



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.

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