alcohol and heroine, these(seemingly but wrongly considered) minor, commonly used societal deviations are not paid as much attention to as the primary major drugs deserve.

The principle involved is that **by the time the patient has rehabilitated and acquired a healthier change of thought process ,the motive for kicking these minor unhealthy habits will come from within....and it is only from such ‘intrinsic’ motivation and conviction that such commonly used drugs as tea, coffee, cigarettes, naswar or snuff can be given up.**

Moreover, and more alarming is the tricky mind that can take charge of the recovering person and turn all tables....tricky mind is the term used to describe the ill-logical pattern that prolonged drug abuse, and ill-perception-patterns leading to anti-social sentiments eventuate in.It is very usual/convenient for a newly recovering patient to make impulsive decisions that need thorough deliberation and consultation...thus if a patient in recovery makes a Herculean decision of giving up smoking too, and fails to keep his word by the next or the day after that, the tricky mind will come into play, taking the patient back into that destitute state of self-esteem, where self-pity and blaming (others/principles/society/family)are the only hiding places/refuges and a patient who may have covered many miles on the road to recovering from stronger drugs’abuse will finally conclude that since he is not even worthy enough to give up cigarettes or tea, will revert to his drug of choice, heroine, cocaine, alcohol, cannabis, injectables etc.,.Basic info about their mechanisms of harming body tissue and brain psychology/freedom is conveyed through lectures, but absolute prohibition is not conducive to rehab. because the patient has so ,many valid rationales, like the father, uncle, mom, brother who smoke but are considered sane, positive contributors to society...Tea, coffee, cigarettes, tobacco, snuff, naswar, are all chemicals given up through a strengthened self-esteem and not will power or indicting scientific data against them.....and the entire mechanism of rehabilitation is to build the self-esteem to such levels where giving up self-mutilating habits becomes normal/easier.

Sheesha:

This is the newest fad that teenagers consider harmless.

It is more harmful than smoking.

Sheesha is a Turkish word used for the traditional “huqqah”.

The tobacco used in sheesha is made from tobacco that is allowed to ferment with fruit.(the kind of fruit used adds the aroma specific to a typical brand of sheesha flavor).

Fermentation is by definition a process in which Yeast (a kind of microbe like bacteria) is made to live without oxygen in a hot atmosphere, in the presence of sugar (the sugar in sheesha tobacco synthesis is derived from the fruit with which the tobacco is mixed and sealed in airtight jars and thrown in the sun, or heated on a mild flame).

Fermentation causes the yeast to use the sugar as food and excrete 2 molecules of carbon di oxide and two molecules of spirit/alcohol.

Thus the sheesha tobacco does not only contain all the poisons of tobacco but carries the spirit(ethanol/methanol) too.

And sheesha tobacco does not only contain tar, nicotine, carbon mono oxide but also fumes of burning spirit.(the normal fumes/smoke of the spirit lamps students use in laboratory experiments.

One chilm/serving of sheesha is as damaging to health as 52 cigarettes.

And one hour of a sheesha session in which one smokes sheesha actively as well as inhales passively the smoke generated by neighboring sheesha smokers.

IS MORE HARMFUL THAN SMOKING 500 CIGARETTES.

The method of treatment

A human being is not very different from an ordinary computer or machine, and as for a malfunctioning machine/computer, recognizing the defect, tracing it's cause, correcting the error and then ensuring that the computer/machine runs/operates free of that error are processes involved in 'curing/treating' an ill computer/machine, similar is true for humans.

But additionally in addiction treatment, since the freedom to choose between doing the drug or not will always rest with the patient, therefore the patient ought to be able to recognize the socio-psychological factors that stimulate or bring on the urge to use, and correct/combat it himself through learned socio-psycho-spiritual mechanisms.

Without this ability to utilize personal, social, psychological, and spiritual instincts to recognize one's negativity as soon as it raises it's head and suppressing it, the treatment would be incomplete and the results dubious.

The above mentioned progress in knowledge and practice may seem tough for a non-addict to absorb, but an addict easily absorbs the imparted knowledge and acquires the healthier patterns of thought, perception, judgment and reaction.

Because diagnosing/recognizing the defect of a familiar machine and then correcting it through familiar means does not need big-time academic credentials or superior intelligence.

Treatment combats the disease, concurrently on all 4 fronts of physical, social, psychological and spiritual deterioration, however for descriptive purposes they are elaborated under seperate headings.

Treatment of physical deficits:

The most important pre-requisite to effective treatment is that the patient himself wants to give up the addiction, and if not so (which may often be the case) then the family should be unconditionally committed to getting the patient convinced to take treatment and gain admission.

Detailed history taking from patient and family members, clinical examination, laboratory tests (if warranted) result in the formation of a 'patient-file'.

There are 5 constituents to correction of physical deficits:

1. supporting the patient through acute withdrawal symptoms that the patient suffers from when weaned off his/her drug of choice.
2. chemotherapy (treatment with medicines; this helps the therapist against the physical and psychological facades of the disease).
3. correction of deficits through a good diet.
4. awareness enhancement about the disease, its mechanisms, and treatment. (this gradually convinces the patient to lower down all defenses and get molded according to the will of the therapists).
5. Treatment through a healthy and healthful routine that slowly familiarizes the patient to the charms of absolutely drug free, physical, psychological and spiritual well being.

Supporting through the acute withdrawal:

The first 15 to 20 days of treatment when the patient is gradually weaned off his drug of choice are very scary for the patient.

The patient has a long history of learning to fear physical and mental agony in the absence of his drug of choice, and indeed if this stage of withdrawal is not supervised by professional experts, the patient may even die. Because all body and brain systems have, for long, performed abnormally creating a 'toxic/poisonous' chemical environment in each inch of each organ of his being.

However once the patient is across this initial stage, his confidence in the treatment team is established and he also learns that abstinence did not after all kill or maim him....

However, if expert drug counselors are not there to advise the patient, his new found confidence may act contrary to advantage, by wrongly convincing the patient that he is ready to face life on his own and treatment is already done.

Treatment with medicines:

The treatment with medicines has a very very limited role in drug addiction treatment. Actually the root-cause of the disease is the misconception that something from outside of the body will go into the body and induce a feeling of well being, and in order to eradicate this myth/mis-belief from the patients' consciousness, it is essential that medicines be given as fleeting and as little attention /value as possible.

Only some patients who may have double or triple diagnosis, i.e. may have other organic diseases like tuberculosis or hypertension or diabetes, or may come into admission with bodily injuries or fractures will of course need medication for those specific states.

Most patients are absolutely drug free by the third to fourth week of treatment.

And they are trained to deal with such minor ailments as headaches or heartburn through natural healthful means.

Sleeping pills:

Mentioning them specifically is important because it is the inability of drug addicts to sleep without their drugs of choice that usually causes relapse.

And most patients will yearn for sleeping pills while in treatment. Therefore it is a must for treatment that patients learn to sleep without synthetic chemicals' help.

Learning to condition and train one's sleep system is as important to addiction

treatment as not using .drugs.

Most patients who desert treatment after the initial superficial stages without yet having learned to manage their sleep disturbances, relapse ONLY due to this inability to cope with their distorted sleep pattern.

That is why, as a rule, after the initial three to four weeks of therapy, sleeping pills are not given to patients under any condition...they have to learn to cope with their own sleep pattern without external chemicals.

The entire science of the sleep system is explained to patients through lectures and demonstrations, and in addition to that the healthy routine goes a long way in restoring the natural sleep patterns.

Vitamins and essential minerals:

Again this kind of chemotherapy is limited to patients who are extremely debilitated, or old .Otherwise, the body's intrinsic abilities to cleave the essential vitamins and minerals from the healthful diet provided during treatment is what is basically intended.

Intravenous fluid therapy or intravenous injections:

The Creator has created man's blood circulatory system such that it is protected from exposure to air or light, and intravenous injections or fluid therapy unnecessarily exposes the blood to these external factors....it is only a very low percentage of patients, less than 0.1% who may need intravenous fluid therapy due to a variety of reasons, otherwise , using /exposing the blood and through it the heart to external environment is rarely warranted in addiction treatment and unnecessary intravenous therapy is a crime.

Therapy through nutrition:

Although the dietary intake during addiction may have been regular yet the nutrients absorbed during that period are extremely scanty. And the deficiency of each nutrient has it's specific effect on the patients attitude's and behaviors.

Family members do see the crookedness of the patient's attitudes but fail to understand that chemical imbalances result in erratic behavioral changes.

Therefore for treatment to be efficient it is essential that the patient's diet be,
Balanced

comprehensive in it's nutritional content

and be conducive to the psycho-social skills that the patient needs to learn/acquire through the day's routine.

Most patients consider over-eating a secret to gaining health, although their food digesting systems also have to get used to normalcy of routine and function.

This restoration of healthy functioning of the digestive systems is gradual, and warrants that the diet contains all kinds of milk products, meats, grains, cereals, lentils, rice, fruits, and vegetables and does not contain synthetic nutrients such as sweet meats and bakery products.

It is also significant that the edibles, and their quantity should not manage to interfere with the restoration of a healthy daily routine.,e.g.,

A patient stuffs himself with a heavy breakfast and then starts dozing due to the excess of blood flow concentrating to the intestines, causing a reduction in the flow to the brain that causes dozing...this patient will not be as attentive and eager for learning the socio-psychological skills that the day's beginning is best for.

Or a patient drinks tea after dinner and then lays awake in his bed ,falling asleep very late and thus acts indifferent to the learning processes on the next day.

Therefore it is encouraged during treatment that patients have 6 light meals instead of 3 heavy meals, which allows for the newly normalizing system to perform better as well as allowing diversity of the edibles that the patient consumes during the day.

Physical, psychological, social and spiritual treatment by awareness enhancement:

The purpose of awareness enhancement is to convince with solid evidence in favor of the positives and against the negatives of any aspect of life/behavior.

when one gets convinced of a fact one also becomes a covert advocate of it

,and in the controlled healthful environment of a treatment facility, getting attracted to changing oneself in light of one's new convictions is naturally easy and the basic human instincts of yearning for advantage and fearing loss also catalyze/hasten this process.

thus:

enhanced awareness + healthful environment = motivation for changing in a positive sense.

This motivation is capitalized upon by the treatment team through encouraging patients via their interactions with role models(ex-addicts)...

and this gradually results in a progressive development of character and behavior.

A patient needs to be informed about all aspects of the disease, treatment and cure, from certified sources of information.

The entire process has to be continuous as well as very well articulated, such that each newly learned fact has direct continuity with the past day's/lecture's information, the day's routine chores(therapeutic duties and S.E.S etc.) and with the never ending narration of addiction's disadvantages and sobriety's advantages that continues throughout each activity of each hour of each day.

lectures:

medical science

- 1.differences between living and non-living, animals, plants and germs
- 2.various body systems:eg,respiratory,circulatory,digestive,locomotor,nervous systems and the special senses
- 3.the significance of water in sustaining life and cleanliness
- 4.important nutrients, especially the nutritional constitution of usual pakistani foods/edibles
- 5.dietary/nutritional deficiencies caused by addiction,and the quickest easiest ways of correcting them.
- 6.The "sleep cycle", its significance, disadvantages of excess sleep, the healthful sleeping pattern.
- 7.the derangements of sleep caused by addiction, methods of correcting them.
- 8.the relationship between healthy and healthful; the relationship of physical and mental health with healthful routines.
- 9.damages caused to body and brain systems by addiction, the role of info, diet and routine in reversing those damages.
- 10.personal management, healthful personal discipline.
- 11.the disease of addiction; what it truly is and what it is not.
- 12.the method of brain's workings.
13. medical explanations for psychological agony due to drug withdrawal
- 14.medical explanations for physical agony due to drug withdrawal
- 15.how does a first time drug abuser become an addict with time

psychology

- 1.recovering from addiction: the process
- 2.denial and other psychological defense mechanisms abused for continuing addiction
- 3.self esteem, self-deception, inferiority complex and superiority complex.
- 4.the 12 step program for spiritual awakening
- 5.the effects of drug addiction that take much longer to revert to normal(post acute withdrawal)
- 6.behaving like an addict in spite of being clean of drugs(dry drunk syndrome)
- 7.relapsing to drug abuse(the chain of events; sick emotions, feelings, attitudes, behaviors and then drugs)
- 8.spirituality
- 9.self pity and gratitude
- 10.anger, and anger management

- 11.grief processes(facing upto the losses caused by addiction, and moving ahead in life)
- 12.normal and abnormal shame
- 13.cross addictions(other ill-habits associated with addictions)
- 14.co-addiction(the psycho-socio-spiritual damage done to the addict's family members)
- 15.relapse prevention planning(i)..support system, (ii)..personal spiritual recovery and progress through positive planning
- 16.addiction and the sickness of sexuality that results

sociology/civic sciences

- 1.recognizing personal emotions, their types, and feeling management
- 2.listening skills
- 3.appropriate methods of asking for one's rights; assertiveness
- 4.the sick attitude of people pleasing and the damage it does to one's self-esteem and spirituality.

spirituality

- 1.a 5 to 10 minute narration of ahaadeeth after every congregational obligatory prayers
- 2.moral values chart, the values that the patient considers must be polished/changed/altered/given up.

written assignments:

- 1.daily self-written significant emotional events' sheet (S.E.S)
- 2.special written assignments that may be ordained necessary for some patient by the treatment team
- 3.peer evaluation; written evaluation of each patient by the group of patients as well as treatment team.

Physical, psychological, social and spiritual treatment through a healthy routine

Like any other machine, fixing it entails, correcting the flaws and then restoring the machine to it's normal functioning.

Normalizing the functioning of the patient's physical and psychological system's, and then causing the normalcy to be lasting, is a part of the treatment.

This restoration of normalcy includes the sleeping pattern, the diet and eating habits, social interactions, maintenance of personal hygiene, physical exercise, learning new information and the relationship with god.

Performance of all the above mentioned, in accordance to healthy methods and time frames will gradually bring about a restoration to normalcy in all the physical and mental faculties involved in carrying out the above activities.

And daily repetition of such normal performance, in the controlled environment of the treatment facility will consolidate the healthy changes.

Thus a **routine for the 24 hours of a day** is required that is healthy as well as healthful.

The best routine for a machine, to get optimal advantages from it, can best be told by the engineer who crafted/manufactured that machine.

Because the engineer will ofcourse know of all the weaknesses as well as the strengths of the machine, and will also be aware of the external conditions that would best complement the optimal performance.

Therefore, the best routine is that which the Creator taught through his prophet, Muhammad alaih asslatu vassalaam.

That routine encompasses, every second of one's life, and every component of one's, physical and mental organ as well as faculty.

for example:

How to keep ones thoughts positive all the time, every time

How to use one's eyes such that their use is conducive to psycho-socio-spiritual health of self as well as the society

How to use one's ears such that their use is conducive to psycho-socio-spiritual health of self as well as the society

How to use one's tongue for improving one's own and the society's psycho-spiritual caliber

Which kind of feelings/emotions be entertained and which kind avoided to remain positively

progressive all the time.

What to use one's physical, mental and financial faculties for and what not to use them for.(such that they remain positively contributing to personal as well as societal improvement)

Thus a routine that can only be conducive to improved health of the person and the society as a whole was taught by the Creator through his Arab Prophet,Muhammad alaih asslaatu vasslaam.

How he thought, perceived, behaved, spoke and acted in poverty and in richness, in health and in sickness, during times of peace and while at war, in compassion and in distaste, in youth and in old age, at home and while traveling, in anger and in complacency, while loosing and while gaining, while grieving and when content, when teaching and while learning, while living and while dying, with men and with women, with the rich and the poor, the friends and the foes, the wise and the vain, the neighbors and the strangers, the created and The Creator.

A scientific analysis of the very first act of awakening from sleep will show how optimally beneficial God-taught routine is

ABOUT FAJAR

Among the daily chores of each person's life is the waking up in the mornings.....

Fajr ..(the obligatory prayer before dawn)

Fajr, literally means 'tearing'..

It is the garb of death that one tears off oneself when one awakens for fajr.. Sleep is a sort/shape of death, in the physical sense... and it is 'death itself' in the spiritual sense because one is absolutely overwhelmed by the 'desire of flesh& bone' to rest/relax/take it easy...

Logic of Fajr

"resistance to awakening at fajr is the first attack of the ease seeking self.: in truth, it is the first stab that the "ease/comfort-seeking", "shortcuts loving" part of us takes at our spirituality/practicality/self-management/self discipline. it's first score ,and the most damaging one, against our spiritual self esteem/our confidence. It is the first goal against our healthful living, since missing fajr will deflate our spiritual esteem ,first thing in the morning.....and as the shortcut seeking indiscipline manages to ride us and dictate to us our actions in the wee hours of the morning...we will spend the entire day as subjects/slaves to it,and during the rest of the day, the low confidence, the low self esteem, the deflated trust in ourselves and in Allah's support for us, we will make many more mistakes

THE SCIENCE OF FAJR :

the Creator Subahnhu wa ta'alaa, has decreed that humans, the deputies of Allah over all creation must awake every day before any other created entity designed to work in the day and rest at night, does..

The limit of fajr is around 20 minutes before the sun peeps from across the horizon..

(20 minutes for the congregational prayer)..

20 minutes before the sun 'rises' because if the imams makes an error, and the congregation needs to be repeated, it may be done before sunrise.)

