

THE ART OF HEALTH  
PROMOTION IN ISLAM

&

THE CONTEMPORARY PUBLIC  
HEALTH CHALLENGES

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# Foreword

Noble aims are behind writing this work. I would lend the following thought to begin it: "It is easy to criticize the philosophical resignation of Muslims and to point to its flaws; yet one has to admit that even those thinkers who have most profoundly analyzed the nature of things have failed to produce a wiser view of life. A mentality which offers man happiness is not to be dismissed lightly, even if it does not always do a great deal for the progress of civilization." So is it true that the Muslim faith has generated a world? And what prospectus does this faith promise to contribute in solving the wide range of formidable challenges facing the health of people all over the world? Health, hygiene and preventive measures are central issues in Islam and have been excellent from the earliest days of Muslims; and practices that promote health as attributed to the Holy book of the *Qura'n* and Prophet Muhammed's tradition or "*Sunnah*", which are the principle sources of Islam, are above reproach. Both offer a cohesive outlook on life, at the center of which stands human well-being. Fundamental concepts in the *Qura'n* and *Sunnah* mean safety, wholeness and integrality as opposed to danger, fragmentation, and destruction through disintegration. The *Qura'n* describes the function of genuine faith in God as saving humankind from disintegration and cementing their personalities.

So the definitive sources of Islamic doctrine and practices are two: the *Qura'n* and *Sunnah*. The *Qura'n* consists of the messages which Prophet Muhammed received from God, *Allah*, from 610, the year of his call, until he died in 632. These passages were collected and recorded during his own lifetime. But the *Qura'n* was also memorized by many Muslims, sometimes in its entirety, and parts of it are to be daily recited in prayers.. The *Qura'n* has remained intact throughout Islamic history. It comprises 114 Suras, or chapters, of unequal length. The *Qura'n* has been the source from which

Muslims have derived not only their law and theology but also principles and institutions of their public life. It is not a book of science or medicine but is a book of guidance, the principles of which are characterized of inducing very profound and potent inspirations and forces for all sorts of intellectual progress. It has been translated into all the major languages of the world and has appeared in a large number of English translations in recent years.

The second definitive source of Islam, after the *Qura'n* is the *Sunnah* of the Prophet. The term *sunnah* means the example or model for others to follow. The *Sunnah*, therefore, purportedly gives us the precepts and actions of the Prophet outside the *Qura'n*. The reports through which these precepts and deeds are conveyed are called *Hadîths*: lore that were handed down by word of mouth from one generation to another. From the early centuries of Islam many collections of *Hadîths* were made by eminent Muslim scholars, six of the most important of which have been canonized as “genuine” *Hadîths*. The “science of *Hadîths*” is a highly honored science of Muslims, and the accuracy characteristic of its methodology and the devotion of its masters were unprecedented. It is an art that checks and filters through very strict criteria both the qualities of those who narrated those *Hadîths* and also the meanings of those sayings as whether or not they sense and smell like or have the spirit of being Prophetic. The scholars of the science of *Hadîths* have compiled the books of *Hadîths* after a thorough search, vast investigation, careful examination, systematic studies and close analysis regarding their authenticity. They strictly scrutinized the lore and their narrators. They collected and discussed the life histories and lifestyles of the narrators and thus expressed definite opinions about them. Undoubtedly, these great efforts of these scholars were laborious and painstaking as they frequently used to travel on their feet for hundreds of miles in those days of hard travel, to get a single *Hadîth* to be collected in their books. They devoted their lives for this sacred purpose, and today it is because of their restless efforts that every act and every word of the Prophet is preserved, and unchanged. The book of *al-Bukhari* of Correct *Hadîths*, or “*Sahih al-Bukhari*”, and that of *Muslim* (name of the scholar) of Correct *Hadîths* or “*Sahih Muslim*”, are of the most famous in relation to their high qualities of accuracy and scrutiny. Other important

scholars of *Hadīths* were *Abu-Dawood*, *al-Nissâi*, *al-Trimzy*, *Ibn-Majja*, *Malik*, *al-Dialamy*, *al-Dahabii*, *Ahmed Ibn-Hambal* and many others.

