



better to be the recipients?

We should not be afraid of mentioning Leipoldt's sexuality; there is no one to hurt now, and why not celebrate an important aspect of his nature that contributes as much to his achievements as it did to his silent pain and despair?

Robert M Kaplan

The Liaison Clinic
Wollongong
New South Wales
Australia

1. De Villiers JC, C F L Leipoldt (1980 - 1947) — journalist doctor. *S Afr Med J* 2004; **94**: 552-556.
2. Emslie TS, Murray PL. *Leipoldt's Food and Wine*. Cape Town: Stonewall Books, 2003.

Psychoneuroimmunology — mind-brain-immune interactions

To the Editor: The authors are to be commended on the above article,¹ yet it does not go nearly far enough. The sequence of a subconscious thought leading to a negative emotion (anxiety, fear, guilt and anger) resulting in a negative behaviour has long been established. Perhaps the first published comment was by Breuer back in the 1880s! Be aware that a pathological disease process may well be a behaviour, whatever biological pathway is followed!

The references provided are scarce indeed — let no reader be misled. There are many hundreds of research articles confirming the clinical experience that early life experiences — pre-natal, birth and infancy — are responsible for many problems later in life. I have referred in published papers to diseases such as certain cancers and autoimmune disorders as 'malignant psychosomatic disease' — all treatable according to

one of three goals depending on the patient's level of autonomy: palliation, facilitation of medical or surgical management, and cure.

Modern modalities of clinical hypnosis are extremely useful in uncovering the causative events, allowing a profound change in even 'catastrophic' negative outcomes. The largely blinkered vision of the healing professions in regarding medical hypnoanalysis and ego state therapy as oddities or 'not very useful' in general medicine is a tragedy for the public at large. The book I wrote and advertised through the *SAMJ* was purchased by just three doctors! So much for self-motivated CPD.

The South African Society of Clinical Hypnosis (SASCH) provides training recognised by the International Society of Hypnosis (ISH) — in fact it is the only ISH-affiliated society that offers training in all the modalities under one roof. The Society (a Division of PsySSA) may be contacted at (012) 365-3647 on weekdays between 08h00 and 12h00.

I would also caution against the global perception that alcoholism has a genetic background — the article by Professor Pienaar in the same issue of the *SAMJ*² says that it 'plainly occurs in certain families'. Professor Pienaar correctly points out that 'it may result' from such a source. We are mindful of the fact that these families are severely dysfunctional — this is the primary reason for learned behaviour such as using substances to alleviate the pain inherent in such families. A behaviour that is learned can be unlearned, and this is far more easily accomplished with early intervention.

Trevor Modlin

PO Box 29041
Sandringham
2131



1. Whitesman S, Booth R. Psychoneuroimmunology — mind-brain-immune interactions. *S Afr Med J* 2004; **94**: 259-261.
2. Pienaar W. The treatment of alcohol dependence — new horizons. *S Afr Med J* 2004; **94**: 264-266.

Drs Whitesman and Booth reply: The intention of this review was to provide a scientific rationale for the exploration and clinical application of the mind/body connection in medicine and health. At the request of the Editor of the *SAMJ* we limited the review in terms of both words and references; it was preferable to have an abridged article published with limited references rather than not having the topic in mainstream academic debate where it belongs. Given this situation, we carefully chose references that would be a springboard to the considerable amount of information available on this subject.

The field of psychoneuroimmunology no longer seems to be restricted to the exposition of interactions between mind, brain and immune systems (as we suggest in our conclusion), but 'ranges in topics from effects of psychosocial factors on the whole organisms to events taking place at the termini of the neuroendocrine-immune axis' (see *New directions in psychoneuroimmunology: A critique. Advances* 1996; **12**: 5-15). Elucidation of the degree of influence and clinical relevance of these factors on illness and health — including the effects of early childhood and unconscious mental processes — remain challenges in this field. Furthermore, consideration of the philosophical issues of an integrative, as opposed to a dualistic, view of the mind-body continuum is in its relative infancy. It was our hope that an article of this nature, while limited in content, might begin a more substantial debate on the relevance and implications of these data in the South African context.

What Islam does not need is a pope!

To the Editor: Your editorial in the June *SAMJ*¹ refers. I take strong exception to your simplistic arguments and views on Muslims and Islam. While you may be competent to write on matters medical, you are in no way qualified to be the self-appointed spokesman on 'what Islam needs'.

The immunisation fracas in Nigeria is well known and understood. But however important herd immunity may be, it is the constitutional right of every individual to refuse medical intervention they do not want.

However, this is not the crux of my objection. What disturbs me is that two-thirds of your editorial is focused on Islam and the augmentation of the negative stereotyping daily seen in

most of the mainstream media. What on earth have the Taliban and their perceived past 'injustices' got to do with the current immunisation crisis in Nigeria? For your information, the current situation in Afghanistan is infinitely worse under the US puppet Kharzai than it was under the Taliban. Poppy production has increased some 600%; the abuse and rape of women has dramatically increased; law and order has deteriorated, with large no-go areas run by warlords; curfews are the order of the day. The common citizen is much worse off than at any time during the Taliban rule (during which poppy production declined dramatically). Women had more (yes, more!) rights and dignity than they have now — true rights granted to them in Islam, and not the superficial so-called democratic rights of the West. (Anyone who has made an unbiased study of Islam would be able to verify this.)

Your comments on terrorism and the despicable beheading of an American predictably point a finger at Islam, by simply restating what is presented as fact in the media without any proper critical evaluation, e.g.: (i) who truly stands to gain from these events? (ii) are the perpetrators really Muslim? (iii) have the many thousands arrested been convicted in an unbiased court of law? and (iv) are the repeated video tape releases really authentic? Note that the CIA has stated unequivocally that they are prepared to go to any lengths in their so-called war on terrorism, including media misinformation.

If it is *proven* that these acts, and others (e.g. 9/11), are perpetrated by Muslims in the name of Islam, than any true Muslim will condemn them in the strongest possible terms. You state that the Muslims known to you 'are all decent, gentle people' — surely this stereotyping, which is enhanced by your editorial, does not apply to them?

Finally I maintain that it is not your call to say that 'what Islam needs is a pope'. Leave this to the Muslims to decide for themselves. After all, the Christian Pope could not prevent the illegal and immoral killing of thousands of innocent men, women and children in Iraq, by the Christian fundamentalist president of the United States!

My view is that your editorials should stick mainly to medical matters, and if you do happen to venture into fields such as religion, you should make an informed and broad-based analysis of events, not confined purely to selected and unverified mainstream media reports.

S A S Haffejee

32 Berea Road
Durban
4001

1. Ncayiyana D. What Islam needs is a pope (Editorial). *S Afr Med J* 2004; **94**: 385.