Fajar is at a time, when our bodies and minds, are naturally in their deepest slumber. Our hormones ,especially "melatonin" which is secreted from a tiny gland in our brain(the pineal body), does so in proportion to the amount/depth of darkness that our eyes/mind perceives.

Melatonin...once secreted executes 3 functions:

- it deepens our sleep, or tends to lull us back to sleep

- it causes the release of very negligibly minute amounts of 'endorphins'(a naturally existing neurotransmitter with actions of heroine/morphine/opium, synthesized in our brains)..these act on our brain's 'motivation and reward center' and comfort us exactly like a mother pats a child to sleep.

- another chemical is released from the brain ,in response to melatonin, and that strengthens our immune system.(the system that defends against infections/disease)and hastens repair processes in our body.

Thus ,when a person awakes before dawn, the darkness/scarcity of natural light around, causes a Melatonin surge in our brains...this will remain true all our lives, no matter how old one's habit of saying fajr..the waking up at fajr will always need effort,...the melatonin surge actually 'lulls' one to sleep. I have experienced this, and many will agree with me that the sleep one dives into after that first eye-opening at fajr, is deepest and most delicious....thus awakening at fajr, with the sound of the Azaan, or the alarm, is 'an exercise against one's 'natural desire to continue sleeping'.

Whenever a human body/mind is made to exert physically against one's desire/will, messages of 'discomfort' from the 'reward and motivation centre' of the brain cause another hormone to

be released by the 'hypothalamus' .

This hormone called the 'cortisol releasing factor(C.R.F.)' is meant to "Alarm the body and prepare it for operating optimally in unfavorable/unwanted circumstances."

The C.R.F then flows to/oozes onto the principal gland of our body, 'the pituitary gland' which is attached to the undersurface of the hypothalamus and causes the release of:

1.minute amounts of 'beta-endorphins' that act on the 'motivation and reward center' and tend to alleviate the feelings of discomfort.

2.a hormone called "A.C.T.H."

A.C.T.H. flows with the blood towards the kidneys where it causes the release of a hormone 'Cortisol' from the glands attached to the kidneys' upper ends.

Cortisol executes the following actions throughout our body:

1.It cleaves the excess leftover proteins from yesterday and scrapes fat out of fat stores pushing them into the blood stream. (this is the protein and fat that was in excess and a residue from the previous day's intake of food).

#1, causes the amount of circulating proteins and fats to increase and ,with the 2.exception of the liver, the absorption of glucose into all body tissues is blocked.

3.This results in 'fat'(instead of glucose) being used as 'fuel' for all physical and mental activity,(doing wadhoo, walking to the mosque, saying the fajr prayers) and 4.glucose is stored in the liver , creating a deposit of this 'preferred' fuel that can last the next 24 hours, even if no food is taken/available.

5.Also the excess protein in circulation is converted into building blocks and sent to whichever repair site within the body needs them.(and in 24 hours there are millions of micro-repair-needing sites created by the wear and tear of 'living')

6.Any protein that is in excess of that needed for repair, is mixed with the fats stored in the liver to make the easily usable fuel, 'glucose'.

7.cortisol causes an increase in the number of red blood cells...cells that carry oxygen to all body tissues.

8.cortisol increases the depth of breathing.

Thus, a person who gets up for fajr prayers and denies oneself the 'urge' to indulge in the short-term-gratification of more sleep, reaps the following advantages:

the excess fats and proteins from yesterday's meals are used up constructively/productively..and the body and brain is relieved of the 'dullness' they would essentially cause if not used.

repair needed in the body is initiated, and for that ,the 'fuel' used is the less-preferred , 'fats'. Also recovery from disease or injury that the body may be suffering from, is hastened due to the abundance of basic building blocks(proteins) in the blood stream.

the increased depth of breathing, and the increased numbers of vehicles(red blood cells)that convey the morning's freshness(oxygen) to all body tissues, will cause the fajr saying individual to exploit more of that freshness .

the increased number of red blood cells will enliven the texture of one's skin.

the awareness that one has managed to defeat one's

"innate inertia/resistance to 'positive endeavor'" by saying the fajr in congregation, will enhance the self-esteem (and in this respect, fajr is an act that can not be beaten by any other, as the first act of one's day, giving a very dense/viscous dose of well-being/being in harmony with nature, first thing in the morning) and through the 'motivation and reward centre' this perception elevates one's mood.

When the 'reward and motivation center' perceives this gratification (which is after one has completed fajr) the 'stimulus' of discomfort (at waking up for fajr), is no more, and thus 'cortisol' secretions cease.

The above is an over-simplified, but perfectly accurate picture of what happens to the 'flesh&bone' by fajr delivery....the aroma of spiritual buoyancy that one achieves is beyond my vocabulary.

ALSO, i tell myself and my patients/friends:

"Allah is the Engineer of our physical and mental machine..He knows the best routine for us to reap optimal advantages from our mind and body machines..SO, if Allah has made our machines such that they must be awake before sunrise,and must go through the wadhau (ablution)rituals, and then prayers; then we WOULD be harming our own machines if we missed attending that specified act for maintenance and sustenance of our own mind and body machines."

A Specimen of the daily Routine(summer)at Rah-e-Rast

Wake up call:	4:15	Fajar Prayers:	4:25
Hadeeth narration:	4:35	compulsory walk:	5:00
Personal hygiene(bathing):	6:00	Breakfast:	6:30
Doctor's round:	7:30	Morning meeting:	8:00
Tea-break:	8:45	Therapeutic duties:	9:15
Lecture:	10:00	Break:	10:50
Group Therapy:	11: 00	Lunch:	12:15
Compulsory nap:	12:45	Compulsory bath:	2:00
Zuhar prayers:	2:20	Hadeeth narration:	2:30
Tea break:	2:40	Compulsory, informal group/lecture:	3:00
Personal management duties	4:15	Tea break:	5:00
Asar prayers:	5:30	Hadeeth narration:	5:40
Compulsory walk:	6:00	Rest break:	6:40
Maghrib prayers: sunset		S.E.S. report writing:	8:00
Dinner:	8:30	Isha prayers:	9:15
Hadeeth narration:	9:25	compulsory evening review:	9:45
Bedtime:	10:20	Lights Off:	10:35

Psychological treatment:

In the developed world, no institute is granted rehabilitating licensure, unless 70 to 80 % of it's treatment team are ex-addicts.

The logic is that the emotional and spiritual environment of an addict's brain is known only to those who have themselves passed through the disease process.

Although there is a large bulk of literature describing addiction as a disease 'objectively', yet The 'subjective' literature available about an addict's emotional/sentimental/spiritual dynamics is negligibly scanty.

There is a method to an addict's insanity, while an actually insane person is simply insane.

Usual psychiatrists can not appreciate/recognize the difference between an addict's Self created/inflicted bizarre mental seasons learned and regulated by their drug use, and a typical mentally diseased patient.

This is true to the extent that some renowned psychiatrists of our country have resorted to E.C.T.(electroconvulsive therapy=giving electric shocks to the brain) for treating addicts, which proves permanently detrimental for such patients because they cross the line separating addiction from insanity.

The focus, in psychological treatment is on **enhancing the patient's self esteem.**

The same method of recognizing the flaws, tracing their causes and then teaching & training the patient to not only sense and avoid those causes but acquire healthier patterns of thought and behavior, is followed in psychological therapy.

The goal is to support/guide the patient to 'sensing' his/her own harmful patterns of perception and behavior, because it is only such jagged margins of the persona that deplete the self esteem progressively.

To achieve this , it is mandatory that the patient's entire past life be analyzed with the help of additional info imparted, group & individual counseling sessions, and the patient's self-written therapeutic assignments.

This leaves no stone of past sick patterns, unturned. the patient begins to see personal flaws that lead to the crooked styles of perceiving and behaving, to eventually see self as others(loved ones) did and decided to commit him/her to treatment.

The above mentioned psycho-therapeusis is in conjunction with a rigorous daily routine that physically/tangibly contributes to the patient's self esteem through the sense of achievement that every daily chore's accomplishment induces.

That is how he/she should have defined joy, is what the patient gradually gets convinced of.

For academic reasons an outline of self-esteem enhancing mechanisms need be elucidated.

1.Acheiving the minute resolutions a person makes to one-self, in day to day living, eg., I will make my bed myself, each morning,...I will scrub my feet each time I bathe, I will be punctual in my prayers, etc., etc.

An ability to live upto words one gives to oneself, elevates the person to the next stage of 'character building' viz.,

2.Managing to keep one's word (one's good intentions about fulfilling/delivering others' rights) given to others.

When the person feels confident of oneself in following through with any/all promises made to others, then the final stage of character building , which is actually the purpose for being, is accessed, viz.,

3.The person automatically starts contributing positively to the human society, which is actually a right of the society that he/she must supply.

It is very fortunate to receive and benefit fully from such therapy/treatment.

Tools for psychological rehabilitation:

1.Lectures

2.Group psycho-therapy

3.Self-written daily reports of personal emotional/sentimental progress or regression.

4.Individual counseling. And self-written assignments that the counselor may feel necessary to probe such/any individual psycho-socio-spiritual conflicts that block/cloud a patient's progress/vision.

5.Peer evaluation.(a written evaluation of the patient by all group members+the staff).

6.Family meetings

7.Sex education, which is aimed at eliminating perversions and flawed myths..

8.Morning meetings

9.Healthy and healthful daily routine.

(the details of # 8 & #9 are given elsewhere in the book.)

Lectures:

These are from various disciplines relevant to the disease & treatment of addictions, namely: medical science ,psychology, sociology and spiritual sciences.

The pattern of delivery varies from group to group and day to day. Whatever is deemed significant enough from the group's behavior or their self-written previous day's emotional sheets is highlighted for that specific day's lecture and group discussions.

The purpose of all lectures is to educate the patients about the methods by which they can themselves change their psycho-social weaknesses to strengths, and exercise them. Some lectures may warrant written assignments by the patients.

The following are the facts that these lectures tend to engrave in each patient's mind:

1.Flawed/sick emotions and sentiments are explained in detail. This awareness allows each listener to silently evaluate self and also understand how each negative emotion or perception operates on him/her.

2.Methods for tracing (in their past) the roots to each negative emotion-pattern and eradicating it.

3.The positive emotions that ought to replace the flawed ones, the easier methods of doing so, and the evidence of the benefits of positive thinking from their personal surroundings and experiences.

4.The usual obstacles to change, the easier methods of overcoming them

5.The scientific and spiritual details of the mechanisms by which newly learned psycho-social patterns promote benefit for a person.

6.The positives of not banking resentments in daily living, and the step by step regime to accentuate recovery in future.

Group psychotherapy:

This is the most effective tool for teaching honest self-analysis, more so because it teaches covertly through practical interaction based on empathy for others.

A usual group is constituted of at least 2 patients and a therapist.The session commences with the therapist suggesting a topic for discussion.

Such topics are in line with the stage of progress or regression that the treatment team views the group at. For instance, the treatment team realized from the patients' yesterday's emotional sheets that repentance for the maltreatment they subjected their elders to is most prominent in their writings.

The therapist will then commence the group by stating, 'lets discuss how to make up for the harm we did our elders/parents, such that our own psychological and spiritual

health also benefits”..

Once initiated, the therapist remains a silent observer.

The patients discuss the issue/s among themselves...pretentious or grandiose or fabricated tales by a member are easily checked by the patients. It is actually surprising for a newly initiated therapist to see how deep, true and intuitive an analysis patients subject each other to.

Sometimes the only tool available to the treatment team for penetrating a very stubborn denial of one of the group members is to let the group guide such a member.

The most arrogant of patients too will eventually surrender to the group's will/verdict.

The advantages cleaved through group therapy:

1.The attitude and behavior of each patient is an index to the knowledge he is absorbing from lectures and group meetings and individual counseling sessions.

2.Listening to other members of the group, narrating their past experiences of moral/social/monetary and /or physical deterioration ushers the patient to self-analysis.

3. Receiving/giving feedback for future plans, or how to deal with remorse over past mistakes or how to enhance one's morality exposes all weaknesses of each patient to the patient's own scrutiny.

4.How tedious would the job of psycho-social rehabilitation be? what could/would be the easier methods of changing the addictive persona? which social/psychological/spiritual tools would be the most handy for progress? Such fundamentals of rehabilitation slowly unfold themselves to the recovering mind.

Thus each patient, is continuously reviewing his/her past during a group session and formulating a recovery plan for after discharge from treatment.

5. Most importantly, the counseling that the group members impart to each other contributes to boosting their own self-esteem, adding to their confidence in personal worth and significance to the society.

6.The false masks of grandiosity that each patient hides behind, slowly vanish and within a few days each member is attentively concerned for the group's welfare. When this happens;

each member is then in receipt of first hand feedback of his/her progress or regress on a daily basis; feedback from his own group each of which have their earnestness and sincerity checked and graded each day by the group.

Group sessions of the following kinds may be held/called at any time of the day/night,:

Crisis group session: usually when one or more of the group members intentionally breach the institute's or other group members' rules/rights.

Open group sessions: held when some visitor of social, academic, or professional renown is visting.

Disciplinary group sessions: such are held/called by a patient, when there are any complains or resentments against the administration/treatment team.

Daily Self-written significant emotional events' sheet(S.E.S)

Feeling management is life management, this is a scientific principle.

However to manage one's feelings one must recognize them first.

Patients usually divide feelings into (only)2 general categories..

Pleasant and unpleasant, and for an immature or clouded mind, it is very convenient to consider everything inconvenient, unwanted and everything pleasant a compulsion.

This is not true for real life, rather it is the unpleasant times/situations that polish a person's best abilities.

Writing the significant events sheet on a daily basis brings the patient in touch with real, deeper feelings . The joys experienced in consequence of patience, tolerance, service, kindness , obedience and discipline start revealing themselves to the patient.

Gradually as the treatment ages, the quality of expression and sensibility improves. Such reports are given to the patient at the time of discharge with instructions to review them regularly. They are the best record of how the patient grew from immaturity to sensibility.

The emotional pattern during addiction:

Each patient formulates a number of shortcuts in his/her brain to deal with emotional seasons that are as a rule subject to external/environmental factors.

There is only one analytic index for every/any occurrence in the surroundings; will this make my use of drugs convenient or will it obstruct my drug abuse.?

As the habit of drug abuse grows older, the patient gradually forgets how to feel a multitude of normal sentiments and emotions...reality gets clouded by the numbness of drug induced fallacies.

This is the ONLY reason why the normal ups/highs and downs/lows of daily living are perceived as stressing or taxing, and thus validate drug abuse.

During the rehabilitation process of treatment :

The progressively increasing awareness,

The extremely busy routine,

The therapeutic duties

The correctional duties,

The enforced punctuality

And most of all the will to receive a positive analytic report of the previous day's behavior from the group and staff members during the morning meetings,

Are all stimuli that continuously , and unendingly propel the patient forward and upward along the psycho-socio-spiritual ascent.

Sometimes pleasant and at others unpleasant,

Sometimes tiring and at others relaxing

Sometimes boring and others entertaining,

Sometimes encouraging and at others discouraging,

Sometimes humoring and at others heart wrenching..

The above are the media that the patient's emotional personality swims through during rehab.

It is ofcourse explained at the initial orientation sessions with a newly admitted patient that benefits of therapy may only be reaped by utmost:

Honesty with the therapists

Open-minded-ness

And not hiding anything from the therapists.

The S.E.S. contains details of all emotions experienced by the patient, the causes that elicited them, and the effect each emotion had on the patient's person/perception/behavior, during the past 24 hours.

This causes a progressive self-awareness and the patient starts knowing personal feelings and behaviors, the negatives as well as the positives of own self.

Simultaneous with this discovery of self, the added awareness imparted through lectures, group sessions and individual counseling act like a mirror that shows the patient his true reflection of an addict.

When this true profile of self is visible to the patient, the conviction that he/she has no choice but to change self 100%, sets in, and when that happens, the roots of lasting change have already established.

Individual counseling (page 8)

detailed education about commonsensical sexuality;this is necessitated by:

1.Relapse is most often ,directly or indirectly attributed to sexual inadequacy, which in turn is a consequence of flawed sexual myths or sizzling sub-human tales.

2.The affection, and compassion shown by the spouse, and the spouse's need to be satiated, is a natural expectation after treatment. This is hindered by the mis-beliefs AND HERCULEAN standards of personal performance and so contribute to isolating the newly sober person

the scientific parameters for sexuality are:

two physical and two psychological,

sensuality(the innate urge for psycho-somatic intimacy with a member of the opposite sex) and libido,(the appetite for intimacy which is graded in direct proportion to increased insatiability)and the physical components are :1. the resultant fluids 2. tensile strength . As is very clear, time or a watch are absolutely irrelevant.

The difference between urge (sensuality) and appetite (libido) are that the urge may persist even after the appetite is fulfilled.

The sexual capability:

Since males are by character inclined to prove themselves stronger, they condition their sexmate/wife to expect/believe the same, and since the common myths are time keeping/recording and feeling shy of the partner in this specific(talking freely about own and partner's sexuality and sexual needs) and often the only factor; the patients fail to make their wives/partner an intimate friend, and, nor do they consider their own or their partner's insatiable sexual appetite an asset/quality/blessing,...

So during the act of it they consider the mate not a partner but a rival who will grade their performance after It is over.

this:Keeps the patient lonely throughout the act.