When writing or saying anything about the Prophet, the name of the scholar who collected and corrected that *Hadīth* should be mentioned to know its degree of correctness and accuracy. Only correct *Hadīths* should be used by Muslims, an important endeavor to keep this definitive source of Islam patent, intact and in a maximal state of originality. This is why people use the terms “related by *al-Bukhari*, *Muslim*, *Abu-Dawood*, *al-Nissâi*, *al-Trimzy*, *Ibn-Majja*, *Malik*, *al-Dialamy*, *al-Dahabii* or *Ahmed Ibn-Hambal* and so on when referring to any of the Prophet’s *Hadīth*. In that I could not be any different. When a saying or *Hadith* of the Prophet is quoted in this thesis, the reader would therefore observe that I am always trying to refer to its relations with one of these authentic *Hadith* books.







# 1

## INTRODUCTION

### 1.1 The Art of Healing: Western Ethnocentricity Or “Ancient Wisdom”?

*A great thorough-going man does not confine himself to one school, but combines many schools, as well as reads and listens to the arguments of many predecessors.*

Kuo Hsi [Walsh, 1996].

Western medicine alone, and for more than two centuries, was deemed worthy of serious consideration. Non-Western systems were viewed as primitive and inferior. The 19th-century British envoy to a big Asian country made himself famous by remarking that he had never felt the need to learn that Asian language because he knew that those people had nothing worthwhile to say [Walsh, 1996]. Westerners’ common assumption is that there is only one system of thinking that is real and describes “the truth”, which is theirs’, while other competing models are false. Western scientists generally have rejected Eastern approaches, for example in health and healing practice, without a fair trial and have regarded them as little more than muddled and fuzzy religious system [Goleman, 1988]. Though complete systems and natural ways of life, exist and had dominated one day, and for extended centuries of unprecedented human civilization, the arena of both political and scientific development, however, only very little is known about them. An orthodox and flagrant example of this sort of cultural elimination, ignorance or even purification to the other is the way the West used to look at the Islamic ideology. What is rather known is the front-page distorted picture the media makes about Islam as a source of

tension and terror in the world, despite the real fact that Islam and Muslims are victims and not a cause of terror and tension. It is in this century of global absence and withdrawal of Muslims' and Islamic political and social governance, hence the absence of the Divinely guidance of such an amazing and problem-solving book like the Holy Qura'n, it is in this terrible and unique century that we have seen more blood shed and suffering than in all and any other in the long and tortuous history of the human race. It is the dominating, and not the weak, powers that should be blamed for this injustice, tension and terror that led to these massive blood sheds! It is also the responsibility of this dominating power to look for alternative solutions for its own-hands-made problems.

The predominant feature in the intellectual scene as we approach the end of the 20th century is the increasing conviction that the dualistic-materialistic paradigm that has dominated world through for several centuries is not the solution of the world's devastating health status, if not contributing to its worsening. This dualistic-materiastic paradigm is, in fact, showing rapid decline -even collapse- [Sing, K., 1996]. Debate is going now at the intellectual health and medical scene: there is need for a conceptual revolution, and there is quest for a holistic vision of human life and human health.

The reach and penetration of the Islamic faith into dimensions of private and public life has not yet been investigated. It is too extensive and profound to be easily ignored; and it has a lot to say and to do and to play in solving the formidable problems facing the health of the whole humanity. In contrary to the Western approach of dismissal and rejection to the other, inherent in the Islamic approach is the desire for cooperation with the other, assimilating and synthesizing with what is good and wholesome and abandoning what is harmful and unwholesome, guided in all that by Heavenly Scriptures.

## **1.2 The Human Health: A Devastating Portrait**

Formidable challenges are facing human health. A devastating portrait of our times is the health status of the people of the world. As this century draws to a close, the world faces the most pressing concerns in modern memory regarding health and healing. Children, adolescents, adults and elderly of the world and of both sexes, are all suffering, stark and often shocking inequities in health and in access even to basic

health care are occurring. Just think of the figure: more than one billion people in this planet live in extreme poverty, we can then imagine how grave are the challenges facing the universe in its 21st. Century. For many people in the developed world, improvements of the quality of their lives are taken for granted. At the same time and in many parts of the world, vast numbers of people of both sexes and of all ages are suffering and dying for the want of safe water, adequate sanitation and basic medical care. Just for example, only 5% of global expenditure on health research is concerned with the needs of developing countries, which suffer 93% of the world's premature mortality [WHO 1995]. This, in the last few years of the 20th. Century, is unacceptable [Nakajima 1995]. The widening gaps between not just rich and poor, but between the poor and the poorest of all, and between those who have access and those who are denied it, pose a serious situation that needs to be urgently recognized and countered. Growing inequity is literally a matter of life or death for many millions of people, since the poor pay the price of social inequity with their health. Even for the affluent world, the increasing incidence of chronic illnesses among these increasing numbers of aging populations, also pose new and unprecedented challenges to the health care systems of these communities.