Is so concerned for the partner's grading his quality of performance, that Pays no attention to personal gratification and thus is not gratified

Psychological distance from the partner increases with each 'bout' of lovemaking and the episode is registered as another legitimate resentment against, self, nature or partner. The only reason for this is to evaluate sexual ability in accordance to Herculean values of physical might, otherwise lifting as insignificant a weight as 10 to 20 kilos is negated vehemently.

Although it is only the last 5 or 10% or less of the entire sexual act that comprises Breathlessness and hard labor, the remaining 90% to 95% of the entire act is psychological compatibility, conjugation and resulting satisfaction.

It is only a very minute percentage of patients (on cocaine, extcacy, and chronic history of alcohol traquilizers, hypoglycemics and hypotensives)that are sexually damaged irreversibly.

More than most have their psychological as well as physical constituents of sexuality in healthy shape, but:

Illogical sexual beliefs

Wrong kind of shyness with the wrong person

Scientific illiteracy with relevance to sex

Discussing their problems(sexual)priorities, fantasies ,fetishes, least with their partner and most with relative strangers, causes the recovering patient to feel stuck, guilty, ashamed, lonely, dismayed and finally addicted again.

Scientific method of strengthening one's psychological components of sexuality:

Viz, increasing the appetite

It is a simple fact that appetite and libido(capacity for eating/performing) will increase

by having access to, but refraining from, delicious foods...like fasting
 But since in a sex-related diet,
 The appetite and libido are psycho-social,
 So the fasting (to accentuate the appetite and strengthen the appetite, would mean refraining from watching on purpose/ogling, the women folk of other muslims.
 And the opposite causes a decrease in sexual libido as well as appetite, medical science has now proved that exposure to exposed women or women scantily dressed, causes mental impotence....which by the way is more harmful and torturing than the physical impotence, because a physically impotent will accept the facts for good and use his/her time and attention elsewhere, but a person with psychological impotence will keep creating/suggesting newer, shorter tracks to primate like sexual intimacy with paid/bought time, definitely heart wrenching, and demeaning humanity)
 Thus in order to enhance one's psycho-sexual potency, the best way is to avoid ogling at other women,...and the method for making the available sexual nourishment as delicious as possible is to share personal wishes, desires, priorities and fantasies with one's spouse, in as frank and open a manner as possible. This sharing of intimate thoughts will spice the relationship's sexuality.
 Methods for strengthening the physical elements of sexuality:
 The body temperature is normally 37 degrees centigrade, but the male organs are at 35 degrees...that is the reason the creator placed them away from the rest of the body, in a pouch.
 Keeping those parts cool and well aerated adds to their physical strength.
 Patients who suffer from 'oligospermia' (a low count of sperm cells) are instructed by doctors to wash those regions with cold water a number of times/day.
 Thus loose clothings that allow the sensitive body parts to be freely aerated ought to be worn.
 Ablution and cleansing with water(not napkins)after calls of nature
 By themselves cool those regions regularly.
 And since any body part's physical capabilities are directly proportional to the nourishment they receive, and nourishment is conveyed through the blood, and blood tends to rush to regions at lower temperatures,
 It is logically evident that wearing loose, well aerated, breathing foot wear will allow the feet to remain cooler and the rush of blood to the feet will on it's way nourish the genitals as well.

Treatment of the Social and communal incongruity

This is the longest and the hardest component of recovery.
 Although the moral and behavioral modification initiated during treatment through

constant correctional tools of lectures, group psychotherapy sessions, correctional and therapeutic duties and peer evaluation does dig roots into the patients character, yet the true state of healthful attitudes and behavior only becomes doubtlessly evident when the patient is released from the controlled environment of the treatment facility to the freedom of normal social day to day living.

This stage of early recovery is most taxing for the patient's patience, persistence and perseverance.

The society does not and should not accept a freshly treated person as a normal trustworthy member and it is only after having acquired moral, social and financial stability through honest endeavor that the community stops seeking evidence, or suspecting foulplay. Most important of the community are the closest neighbors of the patient, viz., the family members; their satisfaction with the patient's integrity is a measure of his/her recovery, in medical science as well as religion.

It may seem apparently unjust or even cruel but in truth it is an excellent divine tool for strengthening the recovering patient's resolve.

The more antagonizing and tough the communal attitude is towards the freshly recovering addict, the stronger does his/her recovery become.

The only help/assistance that enables recovery is sincerely compassionate moral support, while financial or material kind of charity poisons the entire healing process, because it is only the force of the opposing winds that will teach the recovering person to deal with the usual highs and lows of normal day to day living without the crutches of drugs.

The distorted social contacts, broken relations, lost financial states, dragging court cases can neither be corrected all at once, nor is it beneficial for recovery that it happens such. The idiom that "time is the best healer" is a thousand percent true in this case.

The saying of the holy prophet alaih assalaatu wassalaam, that "communal and social improvement continues from the mother's lap to the grave's" is truer than ever.

Communal/social modes of treatment at the centre:

1. Obligatory prayers(5/day)
2. Narration of rasoolullah's ahaadeeth
3. Doctor's rounds(morning and evening)
4. Morning meetings
5. Evening review of information imparted and exercised
6. Peer evaluations
7. Family meetings

Nimaaz/obligatory prayers:

The regular attendance of the 5 obligatory prayers causes incredible alterations in the patients' attitudes at a miraculous speed.

The most resistant of patients to attending prayers become the most eager within a few days.

Although waking up at fajar(dawn) and after lunch(for asar/afternoon)prayers is testing yet the agitation readily gets replaced with serenity.

The most encouraging of factors that induce the urge for nimaaz is the readiness with which the staff members including the doctors attend the prayers paying homage to their Lord and Owner.

The greater the greed and humility with which the staff scurry for nimaaz, the more is the effect on the patients.

The routine and rituals of nimaaz, by themselves, instill personal cleanliness, punctuality and, external as well as internal piety of the person.

In order to make regular nimaaz attendance a permanent habit of the patients, each

nimaaz is followed by 5 to ten minutes of narration of the prophet alaiha ssalaatu wassalaam's sayings about nimaaz and its advantages.

The scientific logic of nimaaz and its bio-socio-psychological advantages are discussed during such informal meetings as tea breaks or walks.

However, the most meaningful and cogent statements about the advantages of nimaaz are most often worded by some patient.

Narration of ahaadeeth:

During treatment, besides the scientific lectures about the mechanism of disease, treatment and cure, all scientific information is also confirmed and verified through evidence from rasoolullah's sayings and life style.

This two pronged manipulation of the unhealthy rationales that each patient has accumulated over the years in favor of drug abuse, acts like termite that gradually eats away all ill-logic that the patients have used to defend drug abuse.

Moreover, the religious evidence to support scientific data and the scientific data to verify the religious info engraves permanent healthy logic into each brain.

Besides, the narration of the last Arab prophet's words and his life's happenings, in an environment that promotes healthful thinking, is more potent than any other drug.

Especially so in the case of drug addicts because most of them have searched all their lives for that 100% upright attitude towards life.(or in simpler words, have rationalized their crooked thought patterns due to the absence of a perfectly altruistic social role model.)

Doctor's round :

After fajr, the optional walk, and the washroom break, the duty doctor makes a round of each ward and room.

Although it is basic for a doctor to formulate a mental note of a person's mental, physical and spiritual state while conversing , but in addiction treatment very keen attention is paid to the patient's personal hygiene, hair, nails, skintone and state, teeth, dress, the condition of the beddings, and the arrangement/disarray of personal belongings, together with the tone of speech and the body language. It is an entire report of the patient's stage of regress/progress...

Such observations are also recorded in each patient's file, to keep the entire treatment team informed of that day's psychological season in that specific patient.

Morning meetings:

Mutual consultation, is not only a very effective tool of communal and social therapy but is also a principle of the holy quran and the Arab prophet's (alaih assalaatu wassalaam) daily habit.

Morning meetings are held immediately after breakfast when the entire treatment team, patients, paramedics, and attendants sit together to review the past day, and each patient is allocated his therapeutic duty for the day.

Past days review:

The order of it is for each person to personally confess of any breach of principles that he may have mistakenly or deliberately committed, as well as comments about the quality of service, attitude, behavior of the other community members...

If any member fails to remember mentioning a mistake or breach of regulations, others help him...praising someone who performed well or tried improving is the actual purpose, anyway, punitive measures (called correctional duties) for deliberate breach of regulations are mutually discussed and the entire proceedings are written down in a log book, that also proves an index to the group's as well as the treatment team's performance....the morning meetings are ended with entertaining activities to lighten every ones mood.

Advantages of this meeting:

1. learning to express one's feelings (without intent of hurting or belittling others)...confessing errors, or praising others' performance, or pointing out other's shortcomings / willful malice
2. Taking responsibility for one's errors
3. Respecting the opinions/feelings of those one shares living space with, and learning to be tolerant and agreeable for others in future
4. Endurance
5. Accepting one's mistakes, shortcomings
6. Enhanced self-esteem as a result of praise
7. Encouragement or motivation to improve
8. Patients learn how to consult family members or job-mates in future life

Evening Review:

Hindsight is 20/20...meaning that looking back at the gone day's activities and learnings, does not only refresh memories but also highlights reasons for appraising and appreciating each other's progress.

The purpose is to send the patients to bed with genuinely encouraging remarks, and most of all it helps re-living the holy prophet (alaihassalaatu vassalaam's) habit of forgiving everyone before sleeping.

Peer evaluation:

This is an organized scientific method of evaluating a fellow/peer.

It is carried out after 4 to 5 weeks of having remained in treatment, by then each patient and staff member has managed to know others well enough to have crossed the formal kind of barriers like timidity or shyness or even slyness.

For peer evaluation there is a prescribed form which has the positive and negative attributes of a personality mentioned in a list form....each person has either the positive or the negative facet of each psychological, social, and spiritual attribute collectively called the higher human emotions. For EACH ATTRIBUTE POINTED OUT, THE EVALUATING PEER HAS TO GIVE AT LEAST TWO EXAMPLES TO CLARIFY HIS ASSERTION.

It is possible that a person has the positive ability to trust strangers frankly but lacks the humility, or on the other hand a person may be very sincere in intents and actions but very self-centered / egoistic in practicing that sincerity....

Each group member, as well as the treatment team, analyze the patient being evaluated on the prescribed form and when all forms are gathered, an overall mean/average analytic report is visible..

It highlights the patient's positives/resources to future progress and strengthening recovery as well as the dangerous blocks/negatives of the person that may jeopardize his recovery if not worked on consciously. Such an analysis provides the patient with easier, well defined goals to focus upon. Attributes that the person is to toil towards and those that he has to move away from too. This evaluation report helps remove the residual ostentatious persona, and facilitates a reversion to originality. Originality, a virtue, learned through immature analysis of the society; to hide.

Rarely an evaluation report may not be agreed with by the patient, in such a case, written assignments are given to the patient, that automatically steer the patient to the group's view by allowing the patient deeper insight of self through meditated writing.

Family meetings:

During treatment, at least three such meetings are held

Each meeting has 4 components:

- (i) Family's meeting with the treatment team, in the patient's absence

- (ii) Family's meeting with the patient in the treatment team's presence
- (iii) Family's meeting with the patient in the absence of the treatment team
- (iv) Family's meeting with the treatment team in the patient's absence.

By the 3rd to 4th week of treatment, it is very clear whether the patient sought admission at the beginning to escape the trashy treatment he was subject to at home/job, and just wanted a respectful break, or if he was seriously willing to change self and overcome the obsession of addiction.

If the treatment team arrives at the former conclusion, then treatment is only continued if the family insists that in spite of the patient not being serious about changing, he be subjected to the full disciplining and enlightening term of treatment, otherwise such patients are discharged at this time.

For patients that are seriously working on changing themselves, families are instructed to 'listen more and talk less'...because it will be in the patient's speech that signs of progress and areas needing attention will be highlighted.

Families are advised against lecturing or advising and they are specially instructed to avoid bringing up, or allowing old conflicts to cloud the environment of the meeting...because such wasteful discussions will only turn the family meeting in to a family bout.

The meeting in the presence of the staff lasts only a few minutes where the staff briefly describes the progress so far made and leaves the family alone with their patient so each could express openly and without reserves.

The third component where the family and the patient meet alone, is allowed to go on for 15 to 20 minutes....it is only disturbed if members start shouting or getting physical with each other.

The final component is where the family gives their feedback to the treatment team; statements like, I am cured and need to go back to home, or the treatment facility has this shortcoming or that mean what it means. That the patient is not yet focused on himself and his problem....but statements like, I am embarrassed for my past, am improving, need such and such facilities to make my stay here easier...plan to live more productively once done with treatment here, indicate that the patient is improving.

The degree to which the family probes/questions the treatment team is an index to their interest in their patient's recovery and a measure of how well the patient will fare once discharged.

A covert purpose of these meetings is to alleviate the socio-psycho-spiritual trauma the patient has caused the rest of the family members....the opportunity to discuss such issues with the treatment team lightens a lot of load off the family's chests/hearts...and a three time repetition of such meetings also teaches the family how to handle the patient and his disease once discharged...The family is instructed at the very beginning of treatment (when the patient was initially committed to the treatment team's care, to read the institute's published book thoroughly before coming for family meetings, because their education/awareness about the disease is fundamental to the patient's progress or regress, after discharge)

The treatment of the spiritual derangement, and its significance.

The blind endless chase of reckless desires demotes the person from humanity.

The balance achieved in the brain and body chemicals that regulate their actions, through chemotherapy(medicinal)treatment

+

The balance restored by a rigorously sustained healthful routine

+

The balanced sentiments and emotions that the patients get acquainted with through psychotherapy

manage to promote the person to human levels, but the physical, social and psychological loneliness that the person will face just after being discharged from the clinic, is inevitable.

Significant others (family/job/neighborhood-members) may exhibit a pretentious hearty welcoming, but it is all motivated by an unhealthy fear or selfishness; fear of being back stabbed by the patient's uncontrolled drug abuse, as so many times in the past, or selfishness for keeping the atmosphere as placid as possible, even at the expense of personal or social primaries.(basics of good/health)

This emotional loneliness has no remedy and is often the cause for many patients who sincerely start treading the positive psycho-social terrain, to experience extreme aimlessness and become loners.

Some; whose prolonged drug abuse may have caused the regress to usher them to unimaginable depths, may start toiling hard to achieve that goal or status that they considered themselves or their families worthy of, but when they are where 'free time, or partying' seems legitimate, and they miss that old friend who was privy to every like/dislike of theirs and who never failed to console them every which way they tested it, relapse.

Because the drug of choice was that partner who was within them through thick and thin and was as aware of their memory's data as they themselves are.

If such a subject does not relapse, it is solely due to the strength of his resolve; however this solitary confinement does manage painting a streak of malicious thought patterns, judgments, and resultant mis-behavior....a streak that stains the entire social character and contribution of the individual.

It is evident that others freely practice whatever enhances their moods, and his confinement to solitude is due to his inability to regulate the degree to which he indulges in his mood enhancing chemical/drug/activity.

It is often at such occasions that a subject's selfishness/vindictive self centeredness will boldly expose itself; neighbors, relatives, job-mates will be heard whispering, :

"he was at least broad minded when he was using, now he is so absolutely rigid and stingy about everything"

While the patient is on the other side of the same twist in time and situation, thinking that not doing drugs is the only morality expected of him, all other moral principles are meant for books/others.

A girlfriend, wife, friend, mom, father, cleric or even some squeezing business worry is not close to the kinship the drug had with the patient....

The drug had never disappointed him,

Never failed him in need,

It was such a close buddy of the mood centre that it had actually moved in as the owner...now where does one fetch such an intimate fellow/buddy/friend in sobriety,,,

A friend who by definition must :

1.Live with the patient at all times, in all places

2.The patient trusts him as absolutely selfless and honest

3.The above mentioned feelings emotions about that friend are above/beyond all/any doubts.

As a rule, every patient in his first family meeting, will say, "I have decided to not ever

do drugs"...when asked, "and how many times did you make this same decision in your past life?".....the answer is always: "a hundred/thousand/million times"....

This proves that the Cure to this disease is not in the patients' deciding to not do drugs.....**THE CURE IS IN THE patients' CHANGING THIS HABIT OF DECIDING for/about THEMSELVES.**

This person actually needs an overall change of priorities, desires, intentions and emotions.

If the **priorities** continue dictating, "my interests are primary", then one day his primary interest will get to where it is 'use of drugs'.

If **intentions** continue yearning to achieve that status in life when he can get away with whatever he wants, then again, one day the intent will get him to try getting away with drug abuse.

If the **desires and emotions** keep lecturing him that he knows what is best for him, then again, one day they will prove to him that doing drugs is in his best interest.

Therefore

Spiritual treatment is needed to penetrate the person's memory that houses the priorities and desires and absolutely re-arrange the disarray in there or at least mark the.. 'wrongs' so distinctly that if in future they ever are presented as choices, the rest of the brain rejects them.

The only way for consciously altering and re-arranging the contents of one's sensibility Is to absolutely change the roots.

The **beginning of these roots lies in the authority to make decisions about self, for self** .

This is what the patient has to change, he must give up his right to make decisions about himself and give that right, during treatment; to the treatment team, at home, to his family, and at his job, to his group-mates at the job....the patient must surrender his right to making decisions about/for self to the support group...this is the first change this patient must make/adapt to if he earnestly desires a cure.(in the book of Islamic social science; the holy quran, it is stated clearly that 'believers don't make their decisions of/by themselves, they make their decisions after consulting their support group and the decision arrived at by the group is the decision a believer makes for him/her self.'

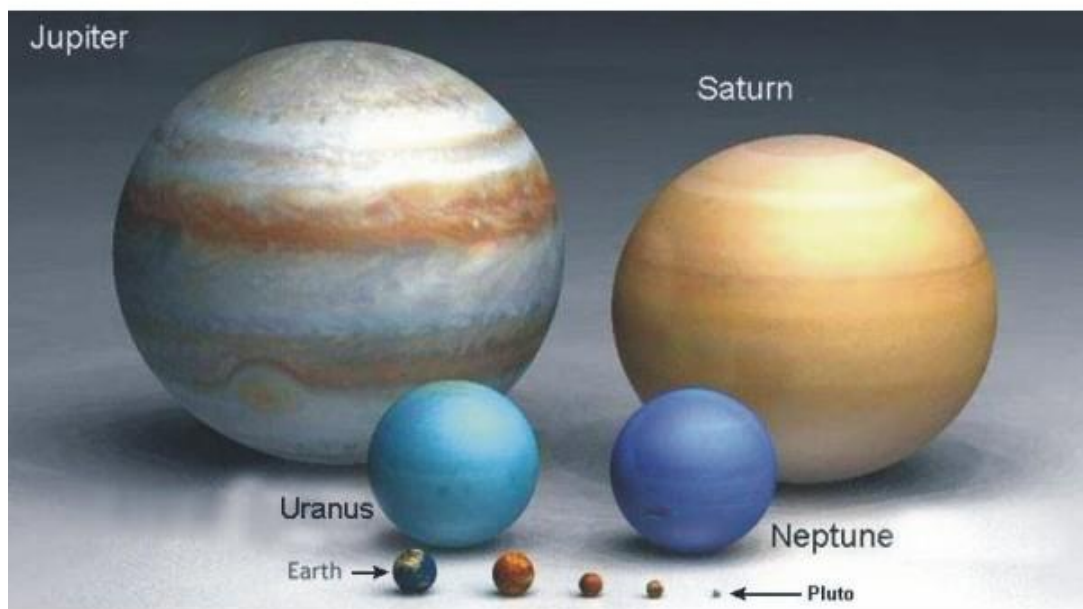
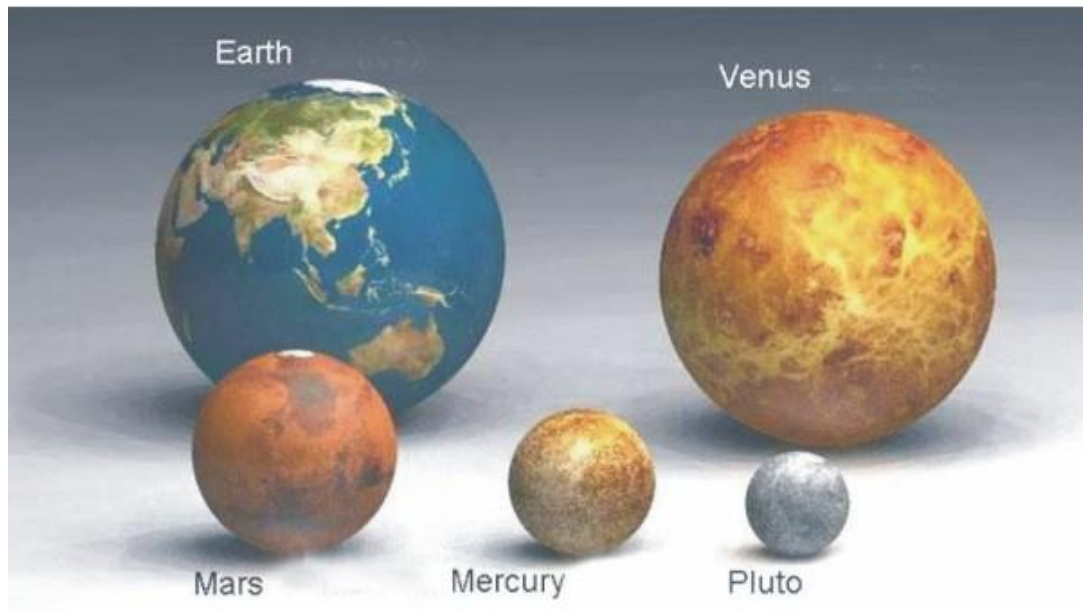
The Root of spiritual derangement:

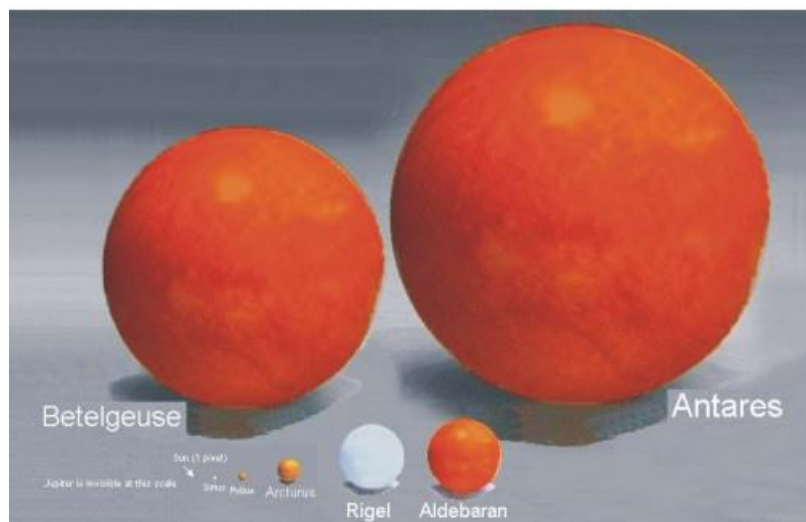
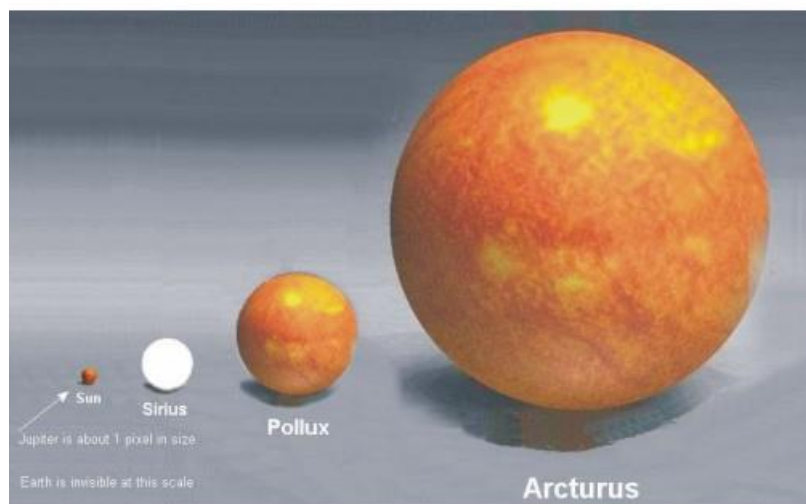
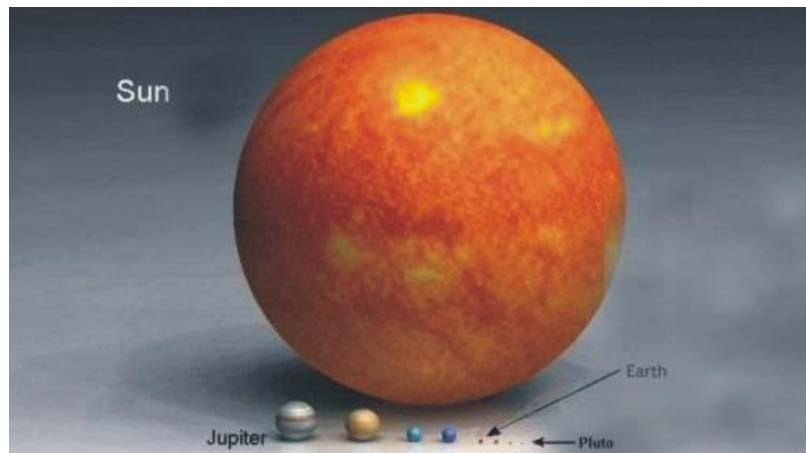
The root for all desires, priorities, intents, emotions and behaviors;

Is that definition for a 'good mood' that each person has engraved in his conscience through self-inferred(undiscussed / unconsulted inferences) experiences of age, information, social/familial traditions; after filtering the inferences through the sieve of personal likes/dislikes.(again the personal likes and dislikes are acquired singularly without discussing them, without weighing their pros and cons in consultation with a/any support group) .

And each passing moment re-enforces the recorded data through the experiences

NIMAAZ / SALAAT / OBLIGATORY FIVE PRAYERS A DAY





(audio-Visio-tactile) of that moment, and this goes on, has gone on, and will go on if not checked and corrected.

Thus changing the definition for a good mood, will automatically change the unhealthy intents, desires, emotions and attitudes resulting in behaviors,

Mode of treatment:

But who will phrase this definition for a 'good mood' , who will ascribe the limits, the contents, the premises that induces emotions, desires, attitudes and behaviors beneficial to the person as well as the entire society?

The doubtlessly upright mode of thought, perception, intent and action narrated by the social science of Islam is a complete answer to this question.(Islam, the literal meaning of this Arabic word is 'surrender').

In Arabic the word "ilaah" means, "worthy of focusing upon"...so, "la ilaha il-allah" (the basic testimony, the verbalizing of which, makes one a muslim) means, there is no entity worthy of focusing upon except allah.

Thus the right to deciding for oneself has to be surrendered to the Almighty's Will for each person during each set of specific circumstances that envelop a person; circumstances that change from moment to moment.

Thus the "reward and motivation centre/mood centre" in the brain ought to be trained/conditioned such that the degree of focus on the ilaah quantifies the amount of well being/good mood experienced. Or , in other words the degree of surrender of personal decision making/judging/inferring to Allah ought to be an index to the extent to which the mood/reward & motivation centre is stimulated.

Thence, if in compliance to personal info(that varies from person to person) the focus has not wavered from the ilaah, the reward and motivation/mood centre ought to remain lit/high., ofcourse in proportion to the degree and depth of focus.

But

What can be the index/gradient for ascertaining that, in the moment just passed, one's focus had/had not deviated from the ilaah?

For that, the ilaah's sent messenger, and his companions' lives are the measures to weigh against/ compare with. .

Whatever problems, situations, controversies complexities that one may come across in life, have all been demonstrated through the prophet and his over 1,24,000 companions' lives.....and the usual ups and downs that a normal being goes through in daily living are already clear to every muslim of their correct/wrong essence.

The Creator taught through his prophet, Muhammad alaih asslatu vassalaam.

how, every second of one's life, and every component of one's, physical and mental organ as well as faculty be used/exploited/disposed.

for example:

How to keep ones thoughts positive all the time, every time

How to use one's eyes such that their use is conducive to psycho-socio-spiritual health of self as well as the society

How to use one's ears such that their use is conducive to psycho-socio-spiritual health of self as well as the society

How to use one's tongue for improving one's own and the society's psycho-spiritual caliber

Which kind of feelings/emotions be entertained and which kind avoided to remain positively progressive all the time.

What to use one's physical, mental and financial faculties for, and what not to use them for.(such that they remain positively contributing to personal as well as societal improvement)

Thus inferences, judgments, intents, priorities, attitudes, behaviors and decisions conducive to improved health of the person and the society as a whole was taught by the Creator through his Arab Prophet, Muhammad alaih asslaatu vasslaam.

How he thought, perceived, behaved, spoke and acted in poverty and in richness, in health and in sickness, during times of peace and while at war, in compassion and in distaste, in youth and in old age, at home and while travelling, in anger and in complacency, while losing and while gaining, while grieving and when content, when teaching and while learning, while living and while dying, with men and with women, with the rich and the poor, the friends and the foes, the wise and the vain, the neighbors and the strangers, the created and The Creator.

And if, for, any specific set of circumstances there is no available data of how the prophet dealt with it, there is info of how one of his companions did, for e.g., the prophet was not deaf, but if someone(today) is deaf, then from among the 124000 companions of the prophet one was deaf, and that companion's way of dealing with that specific situation/set of circumstances that envelop this muslim today, is an index/guide to the present day deaf muslim's ability to perform optimally/stimulate his reward/mood centre maximally by copying that companion of the prophet.

The planet earth is the only with intelligent life inhabiting it, water is the source of all life...the sun they tell us is 363 times bigger than our planet(the number may be understated but is surely not overstated),the farthest sun(star) that astronomers have so far recognized is 7,000 times bigger than the sun, and is 42 billion light years away from us, which means that if some/thing-one was to travel at the speed of light(186,000 miles/second)for 42 billion years, that farthest star would be reached...and in this vast universe, only planet earth has life on it due to the water here...and of course, all the stars in our universe are more than the grains of sand on all the beaches and in all the deserts of this planet...so this tiny grain(in comparison to the vast universe) called planet earth whose 75% is water ,is like a tiny mote of earth with a tiny droplet of water sticking to it.....and it is that water which is responsible for all the drama, life, emotions, humor, wars, technology, and what not that we see...take the water away, meaning take all the food away(vegetables and animals we feed upon)and the entire technological mettle and metal would clatter to uselessness.....

So like we were contemplating,:

Who would define that absolutely correct state of thought, intent, attitude, behavior and perception?.....the Creator would and none else...**I bear witness to that as does every sane scientist...**

And it is that Creator who has said, "Muhammad is the messenger of The Creator, Allah"....

And since the beneficial most technique of thought, perception, speech and behavior are taught us by the teacher (alaih assalaatu vassalaam) that the creator sent; one's focus must remain cautious of the degree to which one managed to behave, perceive and feel the way the teacher (alaihassalaatu vassalaam) showed through: his own life with all it's highs and lows, as well as the lives of over 124000 companions of his(who were granted approving commendations by Allah).

So in this given, time, moment, situation and needs that one seeks ; how did the prophet or any of his companions perform.

What were the perceptions, intents, attitudes behavior and then acts of Him(alaih assalaa) or one of his companions in whatever this given moment's conditions envelop one with.

The greater the conformity of one's mind and body machine's performance, with that

of the prophet or his companions, the greater ought to be the strength and frequency of signals arriving at the , “reward and motivation centre/mood centre”.

Islam, or the prophet’s teachings are in no friction with societal norms, it is actually the normal public(majority) distancing itself from the Islamic code for social living/behavior, thinking, earning, socializing and partying, that has made room for bigotry to disguise itself as islam and propagate itself

It is only such basic and complete overhauling of the addict’s brain that will:

1.Make the allegiance to the prophet/ surrender of ‘decision making’ to Allah, through act and intent, a mood-enhancing feature

2.That guard that lives within each of us and keeps providing us a 100% complete and earnestly honest analysis of our doings/intents and thoughts will gradually become stronger and the relationship with that inner guard will grow stronger day by day and

3.Will prove to be that pal/friend/companion of the patient who :

Remains with the patient all the time

Is aware of all likes/dislikes and past of the patient (the patient’s memory centre being it’s abode)

and most of all, will be trusted and confided in, by the patient; 100%.

It is only the above mentioned kind of absolute overhauling of an addict’s mind (be he an addict to drugs, or overeating, sex, moneymaking, politicking, or simply leading a pretentious/people-pleasing/fearing life).

That can cure addiction or else, repeated, altered, customized treatments will maintain that zero that written/standing next to 1 (one) gives it the looks/value of ten but itself remains zero.

The mechanism for abovementioned therapy at the facility:

Since;

The pattern of perception and resultant behavior is subject to the patient’s recorded info, experiences, observations, and traditions all residing in the memory centre of the brain, Therefore:

During treatment,(at a **therapeutic community** and not the usual drug addiction treatment centers) which entails a 24 hour companionship with a learned doctor ,

All flawed/sick info, traditions, observations, resolves, behavioral manners and attitudes, stored in the memory are corrected with scientific evidence (from biology, medical science, sociology, journalism and religious theology etc.,) proving the prophet’s sayings or the Quranic canons

And all positive/beneficial info, traditions, resolves, thought-perception-behavior patterns and attitudes preached by the prophet are explained with absolute and extremely explicit detail of scientific proof making the awareness imparted a never ending conviction of/in the patient’s brain.

However:

Although this experience of personal and the group’s observations, experiences and enlightenment lays down absolutely upright and solid foundations for the patients psychological recovery and growth,

Yet:

1.Because of the short span of treatment(40 DAYS),

2.The controlled environment of the facility conducive to such change,

3 And the decision to do/not do drugs resting with the patient each hour of each day of his life, always;

the positive changes enumerated above will only become the patient’s personality after

he manages to practice the above ,with freedom, away from any controlling environmental factor/s.

The patient's confidence (self-esteem) in self will only flourish when he is sure no one watches him and yet he practices what he learned from the treatment..