### **1.3 Annoying Health Figures**

The challenge is to prevent the world heading towards a health catastrophe, losing all of a sudden many of its modern great achievements in health. The *World Health Report* [1996] shows that we also stand on the brink of a global crisis in infectious diseases. No country is safe from them, no country can afford to ignore their threat. At least 17 million people were killed by them in 1996, including 9 million young children who died from such preventable causes as diarrhea, measles and pneumonia. There are already worrying increases in cholera, malaria, tuberculosis and plaque, which are again making a deadly comeback in many parts of the world, while immunization rates against potentially fatal diseases are beginning to stumble backwards in some countries. In addition to HIV/AIDS, other new and highly infectious diseases such as Ebola haemorrhagic fever are emerging at an unprecedented rate. Until recently, antibiotics were regarded as the solution to many infectious diseases, but today they are becoming less and less effective as resistance to

them spreads. Fears are also growing of a possible food chain link between bovine spongiform encephalopathy (BSE or “mad cow disease”) and a form of the incurable Creutzfeldt-Jakob disease in humans.

As Nakajimo again described [1996]: “*Today’s crisis is likely to get worse before it gets better.*” Internal and international movement of populations mainly of refugees and migrants as part of a continuous mainly man-made crimes against humanity, haphazard and uncontrolled urbanization, changes in patterns of land use as well as in ecology and climate, all are new opportunities for an ill humanity.

Changes in lifestyle and behavior, disrupting social values and systems, spreading phenomenon of nuclear families, increasing tension in daily domestic life and at worksite, are also growing sources for mental illnesses and psychic disturbances. Already, many hundreds of millions of people worldwide are affected by some form of mental disorder. This situation imposes a heavy burden of human suffering on individuals and their families and have enormous direct and indirect financial costs. In fact, their impact on society is likely to become more and more profound in future years. The latest World Report [1997] estimates that there are 400 million cases of anxiety disorders and 340 million of mood disorders. Schizophrenia alone accounts for 40 million people. Let alone the different types of substance abuse with their impact on both mental health and public health in general. About 120 million people are alcohol-dependent, and most of the almost one and half billion world’s smokers are probably dependent on nicotine. There are an estimated 28 million drug users. Eight hundred thousands' deaths from suicide alone are recorded every year, and experts believe that the actual figure is much more greater. Many deaths attributed to accidents are, in reality, believed to be disguised suicides. Although suicide is in direct relationship with age, recently, however, an increase in suicide rates among young people (both men and women) and even children, has also been observed.

Annoyingly terrible figures were also presented on that latest World Report of 1997 about child abuse and violence against children. This can take the form of physical abuse, sexual abuse, emotional abuse and neglect. However there is lack of data, and in fact difficulty in getting real data. Although studies suggest that the rate of presumed abuse and neglect in children under 5 years could be between 13 and 20 per 100 000 live births surveys of adults in several industrialized countries suggest that 10-15% of children, majority of which girls, are victims of sexual abuse, many fact by close relatives: another new surprise of today’s civilization.

## 1.4 The Future

What is going to happen next nobody knows. Over the last few decades our medical practice has moved more into the area of suppressing symptoms than treating the causes of maladies. The use of “wonder drugs” minimizes the human contact between doctor and patient, reducing the former’s role to little more than a dispenser. The arrogance of our medical profession has caused there to be a false emphasis on our appearance. Everything looks beautiful - the teeth gleam, the hair shines, but if you touch them they fall to pieces because they are not real. Modern medicine refused to see the ecological inter-connectedness of everything. It has been fragmented into small individual disciplines [Hamarneh & Munawar 1983].