But:

The surrounding society is congested with all kinds of positive and negative practices of physical, psychological and spiritual type, while our patient is not yet ready to cope positively and confidently with negative temptations.(in early recovery, simple temptations of life, though not given in to by the patient, do tax the patient's confidence, and each day the confidence grows thinner due to the societal influences. Thus the stage at which the patient may give in to any minor temptation comes close with each day spent alone , without the support of the group he was used to at the treatment facility ,exposed to the mega-influence of the racing society. Once that giving-in to some trivial insensibility/temptation happens there is a very strong probability of the 'tricky mind of addiction' to take over and initiate a descent/regression in the recovery so hardly attained).

Therefore:

He will have to live temporarily in an environment where:

- 1.The controlling regulations of the treatment facility are no more,
- 2.Personal freedom of choice and action is the norm,
- 3.The neighbors are also striving to acquire the above mentioned positives as personal character/persona.

Which also means that they do not only practice the disciplines taught but also preach them, to each other to keep the alertness to principles 'live' in their atmosphere of residing.

In the west the governments or rich, meaning, filthy- Beverly- hills kind of rich rehabilitation facilities, have half-way houses....places a patient shifts to after being discharged from a treatment centre...such half-way houses are run by the addicts (in recovery) for the addicts (in early recovery), but :

- 1.These halfway houses cost too much,
- 2.Give rise to too many (possible) legal problems for any police precinct to allow running a half-way house in their premises (beats),
- 3.Have low,(and low means less than 5% success rates, in terms of prolonged maintenance of abstinence, after discharge from the half-way house, among patients who go through that expensive regime) results.

Then where do we provide our freshly discharged patient with an environment where every one is interested in learning and practicing the beneficial most/optimal method for perceiving, thinking, intending, behaving, communicating and dealing?

That would be a group of people trying to copy and learn more about Muhammad (alaih assalaatuwassalaam)...the TABLEEGHI JAMAAT..

I suggest and believe in the suggestion ONLY because the tableeghi jammat alone has such a rigorous regime of a day's routine + continuous personal analysis that it provides for the unyielding atmosphere of "self-checking", "learning" and "growing morally on one's own" that our freshly discharged patient needs for supported, progressive, self-esteem enhancement.

The patient should first be sent with the jamaat for three days, along with some relative who takes responsibility of his comfort and expenses (money should never be given directly to the patient in early recovery, it only acts as fuel for fire)

After coming from three days with the jamaat he should by then be used to saying his 5 obligatory prayers in the mosque...

His regularity at the 5 obligatory congregational prayers in the mosque will acquaint him with a circle of similar friends...

These will , unknowingly , constitute the future support system for our recovering addict...

If he misses a couple of visits to the mosque, they will come looking for the patient, and they will also involve him in the daily reading of the prophets sayings at the mosque (a ritual not lasting longer than 10 minutes, but providing tons of food for positive thought along the 'recovery' track)...

Twice a week they will take him, an hour each time, for visiting the neighbors of the mosque, persuading them to join the nimaaz and not miss prayers...

Such visits to strangers will benefit his self-esteem by giving him the opportunity to contribute positively to someone's life and interacting with people from all walks of life will re-teach him the socializing skills addiction had robbed him of....

A month later he should go with some mosque-mate for 40 days with the jamaat, this time too, tempting him with easy access to funds could jeopardize his whole struggle, so the funds ought to stay with the mosque-mate...

Locals of the mosque or family members can visit him periodically to ascertain his progress and to encourage him too...

When he returns from 40 days with the jamaat he will already have changed internally as well as externally...

And the local mosque, the friends there, the daily hadeeth narrations, the twice/week visits to the neighborhood's residents, the weekly (Thursday night)sleepover at the central mosque of the city will all evolve into such a strong support system that any chances of relapse will be blocked, and spiritual growth will ofcourse flourish.

But all this is very tedious and an addict by definition is an icon of laziness, indifference and carelessness?

Yes, but the process of learning and copying the methods of thought, perception, speech, action and discipline taught by the Creator's appointed demonstrator(alaih assalaatu vassalaam) is so quick/immediate in paying back as advantage/dividends, that the beginner dives deeper and deeper into this exploration, and most catalyzing effect is of the fact that the patient is in direct dealing with the Most Generous, Kind, Merciful and Loving; Allah subhanohu v ta'alaa who does not keep unpaid debts, and who did not design/produce all this drama for disappointing those that seek him.

The Secret of the Cure

Since the disease of drug addiction and its cure is about the basic human need of 'seeking joy/peace/harmony' we shall first have to analyze what actual joy/peace harmony is to eventually conclude the cure for this disease.

After birth, **the first sensation** that an infant senses is that of pain.

(i) Light piercing the eyes used to absolute darkness,

(ii) Air tearing through the windpipe to bloat/inflate the lungs that remained packed bladders in the mother's womb and

(iii) cold/chilly because the environment in the mother's womb was 37 degrees and in normal labor rooms it is 18 degrees Celsius.

This causes **the first emotion** ever in the infant's being and that is of 'dislike or displeasure or aversion'.

Which in turn gives birth to **the first ever desire** which is to engineer change; change the hurting light into darkness, the ripping pain caused by the ballooning of lungs into flaccidity and the cold into warmth, the unpleasant to pleasant.

This in turn causes the **first ever effort, action, struggle** that a child makes and that is of crying (pediatricians know that an infant's entire musculature is exercised by crying--infant it's crying is an index to its physical health; therefore a crying infant is actually exerting maximally).

This attracts immediate attention, someone holds the child next to his/her chest (thus restoring the sensation of the sounds of another heart-beat that the infant was used to in his previous environment, easing the discomfort by creating relative darkness

and also makes the infant relatively warmer by hugging to it,).

Thus the first **ever lesson/experience** is recorded on this infant's blank sheet of memoirs, **"effort pays"**; by changing the unfavorable to favorable".

Then a while later thirst or hunger bring about the same discomfort, and is managed by the same mechanism of struggling; screaming at the top of the entire body's musculature, and water or milk or whatever is served, thus the infant is by then learned in the mechanism of changing unfavorable to favorable; through "struggle/effort"

Still later when the infant wets itself, the cold which is extremely painful for the infant, leads to the learned mode of struggle, crying-- and it again pays off by the wetness being replaced with dry clothes...

By now it has become a belief/conviction of the infant that (i) the environment keeps changing to unfavorable (ii) the method for changing it to favorable is through effort/struggle (that is how life is defined; the constantly changing circumstances, creating the need for favorable maneuvering around the changes).

Now with time, the infant's senses start growing and expanding in numbers and natures. The affinity for the lap is replaced with that for mom, dad's voice heralds attention and thus joy, others' attention is also pleasing and so is their company....

Parallel to this the awareness of another species of sensations is growing, the sense of displeasure, discomfort, distaste, hunger, thirst, noise, lack of others' attention....these are all feelings, the awareness of which grows but are not the infant's preferred states, they are rather disliked/despised.

However the **faith** that, "seeking favorable conditions is mandatory and the way of succeeding at it is through struggle/effort" sets in permanently.

At that immobile, defenseless, dumb age, nature teaches it to get what it needs by attracting attention through the sounds created by screaming/crying...

And nature has already taught that newcomer to this world that seeking favorable

conditions are primary to life and achieving them is through effort and struggle.

Besides these, nature is also nourishing the infant's passionate entity, by teaching it affection and compassion it feels for its mother, and the mother's pleasure/happiness becomes the infant's joy which results in the mother's dictats becoming the infant's principles.

Thus to teach, how to attain, physical, psychological and spiritual maturity, nature has already trained it about the laws of seeking favorables and of struggling to get there, and pleasing the loved ones to be pleased in return,.

It is the mother's pleasure at the child's ability to learn walking that makes the child overlook or ignore the multitude of painful falls that the child experiences while learning gait....

However since it is pleasing the child's loved one(mom), the pain of the process of getting to please her with those first few walking steps, is overlooked, ignored, even forgotten.

This is another lesson "the pain for gaining an achievement is natural but meaningless" Now with growing age, the parents' likes and dislikes become the child's...for it is their joy that the child enjoys.

This is the final spiritual stage of a child's growth;

This newcomer to humanity has learned that neighbors (parents) ought to be kept pleased and their pleasure/joy/peace ought be placed prior to his/it's own, and the way to squeeze joy/fun/favorable states out of life, is struggle/effort/hard work".

The piety of nature has done its job, connected this child's roots to principles of spiritual nourishment.

The mechanism by which environmental pollutants taint the innocence of spirituality:

As the age grows, the child learns from the surroundings. Everything incomprehensible or inexplicable to the young, pure, innocent mind is registered as a personal weakness, (this is another stimulating tool of nature to persuade the young one to try learning more) questions start verbalizing and then vocalizing,; however , all that is seen, heard and felt is being recorded.

Innocence causes every unanswered query to be registered as a personal failing, and the child commences to lose confidence...feeling estranged

Weight loss

Reduced confidence

Prolonged pauses of silence, as soon as schooling commences and then

Talking to oneself

Clinging onto the pet/doll for dear life

Coaxing elders into telling stories

Attempting to excel at solving puzzles/riddles are all fruits of scholarly growth that the environment ensures the newcomer's natural innocence/confidence gets sharpened with.

Flawless, nurturing nature still lulls the child with morality like; sincerity to siblings and parents, and the learned manner of achieving through struggle/effort remains afresh, renewed each day with each occurrence.

Tiring, or fatigue is something the society has not yet managed to pollute with, the natural freshness of the child's innocent mind.

Mastering physical effort leads to the next level: learning mental effort/struggle/diligence:

At this stage come the books, that describe 'truths' and 'lies' through examples that elaborate either's pros and cons. Books that train the mind to discern between honesty and dishonesty, lessons of forgiveness and generosity are taught, selfishness (which the

child still knows by the name, 'lie') starts showing itself in others' behaviors...at this stage, this member of the society starts learning that the principles taught through books may be altered, twisted, or even ignored for personal interest during day to day living. The ugliest grooves are carved on a child's brain by double 'entendres, statements that have double meanings, statements that use words that say something different but mean something else.....like politicians speaking of "precious human lives" with scenes of slaughtered humans being played on the same screen in the same political footage

.....

Like parents preaching humane scruples, scolding, belittling the driver/maid for something trivial...

Like a mother criticizing her child's cleanliness but using words like, "this cardigan really looks freshly dry-washed or doesn't it?"

Accepting defeat is sportsmanship/manhood but in reality the child sees all adults ablaze if defeated.....

Games are played for enhancing humane qualities but foul-play and fixed competitions are the usual visible twists to facts the books had taught..

The child will now learn confusion, by experiencing the contradictions between real life and the books, It attempts to protect itself by remaining in the company of other children, but the double edged elderly labels like, "time wasting games/kidding/fooling around" teaches the child that for it's own mental satisfaction, joining sittings of relative elders is more paying.

The concept that fulfilling the elders' plans for the child, is a means to getting their approval, sets the child on the quest for gaining elders' approval.

The entire mind faculties are used to craft methods of attracting as much praise/approval of the elders as possible.

Which eventuates in disguising the child In whatever guise the elders exhibit/prefer.

Although nature still works for the child to learn the decent from elders, but the social pressure, the confusion and the fear of being branded a failure, cause the child to hastily acquire the qualities that the elders find appeasing.

Thence onwards the negativity of the environment starts taking the child's psychology into it's fold.

Envious competing starts establishing roots:

Whosoever the parents feel intimidated by or in competition with, the child does too.

Whatsoever are the teacher's fears and phobias are the child's too.

The grading system at schools also preach, "leaving others behind" although in such colorful phrases as "excelling to the utmost/standing first in class"...

Whosoever defeats you in this race for standing out, is the rival, or in simpler words, you are alone in this class of your age group peers....

The higher you score the greater attention you deserve, an analogue to the primitive law of the bigger fish exploiting the smaller.

Excelling, standing out and prominence become measures of success and indices to the affection the child's parents show it.

Thus childhood is no longer, and an unhealthy atmosphere of "competition motivated by envy" envelopes this growing member of the society; the 'envious' component being a product of the fear of failing to attract attention + the abundance of 'envy' preached through media and experienced in daily living among societal members.

The innate innocence is gradually curtailed by this sick urgency to reach/acheive protrubence/prominence/top....

Sick because the urgency for maximal attention causes the aim to change shapes from 'winning' to "leaving others behind", or in more altruistic words, proving others

relative failures, becomes the aim.

Joy or mental peace or well-being is now called 'winning' which actually means 'leaving others behind/defeating them' or, looked from another angle; embracing a life-long loneliness for seeming successful.(by competing with everyone).

As this ailment progresses;

Attention/approval seeking behavior sinks deep roots into the psychological persona of the individual and this in turn:

Slaughters the individual's personal natural preferences

Appearing successful to others actually induces a sense of inferiority to others

Enslaves the individual to others' priorities

All the above, actually annihilate the individual's individuality at that young age,

The original person is no longer

A master at ostentation(an expert pretender)

In love with being praised,

Sensing self, inferior to others,

As low esteemed as any clown that needs to paint itself to be noticed

A pawn busy treading the track lined out by others, is what results/remains.

The means to reaching the top asap...(tumbling down,spiritually)

Intelligence is the natural tool gifted by nature, but the urgency for succeeding causes it to, initially adorn the 'clever' cloak to accomplish whatever, cleverness soon matures to decadence. which is looked upon as a fad/fashion/modernism/wit, and decadence eventually leads to the evil end of intent, attitude and behavior viz., outright lying. Falsehood & fabrications, all managing to pollute that absolute innocence that once was.

The evidence for getting away with decadence, or wickedness or bigotry saturates the media....all news and shows are about "the brilliance/mastery of not getting caught/getting away with a crime/fault/sin"....

However, concurrently each episode of chicanery, cheating, telling lies, manipulating loved ones is also registered in the memory with a bold label of "I am no good"...thus each apparent ascent in the peer group's hierarchy of being 'successful/cool', is actually a blow, rather a punch in the face of self-esteem that steps down another rung of the spiritual ladder with each instance of apparent success/chivalry/victory....

Self-esteem is depleted to the degree of extinction as drug abuse and it's related behaviors proceed/move in....and as pain is the alarm that makes us pay attention to the body part that hurts, similarly the drowning self esteem/spirituality sends signals of not being content, being unhappy, unsatisfied with whatever way life is going, but those screams of the drowning spirit/soul are unknowingly muffled with glittering ,charismatic materials, , simply out of copying what everyone else is busy doing.

The individual is learning to excel at deceiving self.

This has been, is, and will remain the scheme of growth in all societies since time.

The adverse effects of envious competing on the individual and through him the society:

How different, special, is one in comparison to the others, is the usual mundane standard for grading success.

Thus competitors strain to accumulate such tangible/evident/glittering materials that exhibit the owner's distinction and that is why it is the amount and abundance of matter/material wealth that becomes a measure of one's superiority.

Therefore, what has happened as we look back is that:

The natural instinct for advancing in life by chasing favorable/joyful was shaped by nature into 'yearning for approval' so the young would take after the seniors in decency

but the schools and the low-aged fads that are custom there, trick and change that approval seeking attribute into the 'love for winning'...since winning will make one standout/ be distinct/attract the lime light....but since the ordinary definitions for distinction /winning are 'material/numerical/tangible superiority'(different/better in quantity, shape, size, glitter, price),the competing instinct gets mutilated to become the desire to accumulate matter.....and the most successful are those whose desire grows to the degree of greed/gluttony.

The schematic presentation of what has evolved would be:

The natural/innate, growth promoting/tempting instinct of striving for favorable/joy/peace



changed by the joy in being praised, to seeking approval/attention



changed by the adolescent environment of the school into the urge to win, meaning in adolescence, "defeating/leaving others behind"



changed by the usual standards for grading success through material wealth, to 'greed for all that glitters'



and since superiority is only superior if it be tangible/evident, whatever exhibits/shows-off material distinction/superiority, becomes the needed practice

.....attires, living styles, means of commuting and traveling, traditions of socializing,, in all aspects of social life the urge to 'sustain' 'individuality' made the (wrongly defined)joy/peace/harmony seeking human do whatever imaginable and unimaginable....

And the most different /distinct among all others involved in the struggle for accumulating matter:

Something that made the person's material superiority stand out like a sore thumb, was/is/remains "seeming unbound by responsibility/job/duty/ethics/laws/work".....

Thus,

an abundance of free time or in harsher words,an abundance of (precious)time to **kill**.

Became a measure of success.

Therefore the second most important lesson taught to the newborn infant by innate nature, "the track to achieving the favorable/joy/peace is 'struggle/effort'also got distorted and the misbelief that, "favorable/joy/harmony/peace means wasting time, doing nothing productive" became the normal human **yearning** with the deceiving title of 'relaxation'...

.how ironic...how inferior to animals who would make fun (if they could) of a species that 'killed' time. Time, the most precious wealth of all. The only component of life even a second of which can not be regained/brought back.

Now, when a whole society strains to achieve the goal/aim of material superiority, each individual as well as the society itself, suffers.

Competing for laid-back living:

When material superiority is the competing gradient, it strengthens the roots of antagonism and envy, which result in absolutely sick standards for defining 'love' and 'hate'.

At first the competitors try at leaving behind/beating/defeating whichever person/family/nation/life style that seems ahead, but when the victory seems too far fetched or the effort needed too tiring then resentments against that

person/family/nation/lifestyle start accumulating which soon change into revulsion/dislike.

This change in perspective absolutely deviates the attention from own faults(of competing for material abundance or ability to kill/waste time, or break social laws but get away with it due to material superiority) and all energy and time is consumed disliking/loathing/hating

And then it is in this soil poisoned by dislike/hate/envy that future crops of all kinds of love, abilities, and qualities grow.

Only those people, principles, means and aims are entertained that would assist in defeating the hated/disliked antagonist/competitor/rival.

And such emotions are so absolutely poisonous for the child/adult that spiritual growth is absolutely arrested.

And all pleasing emotions like self-esteem, love, jubilant success, get tainted at their roots when hatred/envy soils them.

The individual/nation becomes a robot, living in reaction to, meaning, in submission to, the rival/competitor/antagonist.

Every such deed, logic, method, and thought seems attractive which is apparently conducive to victory.(victory that only means 'seeing the rival fail'...thus the motive is not improvement, but malice).

Now in such a society:

The basic emotion is, malicious rivalry/envy

The basic desire is to break the rival's/competitor's/opponent's spirit by defeating/beating it

The basic priority is the shortest, easiest, quickest route to that goal....

And in muslim societies, added to the above rules of the jungle was the atrocity that:

The principle of defeating the non-muslims in accordance with the non -muslims' definitions for victory (causing greater casualties, or conquering more land, or inducing greater misery; in simpler words, measuring everything in numbers and not quality) was/is taught/preached as 'deen'/islam.

And since 'numbers'(and not principles/scruples) are the scale for measuring, it causes the muslims to abhor non-muslims only for their material superiority.

Whereas in actual accordance to the prophet alaih assalaatu vassalaam's deen/islam, muslims ought to have felt sympathy for non-muslims wasting away their lives competing for matter and it's clatter....but this would only be possible if the spiritual richness that islam imparts was considered significant...spiritual richness that ascribes absolute insignificance to material wealth/superiority/worth.

This abuse of religion, on materialistic basis, propagated hatred and the resultant double standard viz.,

Islam preaches generosity in giving to others,

While (so called) muslim societies practice penny-pinching as the basis for victory (being miserly, selfish, neither giving nor using for self).

In consequence of this materialistic approach to life, the resulting sense of inferiority among muslim societies caused them to continue watering the crops of envy (for non-muslims, or muslims who were materially better provided for) with more malice.

The effect of this on the common individual was/is that all faculties of mind and body as well as all innate abilities are used for 'winning from others', and since this victory lies somewhere in the future, all present morality, relations, life styles, friendships, relations, deals (social and business) are considered/treated as temporary and the given moment, is wasted in haste, scurrying

towards that future victory that may just keep moving further like a mirage. Such an environment would cause the individual to remain focused on the race to win and be (inwardly) lonely all the time. All relations with siblings, parents, neighbors, job-mates, spouses and children would be smooth as long as they complement the person's definitions/parameters of victory, but as soon as, or whenever any one's opinion, attitude, behavior or beliefs appear even slightly contrary to or threaten friction to the person's (self formulated, selfish, self-centered) quickest/shortest route/parameters for victory, the person, enslaved by the desire to win, will automatically feel absolute solitude/loneliness/confinement and become belligerent.

The effects on the society, of such a rat-race:

Although all members of such a society will be absorbed in this race to win, but each individual will have his/her own definition for victory, thus people living in the same house, block, city, country will each be isolated from the others by this rush to win, and each wary of any additional weight/worry/obligation/responsibility that could slow the progress to that victory (in the unforeseen future).

This would cause all social morality to attain a mean/spiteful/ vindictive undertone ;

Generosity and kindness to those who can/may facilitate winning.

Wryness and indifference with/to those that matter not or may become an additional load.

And outright immorality/insolence to those who may hinder the win.

It will automate 'selfishness' to be the rule for surviving in such a society. Because with the above mentioned moral values being the 'system' (based on self-centered or self-serving victory), even a slight deviation from selfishness will eventuate in being crushed under the victory chasing stampede.

Therefore:

Desire = tangible/material victory

Emotion = jubilation that necessitates defeating/leave others behind and excelling at it.

Priority = the easiest/shortest route to victory

Intent = self-serving selfishness

Morality = shopkeepers'/you scratch my back I'll scratch yours, you stab mine I'll stab your's

Now let us analyse this scientifically/logically:

1.The contestant for tangible victory(rewards sensed by the 5 senses of touch, taste, smell, sight and hearing) has not even tried for actual rewards, all of which are abstract; peace, contentment, satisfaction, serenity.

2.The emotion that defines 'leaving others behind' or 'taking the lead' or 'standing first' actually means; exert to be lonely, work hard for solitude, punish yourself with being alone .

3.The search for the easiest/quickest way to victory generates a tunnel vision that makes one blind to the scenic beauty of the entire length and width of reality/honesty/life.

4.Selfishness is the lens that makes others(fellow humans) look like vultures waiting to feed on the lens-owner's happiness, thus the root of fear is selfishness.

5.And the sick shopkeeper's morality that values a penny over human gratitude/life/smile, whether generous, or wry or stingy, only creates antipathy on either side due to the deceit it actually hides.

So the overall effect on each individual of such a society would be **the accumulation of progressively increasing fears with successive material gains, won through the continuous exercise of being/feeling lonely, to succeed in the race for matter.**

The universal science of islam (literally meaning; bowing down in submission to laws of billions of year's wisdom of nature) and other divine religions before it (in their unadulterated forms) describe this as "ignorance".

This state of affairs is not new to the 20th, or the 21st century, human societies have always been such.

The same desire for 'quick gratification/profit' that lead to the invention of a sword, has through centuries used human intelligence, generation after generation to invent today's nuclear/neutron bombs. Modern, is a nothing that has tricked mankind ,because humanity still suffers from the same greeds, lusts, weaknesses and virtues are still sacrifice, generosity, kindness.....the minute is still 60 seconds long and the sun still rises in the east, a mother cares for her child's welfare the same way as she did centuries ago. the poor are still exploited by the rich the same way and the chemical structure of blood still has hemoglobin as an essential constituent for carrying air to body tissues.

All melancholy in human life is generated by own mis-belief that an abundance of materials, edibles, attires, or those used in traveling and commuting will keep 'happiness' hanging in the air like a season....the same old love for sweets and toys that childhood gratified this person with...

The misconception that as long as the pocket remains loaded and the house filled with materials, joy hangs in the mind/heart, actually entrapped man in a race.

A race against self:

Because the goal/aim/purpose is personal gratification/joy/contentment, but the race is being run against others, others upon whose defeat or victory ,self's joy/contentment is mis-imagined/mis-taught to depend....and this race for commodities, does not only leave one feeling absolutely lonely but also envelopes one in fear...fear of being deprived, or losing, of being left behind.

And the only solution to avoiding /combating fear was suggested by the 40 or 50 or 60 year old brain ;accumulation of materials, just like ants that spend their entire lives collecting food grains and then die, having lived a life of a "worker-ant".

The entire story of life became an accumulation of matter, because dissatisfaction, was taken for granted, to be inevitable..

That same old envious competing, that prepares a poisonous soil of antagonism, in which are harvested all crops of sympathy/empathy which is actually selfishness in a guise.

And it was to deliver mankind from the torture of this venomous social system that the Creator sent his Prophets (alaihumassalaatu vasslaam).to endow humanity with the real/true love, affection and sympathy cultivated by mutual trust and honor in our common lineage of being humans.

And all prophets taught the same lesson,;

That what humans really aspire for is inner contentment, satisfaction, joy and what humans dislike are the opposites of it, i.e., discontentment, grief, and dissatisfaction, but the mistaken struggle that humans trapped themselves in, of thinking that abundance of matter and material wealth induces contentment/joy/satisfaction/happiness is a blunder that made them enemies to each other.

Joy/ contentment/happiness are feelings generated from within each person they are absolutely independent of external factors.

Fear, and unease, and discomfort are also inner feelings that are actually alarms of our spirits/souls that were fit into our systems to warn us when/where we go/plan wrong.

The crystal clear oblivion that, considering oneself unhappy/discontent in the absence of some material thing, or another geographic location or another person actually

enslaves us to that thing, place or person, made the soul enslaved. Where can contentment set footings in such an enslaved heart?

When one of us will slaughter someone else's happiness/peace for our own, the alarm of fear will automatically start beeping from within.

When a web of falsehood, tricks, deception and ostentation is woven then with every strand of such a web will be stretching and bound a strand of fear that engulfs/preys on the designer....then will such an attire of apparent joy be in actual a dress of happiness or self-deception?

Contentment, satisfaction, joy, happiness are all declarations of the guide within(each of us) that always performs a 100% pure analysis and whose analytic report we cant ignore no matter how hard we try.

A guide that is more informed than the person himself of the quality of the person's deed (positive or negative).

Scientific analysis of contentment,satisfaction,joy:

Let us scientifically analyze what the above are:

Whichever moment contentment, satisfaction, serenity and feeling of security about the future are present altogether in the same moment, it is called joy....thus an amalgam of the 4 is = joy.

Significance of it:

Since all efforts of all humans are aimed at achieving/maintaining the above, thus this is a basic need of intelligent life.

But if it is a basic need of life then...

It's source ought to be (i) as freely and abundantly available to all humans (ii)irrespective of their color, creed, education or wealth, as(iii) water, sunlight and air are.

And any source would only be real/actual if it was 100% in control of the individual independent of external factors.

Because

If contentment, or satisfaction or security about the future depended on an outside factor(place, thing or person) then such an individual would be enslaved by that place thing or person and such joy would be encircled with fear.

Now in order to find out what that source is, which is in the person's control 100%:

1.Ask people around us,..This may need some explanation because most will be subjects to other things, places or people for defining their joy, so an explicit question: "what is that source of joy which is and remains within your personal control always, independent of other people, things or places?"

the answer would be, "accomplishing one's duties/jobs satisfactorily". Others may say that, "it is not Putting off till tomorrow that what can be done today"..

a scientific/logical analysis of these sentences reveals that 'it is apposed or contrary to that personal desire of taking it easy or the laid-back attitude.

2.Next if we look back at that first lesson nature taught the infant, "favorable is achieved through effort/struggle"...

both mean that the source of joy that remains 100% in the individual's control is the ability to resist one's love for ease/comfort/relaxation..and this, no doubt, is the ability/source to joy evenly distributed among all humans irrespective of their color, creed, education, or wealth.

Is that the source? That ability to resist one's own inertia to struggle/effort/hard work?

.Now let us consider a person who is absolutely free of having to exert/put in effort....that would be someone totally paralyzed, with nasal tubes feeding it, thus freeing it from the effort of chewing or swallowing and bags attached to it's bladder

and intestines, freeing it from the need to exert attending to calls of nature.

3. When patients in treatment are asked, "what damaged you the most"...the usual answer is, "I myself, for my chase of my desire to remain in the stupor of drugs brought me here"...so what the patient is actually stating is that his own chase of his will harmed him the most.

The above proves that the source of contentment, satisfaction, security about the future or joy that remains in an individual's own control all the time is his/her ability to keep the ease-seeking, comfort-loving self on a short leash all the time.

or.

Whatever situation is handled with the ease-seeking self in control, is a moment that induces joy in the next.

Example:

Reacting to someone's misbehavior can be misbehavior in return or foregoing and forgiving.

Misbehaving to pay-back will cause:

A residual resentment for having crossed one's own definition for good behavior

And a feeling of guilt for having misbehaved

These two will reside in the mind like pus,

Causing the social attitude to remain erratic and easily irritable, thus the damage will keep spreading.

The second option of letting go, and forgiving will:

Enhance self-esteem for having controlled one's own negativity

And the fresh lesson of mood enhancement by controlling self will only add to one's feeling of contentment and satisfaction...

Thus in actual a controlled reaction to someone's misbehavior means the (misbehaving person) has added to your self esteem at his/her expense.

In truth the atmosphere of ill-etiquettes that envelops the planet is actually a mobile school for training self-control.

If negative emotions and thoughts are allowed to run freely in one's mind then a flood of negativity surges that only damages the mind entertaining them...similarly if positive emotions and thoughts/sentiments are cultivated in the mind(through/from any situation)then the resultant army of positive thoughts and emotions(not visible to any but the mind they reside in)benefit the person himself.

This is the gist of all anxieties, worries, grieves that plague a human mind, especially the modern man.

If every moment is lived with one's emotions, sentiments and thoughts/perceptions within positive limits, nothing unpleasing or worrying can result.

Actually the covert fashion of modeling our brains and thoughts to consider contentment, satisfaction, serenity and joy dependent on other people, places, and things has made it a habit of applying others' standards to our own situation/thoughts/emotions and branding ourselves inefficient or unhappy.

And continuing to live/think as above causes a long list of harmful desires and emotions to keep accumulating in the mind, to hurt the mind that accumulates them, accommodates them.

This entire scientific research can be summarized to mean:

That, the source of contentment, satisfaction, serenity, joy that rests with each person independent of outside factors is the ability of that person to control own negative thoughts and emotions or in other words it is an exercise against self....

And this exercise against self continues each second and minute, thus satisfaction, contentment, serenity and joy are not static but continuously dynamic entities, their ebb

and flow depending on our own degree of self-control exercised.

The falsehood that other things, people or places add to one's joy pre-supposes that joy is like a season that hangs in the air for (6 months) long once that thing, person or place is achieved.

Now in order to check the validity of this conclusion we have to apply it to all humans of all times, of the entire planet:

The only way of looking at the entire planet is to look at it from the moon.

From there the planet earth looks like a ball hanging in space, circulating the sun at a speed of 68000 miles/hour and also spinning on itself at a speed of 26000 miles/hour.

And we, the humans with the rest of the inhabitants are passengers aboard this space ship, sensing this motion only as 'sunset' and 'sunrise'.

So if the planet is actually a spaceship, then paying attention to man-made space-ships may enlighten us about secrets to maintaining contentment peace and joy.

Man-made space ships are designed to carry water, air and food in such a manner that they can be recycled for re-use so that the weight of the spaceship does not slowdown the space ship's speed...

Looking at planet earth we find out,:

1. air is continuously being recycled and the harmful gases removed, while the atmosphere is re-imbursed with oxygen by all green plants. Sunlight runs the machine within each green leaf that changes harmful gases to oxygen.

2. animals that are mobile factories of meat/flesh for human food and milk, do not only provide the above but also go around scattering fertilizers for the green plants to thrive upon.

3. Water which acts as the source of life is polluted by human sewers, as well as the synthetic fertilizers used to multiply crops...this is carried to the oceans, where sun light purifies steam and changes it into clouds...these clouds shed 100% pure water as snow onto hilltops, and from there the water flows down due to gravity thus keeping the ball of life rolling.

4. Vultures, lizards, frogs, scavengers, cockroaches act as machines that keep the floors of the oceans and the surface of earth clean of all decaying material....if cockroaches were annihilated the entire planet would be saturated with human excreta, if frogs and lizards were not, cockroaches would inhabit the entire planet, and so on....so each of the above mentioned is a machine contributing to recycling life-promoting media on this space ship

5. The heat produced by the functioning of all above mentioned machines is removed by trees, 8 trees produce as much cooling effect as a single ton strength air-conditioner does...

now coming back to the human engineers and designers..The more complicated the machine created by an engineer, the greater is the length to which the engineer goes to write an extensive "user's manual" that allows the public to learn getting optimal advantages from that machine.

And if the complexity of the user's manual warrants it, then trained engineers are sent to every country (that will use that machine) to train a select group of mechanics and engineers about interpreting the user's manual.

Similarly the creator of this entire universe and its contents has published a user's manual and sent one of His special agents (the arch-angel gibrail) to train one of us, (the prophet (alaihi assalaatu vassalaam)) in interpreting/practicing each line, verse, command of that user's manual which is also called "the written law/al-kitaab".

Thus demonstrating through his own life and his companions', how every and any situation may be handled positively, and how each organ and its constituents be used

for optimal advantages' cleavage from any and every situation.

And in order to ensure that this 'written law'/user's manual is not altered in any sense it was so mandated that every year, during the month of ramdan(fasting month) muslims in each street, village, town, country, continent listen to the entire book being narrated in the traaveeh prayers by one who leads them in prayer but, wherever he pronounces or mistakes a punctuation mark, he is corrected by those listening....thus the freshness of the written law's revelation is not older than the last Ramadan that passed.

If life is lived in accordance with that user's manual, it will be joyous, and if it be negated or opposed, then how will not all rules of all creation oppose this person in breach of the written law?...in simpler words, driving against one way; will it not expose the driver to all kinds of risks, and will not every oncoming vehicle threaten it? And wont that be a social menace?

The reason for the apparent hardships of religious rituals:

It has been clearly stated by omar (razi allahu anhu) the caliph of the prophet (alaihassalaatu vasslaam) that the obligatory prayers and fasting is not deen (deen meaning the way of living one's life, the method of it, the philosophy of it), 'deen'he said is our attitude/behavior with others.

Each next moment and it's contents/conditions ate controlled by Him The Creator(Allah), so conditioning oneself to living in accordance with His regulations will benefit oneself and the contrary will harm.

The prayers, fasting, zakaat, haj train us to exercise against our ease-seeking component and learn how to give in to the greater wisdom of the creator.

It is clearly stated in the quran that all differences in wealth, health, knowledge, creed, religious beliefs, and their ebb and flow/rise and fall/crests and troughs are for sharpening our abilities to exercise self control...'

The easiest way to self control could be to desert civilization and find some desolate corner to spend life in, but that would deprive the deserter of the opportunities to exercise against self available in abundance in social living...therefore living a complete social life but within the limits of positive self control is deen or islam or common sense.

As taught by the trainer/coach(alaih asslaatu vasslaam)who was a husband, father, leader, who went through every stage of social living, poor, rich, sick, healthy, commander of armies and a common soldier, who fought wars and signed peace treaties. Thus lived a complete and thorough social life.

Now to check if this conclusion: "that the source of joy that rests with each individual purely independent of external factors, is exercising self control or in more complex words, keeping our negative emotions/sentiments/desires under a check" applies to all men of all times:?

We are sure it is true for all men in the present and for all those in future but those in the past?

The prophets who were sent to the past nations also preached the same: "la ilaha il-allah"...there is no entity worthy of focusing upon/expecting from/worshiping except allah...summarized, their messages meant:

Live lives in submission to the Almighty Controller, who controls everything and everyone, each next moment and it's contents/conditions ate controlled by him, so conditioning yourselves to living in accordance with His regulations will benefit you and the contrary will harm you. Because his regulations state that success/salvation/joy, in the next moment is only for those who live the present in accordance to His rules.

They instructed that each moment be used to remain focused on Him who created all and everything and the “reward and motivation centre” be trained/conditioned to feel good/bad in proportion to the quantum of focus and obedience exercised during the previous moment...

Because each moment and it's constituent conditions/situations are according to His Will, and so will the next moment be, and He is free of all flaws and weaknesses;

free of any limits, bounds, needs, and is pure of any one interfering in His controls in any way, he regulates each electron and atom and every cell ...is pure of/free of any needs of eating, drinking, sleeping, tiring, or such relations as being a child to someone or having a child or spouse or partner. He ought to be obeyed and all expectations must be of Him and none else.

He regulates the vision of each created being and as a reader reads this book, the understanding or the message perceived by the reader is as He (Allah) wants and not as the writer wants...That is why all pretensions and disguises fool only the one who practices them. For the feelings or the conclusions about/of any and every happening/person/situation by each and every brain is as He(the Creator) wants and not as the actor/writer/general/beggar/or pleader wishes....

This entire universe with the polarities (opposites) that impart recognition to it's constituents are His creation, and how could the colors/syllables/relations/limits that he used to create/paint this creation with, ever define/describe his entire Self..

The sense of vision that can not see across a wall, the sense of hearing that can not whatever is said in the next room, the sense of intuition that can not sense what a sister, or mother feels in her heart, or in simpler words the senses that can not see the next city/country or planet,. How could such immature and poor senses ever see or sense the entirety of the creator?

That is why he instructs that instead of pondering on his fundamental nature/essence, it is wiser to think about and concentrate on his abilities, powers , authority, supremacy, influence, command, clout, dominance,... for they will reveal his splendor, grandeur and majesty...and his infinitely inexplicable entity...

Summer and winter and spring and autumn and male and female and father and son, and life and death or beginning and end are all his creation and none of these effect him, hinder him or even have any significance for him...he Created and sustains a creation that is as diverse as can be...so the simplest easiest shortest path to success/joy/freedom would be to remain in obedience to his laws

Laws with which he controls all creation and which are taught to man through his book called by him the “written law”al kitaab.

A superficial scan of his ability with which he has managed to run the affairs of the entire universe/existence for centuries will make it common sense to not commit the blunder of testing or breaching his laws...and if breached, then reverting back to him and asking for guidance and pardon will restore the harmony between man and his Lord/Creator.Allah.

He does state in his written law that when asked for, he forgives, thus askance of him never goes un-heeded, provided one doubts it, for doubting is disbelief, is not askance for or confession of a mistake but another blow at His Almighty Omni-scient ability to do whatever he wishes.

When everything is regulated and controlled by him then why should one who manages to breach his laws(with his help) be classified a criminal/sinner?

For he has created all the differences/needs/urges to test our degree of self control thus when we intend well, we are used for good and when we intend bad we are used for evil is his rule

The fact is that the criminal first made the decision to breach a law... thus there was an initial denial of the universal fact of maintaining focus upon the Creator, which allowed the focus to waver to whatever/wherever, that then suggested/motivated the breach....it was then with his(the Creator's) help that the criminal managed accomplishing whatever crime he planned...because He Himself created the darkness of ignorance and the light of knowledge and this difference and the diversity of thought and behavior patterns among us to test each of us with, or in more altruistic words to allow each of us spiritual ascent; Each moment and it's constituent situations/conditions enlightening us still more about his infinitely beneficent, generous, merciful, kind, pretty, Almighty nature.

Delving deeper into this philosophy we realize that we humans are only free in our thoughts and intents, actions are all subject to the laws of natural mechanics., eg.,

A person decides to steal, and another has stolen in the past and the law of nature," "as you sow so shall you reap" is now active to pay back the one who stole in the past...thus for the thief of the past it is time to reap and for the thief at present it is time to become a tool with which the past thief is payed back.....

Or a person intends to do good, anything charitable, then this person will be used for doing a good turn to someone who had done good in the past.

However the next moment will bring with it another set of conditions, and both, the one who recently stole and the one who recently did good; each will accomplish whatever intent each of them makes....

And each next moment will bring us each an opportunity to ascend higher along the spiritual ladder or descend lower...there is no such thing as a static state of piety(called 'naik' in Persian, Turkish and urdu...this word does not exist in islam),there is only a dynamic state of improving (islaah, which means improving, progressing, and when one individual improves, the entire society does for one of it's members has improved) and if that (islah) be halted, regression automatically sets in.

Therefore, wisdom dictates that in this given moment and it's given conditions we acquire/exhibit that pattern of thought, perception, attitude and behavior which is most like the prophet alaih asslaatu vassalaam....

If not then the creators written law already states that:

Those who denied and remained stubborn in following their own crafted ways of thought and behavior,

And did not remain constantly focused upon the fact that all controls and results rest with Allah

And did not maintain righteousness of thought, perception and behavior,

And did not maintain patience (for resisting the ease-seeking, shortcuts-loving component of their\)

Are the losers (surah asar.al-quran)

Along with this are the good tidings that:

We have endowed you with abundance of all goodness (for each moment brings with it an opportunity to follow His will or resist it, while following it pushes us a step closer to him)

Therefore bow down to his will and sacrifice/resist your own desires/wills

And no doubt that which bothers you is root less (surah kauser)..

Viewed from another angle this surah also means that the reason for all our worries and anxiety is our insistence at following our own wills, fulfilling our own desires.

This is the secret to an everlasting cure, that each moment the focus remains on the Almighty controller, and the attitude that of his sent teacher(alaih asslaatu vasslaam). This dissertation ought to be concluded with an example from the prophet alaih assalaatu vasslaam's life.

He was once asleep under a tree and suddenly an enemy of his awoke him and put a sword on his adam's apple (the conical bulge in the throat of males) and asked him, "who will now save you from me?"..

Since the prophet alaih asslaatu vassalaam sustained focus on the almighty, which is more in the vertical axis than along the horizontal, said, "of course he who owns me and you"

And the enemy started shivering as the sword fell from his hand...

This explains how each moment a set of conditions or situations is sent our way, if our focus is on the Almighty, the situation seems altogether different and if the focus is along the horizontal axis, allowing everything around us to effect us, then the situation seems altogether different...

In the above example death had come as close as the adam's apple but the prophet alaih assalaatu vassalaam's focus was not on the sword or the enemy or his own adam's apple but the creator of all those and thus his answer that saved his life and also convinced the enemy to accept islam..

Especially for those enslaved/addicted to mood altering chemicals, i.e., chemicals that induce an artificial euphoric state (a state of joy,happiness called a 'high) the only means to change100%,change that slave that they make of themselves over the years, is to start changing their behaviors and perception patterns....and who can be a better model for following than rasoolullah alaih assalaatu vasslaam.?

I often ask people, "the kind of euphoria, mood elevation, joy happiness that you feel at the time of iftaar (breaking your fast), can that kind of joy be bought or obtained by any worldly wealth, credentials or rank?"...and the answer is always, "no"...

So why not follow that train of thoughts, practices and perception-patterns that would make each moment as joyous as that of iftaar?

In the Holy Quran Allah asks man, "maa gharraka bi rabbikalkareem" what swayed you away from your generous Lord?

So the secret to the everlasting cure is copying the rasool in every perception, thought, intent and action, and I guarantee that it is the ONLY everlasting cure.and Pakistanis are lucky for having a ta bleeghi jammat that does/teaches/preaches only that.

May we all be graced with it.(amen)

The neuro-biology of shaitaan's workings:

What is shaitaan....?

The word originates from the root, "shatanaah" meaning "going/deviating further from truth/originality/reality"...

When iblees was ordered by allah to show subordination to man by prostrating (sajdaa) to adam alaih assalaam, iblees denied it...

The Absolutely Merciful, Allah then pointed it's mistake to it and asked it, "do you deny my command"? and iblees answered, "you made me from fire/energy and him(adam) from mud/matter", insinuating that it(iblees) was superior to

adam.

So the Absolutely Merciful Allah reminded Iblees again, “did you deny and are you exhibiting vanity in your Creator’s presence?”....

But Iblees, instead of taking the hints and apologizing for it’s conduct, went on to say, “ok, allow me to mislead (adam and adam’s progeny) astray like YOU mislead me through him”.

**So that was when Allah the Absolutely merciful gave Iblees the title..’shaitaan’;
The one who keeps going further from truth/originality/reality:**

- 1.denied it’s Owner’s command,**
- 2. exhibited vanity in The Creator’s presence,**
- 3.Blamed Allah for it’s own mistakes**
- 4. overlooked/ignored/missed the fact that The Absolutely Merciful had pointed out it’s errors to it, to help it realize it’s mistake/s and rectify.**
and Allah compounded it’s punishment by telling it/grading it/branding it ‘rajeem’ the discarded/culled/thrown away...

So shaitaan arrajeem means, ‘the one who keeps distancing from truth and reality and is discarded/expelled/propelled further by Allah’s decree’..

(the above paragraph is quranic content, simplified)

Thus when we say, “aoo’zu billahi min ashaitaan arrajeem...we are saying “I seek refuge with Allah from the evil of the ‘ expelled deviant that continuously goes further from truth/reality’.....

This is how our common enemy works.

None of us is free from our enemy’s access to our brains/hearts, no moment is access to our minds and hearts disallowed to shaitaan, except when one’s lips are moving with zikr-allah (inference drawn from a hadeeth)..

Shaitaan can not harm us physically, it uses our thoughts, and through them our emotions/sentiments to harm us....then through a human’s sickened emotions it may cause physical harm to the other human/s (controlling the one with tarnished emotions as it’s tool).

And it is clearly stated in the Quran that, (not accurately translated), “when a human is decided about breaching Allah’s limits/laws, then Allah let’s loose a shaitaan upon such a human, and that shaitaan takes that human further ,deeper into darkness”...

The major tools of shaitaan, against muslims(by definition those that do not intend breaching Allah’s limits/laws) are:

as mentioned in hadeeth,

- 1. ‘hummm/worry’ and**
- 2. ‘huzan/grief’**

worry :as evident from the word, is always about the future instant, minute, hour, day, month, year and/or generation.

And grief: as evident is always about the past, minute, day, year, episode, situation, result..

So in simple words, this .deviant from originality /truth acts by misleading us away from the given moment(here and now), into, either the mirages of future or the wastelands of the past

I f we pay attention around us, the root cause for all the greed/usury/anarchy, chaos, discord among muslims is ‘WORRY’ of the future enhanced by grievances from the past.

It is worry of the future state/conditions of territory, bank balances, honor, and faith that cause all the pain, fighting, leg-pulling, bribing, cheating in every

family, society and among all warring cultures.

Or it is the grief over something in the past

**In competing for land, wealth, fame, office, power the same mechanism;
allowing thoughts, emotions to deviate into the unforeseen future and wasting the
present, given moment, operates.**

**The ‘permission/decision’ to veer into the future and worry about it comes from
the person him/her- self**

In the case of grief:

**One allows one’s brain, thoughts to delve in the past, and waste the present,
given time and also misses enjoying the blessings the present moment holds in it.**

Either way, as mentioned in the hadeeth, “shaitaan runs with/in the blood”;

Is visible.

**Evidently ,the fear of the future instant/moment/minute/hour, or grief due to
remnants of some inappropriate suffering/perception of the past; their stimulus
is never ‘here and now ‘ .**

**shaitaan just has to direct the data entering our minds through our ears, and
eyes, to that specific centre that enhances/accentuates the fear/desire to
excel/compete, or grieve over some happening of the past, and that is it...we are
the machine that shaitaan rides.**

Relapsing...

Relapsing, reverting to drug abuse, is a part of the recovery process, though not essentially...yet if it does happen, and when it happens, it only adds to the abhorrence one retains/ harnesses against the disease.

As described earlier, the course of becoming an addict is a process, and so is, oftentimes, the organization of recovery; a process that sets in through stages and time. The uphill task of changing one's thought, behavior and reaction patterns is tedious and sometimes the oldest, easiest way to handle undesired, unpleasant situations may regain control of the stressed, worried, lone struggling mind and it may resort to drug abuse simply for momentary relief.

However, the treatment through enhancing awareness, and making the patient's palate accustomed to and a fan of healthful attitudes and behaviors, have already depleted drug abuse of any charms/ joys that it induced in the past...

A post-treatment relapse is only an assault by the armies of misery and the patient only gets gloom, remorse and guilt out of the drug abuse...

This is paying in the sense that it teaches the patient that he/she no longer enjoys drugs, and that drug abuse is no longer fun but melancholic,

"relapse is a part of recovery" is not an encouraging or soothing exaggeration, it is a scientific conviction/principle.

Families as well as patients should immediately resort to professionals in such a case who will use the specific episode of relapse to the patient's advantage.

The analogy that best explains it is the first ever traffic accident that a new driver caused, when instead of lifting his/her foot off the accelerator and using that foot for pumping the breaks, the in-adept, new driver, instead, pressed strongly onto the accelerator and thus caused a traffic accident...

The episode however teaches the driver for ever/good that when in need of slowing down, the foot ought to switch paddles.

So relapse ought not mean the end of the world, but hasty professional help **MUST** be immediately sought.

A good treatment that uses the tools of educating the patient about the disease and treatment, and imparts adequate psychotherapy to evolve in introducing the patient to the patient's real, inner self, squeezes out permanently, the joy in drug abuse..like a patient's wife said, "we at least killed for ever, the fun he had when he abused drugs"

**REPORT SUBMITTED TO ‘PRIME MINISTER SECRETARIAT’S’
VISITING TEAM WHILE TRAINING AT AND VISITING FROM
“N.I.P.A.”(2007)**

The ***biopsychosociospiritual model of addiction*** (Wallace 1996) has been adopted by some academics and treatment professionals because it brings together the many aspects of addiction theory and because no one science has yet been able to argue undisputedly ‘cause and cure, or cause and solution’ equally no *single theory* treatment regime has been successful in excluding all other perspectives. Some theorists acknowledge the reductionism of creating a paradigm which excludes components of this model and seek to add secondary reinforcing evidence in support of an inclusive model. For example, in bringing together the psychosocial and genetic determinants of addiction; “the quintessential biobehavioural disorder” together (Leshner 1999), an integrated pathogenic view of addiction enables treatment to include, social, behavioural and biological aspects, in combination with pharmacotherapies (Baxter et al. 1992, 1996; McLellan et al. 1993; O’Brien 1997; Project MATCH Research Group 1997; Schwartz 1999).

Author Yvonne Oliver, Chief Executive of Ripple Drugs Services in the UK..

SOCIAL SCIENCE AND PSYCHOACTIVE SUBSTANCE USE

Gerry Stimson, Imperial College

Drug use, social environment and culture

Drug experiences are malleable and are shaped by culture. There is not a straightforward link between their use and how people behave, feel and think. There are major cross-cultural and historical variations in use, for example the way in which people are taught the culturally appropriate way to drink and get drunk. This is also a 'disease' whose course can be changed by social and psychological interventions. One promising area for future research is of understanding the interaction between neural processes, social environment and culture to unlock the links between social and pharmacological aspects of drug use.

The front against the disease in developed countries:

1. There is a separate body/board that would accredit counselors/psychiatrists for working with drug addicts.

2. In all developed countries, due to the conviction of the disease being of a 'bio-socio-psycho-spiritual' nature, all components of the society are incorporated in combating this disease: eg.,

(i) general practitioner who refers the patient/family to rehabilitation facilities (ii) the employer whose employee is addicted has recourse to local courts (iii) local courts do not as a rule, reprimand the addict, but refer the addict to rehabilitation facilities and maintain a follow-up of all referred cases, besides the first time offender's job can, not as a rule, be terminated (iv) families have recourse to local rehabilitation facilities, that may with the family's permission get help from the local police to bring an unwilling patient into treatment (v) the head of the local mosque/church/synagogue/pagoda is accessible for all such

families and patients and can intercede on their behalf to refer a patient to a rehabilitation facility(vi)self help groups of mothers/wives/families/children of addicts that advertise their presence with the help of large business conglomerates which benefit through tax-exemption for such services(vii) self-help groups of recovering/intending to recover/recovered addicts, these groups however tend to manage their affairs on their own since their ability to do so is a measure of their sobriety or intent of sobriety.

such a wide network of support and check provides the support system or the motivational incentive to get sober and remain sober.

3.The rehabilitation facilities use multiple tools from a variety of disciplines; medical science, religious theology and , social sciences, however; the entire process works to exploit the rehabilitated addict's experience as an element of a work-force that works against the disease. The number of rehabilitated addicts employed by a rehabilitation facility is considered an index to the good results of that specific rehab.facility.

4.recovered/rehabilitated addicts are sponsored by various social organizations, business conglomerates, government ,and privately owned rehab.facilities to acquire academic credentials relevant to fighting the disease of addiction.

ALMOST all 'drug counselors' working in rehab. Facilities are ex-addicts who have the academic credentials and the certifications from 'accreditation boards' for such professionals.

No drug counselors are allowed to practice unless they have an accreditation board's approval.

5.Each government above focuses mainly on 'awareness enhancement of it's public' in order to 'reduce the demand for drugs' in it's public.

Although 'checking/reducing supply' of drugs is maintained, yet the time old temptation of easy money, associated with 'supplying drugs' has convinced them that a better, faster. easier recourse to combating the menace of drugs, is to educate their public about the hazards of drug abuse....and it has worked.

How can we help our Pakistani populace:

Although, the vast majority of treatment facilities in Pakistan work as 'rescue teams' for the family members of an addict, i.e., they simply abduct the addict and lock him, providing temporary relief to the family, and ofcourse prolonging the physical age of the addict by keeping him/her free of drugs in the locked up period, and such lockups become training grounds for the less informed addict, to learn more about abusing and getting away with it, yet "any treatment is better than no treatment".

In order to actually rehabilitate the addicted population, and it is 7% of our population(quoted from the state deptt. Of U.S.A's statistics for Pakistan in 2001) ,which translated into paksitani standards would mean:

- (i) if each family has 5 members on an average
- (ii) then out of each 20 pakistani familes, 7 are associated with an addict,directly or indirectly meaning that every third household in Pakistan is dealing with the psycho-social trauma of addiction, through their son or daughter, or uncle, or son in law, or father or mother.
- (iii) The above statistics do not encompass the female population of Pakistan, since the stigma related to drug abuse, prevents women from coming forward and admitting disease.

The disease is the ONLY disease detrimental for the healthy members of the family, long before the addict suffers the brunt, because of the economic burden, the inability to share their grief with in their social circles, fearing being stigmatized, and having to deal with the fouls the addict commits all around.

We need to:

1. frame a policy that stresses on a rigorous awareness enhancement movement in all Pakistani media. It can be achieved if there is a statutory compulsion for all private t.v. networks to use at least 20 minutes of their prime time transmissions, to educate their viewers about the disease, its signs, its treatment and the fact that it is not a stigma but a disease. (monotonous advertisements and repetitions of past programs ought to be discouraged).
2. syllabi of schools/colleges, from the high school level upwards must have topics educating them about the disease (the present situation in Pakistan is that a fresh M.Sc. of applied & clinical psychology has only a three day experience of working with addicts, throughout the academic tenure, M.Sc graduates in the discipline of 'human resources' have not a single day of experience with addicts, M.B.B.S. graduates have only a 20 page essay in their 150 pages of the book of psychiatry syllabus).
3. Each school/college must have a 'drug counselor's' day so that students with problems could communicate without fears of being stigmatized.
4. A.N.F. which being an army dominated organization, is most trustworthy in naming ex-addicts that can be sponsored by the government, or by multinational companies coaxed by the government, to travel abroad and attain training as 'drug counselors' so that the foundations for an 'accreditation board' in Pakistan can be laid down.
5. The clergy of local mosques must be incorporated, educated about drug abuse and requested to spread the message through their sermons.
6. self-help groups, for families of addicts, or children of addicts must be organized through the A.N.F's encouragement and the presence of such groups must be advertised by t.v. channels, free of cost.
7. rehabilitation of addicts is possible through government institutes but the 'temptation for easy money' that the street pusher is subject to, is as true for the paramedical staff, or the janitors etc., of such govt. institutes; therefore, private rehabilitation facilities, where a single person is responsible for keeping the facility absolutely drug free ought to be encouraged, and the choice of such facilities must be made by A.N.F.
8. rehabilitation, by definition means, pulling something apart and then rearranging it in a healthier/normal manner; is an expensive enterprise, therefore, at A.N.F's directives, the chosen rehabilitation facilities must have recourse to the zakat funds through their patients' local zakat committees.
9. ex-addicts with academic credentials qualifying them for being a part of policymaking and implementation must be incorporated at governmental level, and the government must encourage through incentives for doctors, to obtain M.Sc. in drug abuse and alcoholism.
10. Drug addiction was recognized as a disease, in mid 30's of the last century by the west, however it took them 70 years to grow to accept it

as a disease and not a stigma, president bush made a permanent office for “faith-based community initiatives” in the white house(May-2002)....since faith-based modalities for drug addicts’ rehabilitation have the highest success rates the world over...the latest policy of the white house for drug abuse is posted at:www.whitehousedrugpolicy.gov/publications/policy/ndsc07/chap2.html

11. Thus the fact that we, in the third world are beginning to discuss this at this highest level of public service, is a step, a very big step forward.

LETTER FOR/TO MY SON AND DAUGHTER

Life's goal/aim

My dear son, Ibraheem and my dearer daughter aminah,
I have learned that there are only 2 goals/aims available to any/every human being, and this is, was, and will remain true forever.

#1. yearning for peace, serenity, satisfaction, contentment.

#2. yearning for richdom, fame, power, superiority.

Those that choose #1 as their life's goal :

come to realize that each living moment is peaceful, serene, satisfying and inducing contentment, richened by the Creator with more joy than the previous moment when the mind's focus remains on the Creator.

(The Creator of : them, & the moment they are in & the situation the moment has brought with it).

These are happy people. Often envied.

Those that choose #2 as life's goal :

toil hard for material wealth, power, fame, superiority until it is big/fat/obvious enough to allow relaxing/resting, and as soon as the break thins the power, or fame or material wealth or superiority, they start toiling again till the magnitude/size/quantity/clout of fame, power, material wealth or superiority is again fat/big/obvious enough to allow another relaxing break for creating joy/fun for themselves and their loved ones.

These are people busy in the process of crafting lasting joy/happiness. Often apprehensive.

I use this diary because The Creator chose to distance my son and daughter from me so that I should write my advice to them such that all sons and daughters of the planet have access to a father's sincere advice to his children...

Some day I hope they will read my writing and hopefully they will choose #1 as their aim/goal in life and not #2.

Because #2 is a waste of time, energy, emotion, resources and life. And the misery of grading one's own peace of mind through the index/markers/standards made by someone else, is slavery.

I wish my son and daughter be free human beings always with Allah on their minds.(amen)

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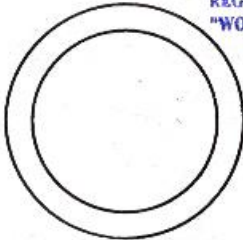
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GOVERNMENT OF THE PUNJAB

Schedule II
FORM C
(See Rule 6)

حکومت پنجاب

DIRECTORATE OF SOCIAL WELFARE

جدول ۲
فارم سی
(ملاحظہ ہو لاء ۶)

نظامت معاشرتی بہبود



CERTIFICATE OF REGISTRATION

رجسٹریشن سرٹیفکیٹ

Registration No. DO:SW,WD&BM(REGD)-1330/LHR of 19x 2003.

رجسٹریشن نمبر

بابت 19

I hereby certify that ISLAMI RAH-E-RAST,

میں تصدیق کرتا ہوں کہ

101, 102, JAFAR TOWN, 2-K.M, RAIWIND ROAD, LAHORE.

has this day been Registered under the Voluntary Social Welfare Agencies
آج ادارہ ہائے معاشرتی بہبود (رجسٹریشن و کنٹرول) آرڈیننس 1961ء

(Registration and Control) Ordinance, 1961 (XLVI of 1961).

(46 بابت 1961ء) کے تحت رجسٹر کر لیا گیا ہے۔

Given under my hand and seal at

LAHORE

میرے دستخط اور مہر سے بمقام

this 23RD

day of JULY

بتاریخ آج

ماہ

One Thousand Nine Hundred and TWO THOUSAND THREE.

جاری ہوا

سے ایک ہزار نو سو

(MRS. IQBAL LIAQAT MALIK)

Registration Authority

رجسٹریشن اتھارٹی

Note—Loss of this Certificate must be reported to the Registration Authority within seven days.

نوٹ—اس سرٹیفکیٹ کی گمشدگی کی اطلاع رجسٹریشن اتھارٹی کو سات دن کے اندر اندر پہنچ جانی چاہیے۔



National College of Arts

MINISTRY OF EDUCATION, GOVERNMENT OF PAKISTAN

4, Shahrah-e-Quaid-e-Azam, Lahore-54000, Pakistan.
Tel : (042) 9210599, 9210601, Fax : (042) 9210500

No: NCA/1209
Date: 22-5-2008

TO WHOM IT MAY CONCERN

Dr. M. Mahmood Rafiq (M.B.B.S.) delivered an Interactive lecture to our students in March 2008.

He was introduced to us by Anti Narcotics Force Commandant Punjab, Brig. Babar Idrees, as a specialist in his field.

His speech enlightened the audience, and alarmed them of the drug Abuse's menace plaguing our society, specially the youth. During his lecture he used slides and other visual materials which really educated and emotionally moved the students.

His treatment philosophy and his "Rehabilitation Facilities" available at "Rah-e-Rast" are extending a great help and support to the people of Pakistan.

I wish him all success and also resolve to support him in every way possible.

Mrs. Shahnaz Malhi
Associate Professor
NCA, Lahore.



COUNSELING CENTRE

Lahore College for Women University, (LCWU)

CERTIFICATE OF APPRECIATION

This is to certify that Dr. Mahmood Rafique; running treatment centre for drug addicts participated in one day seminar on Awareness against Drug Abuse among students at Educational Institutions. The seminar was organized by Ministry of Narcotics Control Anti Narcotics Force, in collaboration with Student Service Centre, Lahore College for Women University (LCWU), Lahore. This activity was part of awareness campaign for young generation. The seminar was held on 30th January, 2008, in the Seminar Hall of Student Service Centre, LCWU.

Dr. Mahmood Rafique shared valuable thoughts about the underlying causes of drug addiction. He as an ex-addict shared his own life experiences. He emphasized the importance of traditional child raising practices in our society. He also talked about the need of morality and ethics within ourselves. The university authorities appreciate the presentation of Dr. Mahmood Rafique and thankful for his active participation and cooperation. We are looking forward of his participation in such awareness activities in near future.

Prof. Dr. Bushra Mateen

(Vice Chancellor)

Lahore College for Women University

Lahore.



LAHORE UNIVERSITY OF MANAGEMENT SCIENCES

Dr. Mahmood Rafiq, project director of the therapeutic community "Rah-e-Rast for addicts" addressed the religious society at LUMS at the society's behest, in March 2005 and again in March 2006. His latter lecture that lasted 2 hours was recorded on video and was added to the LUMS library. His Urdu book named, "Nasha, Marz, Ilaaj, Shifaa", was also added to our library.

Dr Mahmood spoke in March 2005 about the pros and cons of drug abuse, and in March 2006 he spoke about 'healthful ways to mood enhancement' (ways other than mood altering drugs of abuse). His lectures were cogent in the sense that it made a difference to many students who considered gateway drugs like "charas/marijuana/hasheesh" less harmful than stronger drugs of abuse.

We hope his English book appears soon and wish him and his therapeutic society success in its effort to eradicate this disease from the Pakistani society.

We would certainly like him to address our student body again.

On behalf of:

Hadi Babar Khan.
External Relations Manager
LUMS Religious Society



Government College University Faisalabad


Prof. Dr. Shahid Mehboob Rana
Dean Faculty of Science & Technology

Dr. Mahmood Rafique,
Project Director, Rah-e-Rast,
101-Jaffar Town,
2 KM Raiwind Road, Lahore.

Dear Dr. Rafique,

I on behalf of students and staff members of the University extend our appreciations to you for interactive lecture delivered on disease, treatment and cure for addictions on March 3rd 2008.

We sincerely wishes that advice and services of technocrats shall be effectively utilized for such life threatening plagues, as the unabated spread of drug abuse / addiction in our society..


(Prof. Dr. Shahid Mahboob Rana),
Dean

23RD JULY 2008 (2ND DAY)

PROGRAMME

Topic	TIME	Speaker/Responsibility
A case history of recovering drug addict	0930-1030 hrs	Dr. Mehmood Rafiq
Discussion / Question & Answer	1030-1100 hrs	
Light Refreshment	1100-1130 hrs	
Group Discussions	1130-1215 hrs	
Presentation-resolution/ Fatwa against Illegal Cultivation of Poppy and Drug Abuse obtained from Maulana Yaqoob Sharodi, Madrassa Jamea Rasheedia and Sheikh-ul-Hadith, Maulana Abdul Khaliq, Jamia Mulla-ul-Aloom, Quetta	1215-1300 hrs	Regional Directorate
Discussion / Question & Answer	1300-1320 hrs	
Vote of thanks	1320-1350 hrs	Directorate GeneralANF
Lunch/Prayer	1350-1350 hrs	
Dispersal of Participants	1500 hrs	



Punjab

**Seminar on Support of Ulema
Against Poppy Cultivation
and Drug Abuse.**

Lahore, 22-23 July 2008

ORGANISED BY

ANTI NARCOTICS FORCE (PUNJAB)

In demonstration of gratitude and appreciation, for,

Dr. M. Mahmood Rafiq Sarwan (M.B.B.S.)

The Principal ~~LT. COL (RET) YOUSUF AZEEM~~ of GARRISON BOYS HIGH SCHOOL

Express through this testimonial, the academic value of the enlightening interactive lecture delivered by Dr. M. Mahmood, to our students and staff about the disease, treatment and cure for addictions on 29th of Oct 2007.

His books published about the same issue, in coordination with A.n.f. Punjab ~~were~~ ^{has been} added to our library.

We sincerely wish that his founded Institute, "Rah-e-Rast for Addicts" manages to eradicate the scourge of drug abuse from our society.

Dr. Mahmood's insight of the disease process and the cure stipulated, is exceptionally congruent with Pakistan's indigenous 'predisposing and disease promoting' factors.

We sincerely wish that our Government would heed to the advice of such technocrats in case of such life threatening plagues, as the unabated spread of drug abuse/addiction in our society.

Signed and stamped by : PRINCIPAL

Dr. Mahmood Rafiq
Project Director: Rah-e-Rast,

0092-(0)301-8419461; 0092(0)42-5300187

www.rah-e-rast.com


Lt Col (R)
Principal
Garrison Boys High School
Lahore Cantt
(Syed M. Yousof Azeem)



To Whom It May Concern

DR. Mahmood Rafiq
Project Director: Rah-e-Rast,
Therapeutic Community for Drug Addicts.
Rah-e-Rast,
101 Jaffar Town,
2km Raiwind Road Lahore.
Tel. # 5300187, 03018419461

Dated: 24th of September, 2008.

Dr. M. Mahmood Rafiq, Project Director of "Rah-e-Rast for addicts" was interviewed on our channel's most viewed program, "LUCMAN.COM" in august 2007.

It was a 45 minute program and Dr. Mahmood's insight of the disease, treatment and cure for drug addiction and the easily understandable language he used to explain the science of the disease and treatment, proved extremely valuable for our nation's youth.

The anchor person of the program, Mr. Mubashar Lucman classified the interview as his favourite and the interview was telecasted again as an ode to Mubashar Lucman at his farewell from our channel.

Indeed the enquiries that flooded our offices after the interview, testified to the advantage, Dr. Mahmood's dialogue carried.

We sincerely wish that such technocrats be exploited by our governments to combat the scourge of drug addiction before it paralyses our youth.

We wish Dr. Mahmood Rafiq all the success in his mission to annihilate this epidemic from our great society.(Amen)

Asim Ateeq

Asim Ateeq

Bureau Chief
Business Plus TV
Lahore.



Total Media Limited

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Office of the

**PROJECT DIRECTOR
PUNJAB AIDS CONTROL PROGRAMME**

7th Floor, LDA Plaza, Egerton Road, Lahore.
Ph: 042-9200982, 9201098, Fax 042-9203394



No. PACP/RTC/ 661

Dated: 30-07 2008

LETTER OF APPRECIATION

This is to certify that Dr. Mahmood Rafiq, Project Director, Rah-e-Rast, Raiwind Road, Lahore, has been actively working in collaboration with Punjab AIDS Control Programme, on prevention of HIV/AIDS and treatment and rehabilitation of drug addicts. During past years, Dr. Rafiq has diligently worked to achieve the ambitious goal of preventing drug addiction among scattered and hidden population of injecting and non injecting drug users. In this endeavour, his organization has worked in collaboration with Anti Narcotic Force Punjab. He has also worked for disseminating correct information regarding the menace of drug abuse among all walks of life and opinion leaders of the society, especially religious leaders, through media and lectures and seminars at reputed academic institutions. In 2004, he has done a commendable job by writing a book titled "Nasha – Marz, Elaj and Shifa" on deep-rooted dynamics of drug abuse which is a source of enlightenment for general public.

May Allah bless Dr. Mahmood Rafiq with greater zeal to carry on with such noble work and more successes in future.

Dr. Ali Razaque
Project Director
Punjab AIDS Control Programme

CH