More and more health consumers from every level of society in different parts of the world are resonating with questions expressing their dissatisfaction. With increasing fervor, they ask to be viewed in a more holistic and humane fashion. They are no more impressed by credentials, training, and technology as far as they feel alienated. They look for alternatives, new solutions that they have themselves contributed to and participated in formulating them. In many parts of the world, cultural and religious contexts are main sources of people’s both inspirations and aspirations. They want to see solutions close to their historical and cultural contexts, any otherwise solutions would be just like born dead, for them. Muslims for example represent a significant and remarkably expanding proportion of today’s world population. In the middle of the twentieth century, every seventh human was a Muslim. A third of a century later, every fifth human followed Islam or borrowed its name [Marty 1989]. In this last decade of the century it is expected that every fourth person will be Muslim. This expansion is not only due to population growth, but also a result of spontaneous conversion; surprisingly it occurs against a media that makes of Islam front-page news of tension and terror, distorting the role this faith played in the lives of hundreds of millions, now reaching just above a billion. In spite of the absence of Islam as a one nation, one “*Ummah*” it still satisfies longings and desires of people for experience, authority and identity, and for a meaning and role in a world that they can not grasp in random fashion [Marty 1989]. As to this author again, the reach and penetration of this faith into dimensions of private and public life is too

extensive and profound to be easily ignored. This Islamic Ummah, once upon a time, presented to the world great “*Hakeems*” (an Arabic word referring to healers and physicians and literally meaning wise people) who unified what was inside them with what was in the outside. Those who through the belief that where there is an action there is a reaction, found healing close to where the illness lied, a solution is always close to every problem. These hakims went to the source of the problem, transforming it rather than treating its outer effect as happens more and more in our system of health care today. Their assimilation to the spirit of the Islamic ideology gave them profound motivation to take the inspiration, perspiration and abandonment in order to reach the root of the problem, thus unifying the cause with the effect. They had emanated from a belief based on the fact that no one in this creation is separate from the source and cause of his or her existence, that every effect is a manifestation of its cause. We have all originated from the only one Cause. We are sustained by the Creator’s mercy and grace through diverse ways, and the more we can share together on that platform of service and abandonment under the umbrella of true submission to His guidance and through following the teachings and the footsteps of His Final Revelation the more will get better solutions for a safer and healthier path through our lives [Fuzlurahman 1989]

## **1.5 Crucial Questions of Public Health: also Our Research Questions**

Foremost in public consciousness are crucial questions related to our human condition. These questions, we would lend as foremost for our research. There are three central questions that our work needs to address, discuss and find answers to:

1. “Why was the development of advanced technology and improved understanding of disease only marginally improved some aspects of general health over the last century while standing impotent in the face of emergence of so many new and serious healthy problems?”
2. “What part do mind and spirit play in causing, exacerbating, and curing disease?”
3. “What about other systems of healing beyond the allopathic approaches and traditional biomedical interventions that might improve the human health?” “What

about those great hakims' systems originating from that Islamic ideology, and what role could it play again restoring, improving and promoting human health?" "What chances do it has to contribute to the welfare and well-being of, not only Muslims, but also among those who may not share with them that perspective?"

The following pages of our research will therefore represent an attempt to portray the relationship of Islam as a system of faith and as a tradition to human health and health care: What values does Islam attach to human well-being - spiritual, mental and physical - and what inspirations has it given Muslims to realize that value? It may be of a surprise to our modern biomedically oriented health professionals to know how profound, elaborate , and intricate are the elements of Islam that do have bearing to health and medicine. It is high time for them to search for a practical revitalization of this heritage. Both where Muslim meanings intersect with those of other faiths and cultures and where they go their own way entirely, they can serve to jostle new thought among people who come from many perspectives. This work, however, is not a history per se of medicine in Islam, although Chapter five does provide information about Islamic health sciences and practices in early Islam and during medieval times in order to furnish an adequate measure for judging Islam's actual performance. This monograph can hardly claim to touch meaningfully upon such a vast subject that demands far greater effort to do justice to it. It must therefore be regarded only as a humble start for further research.

## **1.6 Outline**

Following this introductory document is Chapter two which will discuss the origins and evolution of Public Health. Particular emphasis will be put on the developmental phases of what is known as "modern public health". An account will

also be given on the theory or different theories that have been directing human sciences in general and medical and health sciences and practices in particular.

Chapter three will discuss the emergence of new concepts of Health Promotion or what has been known as “The New Public Health” as in response to the increasingly growing challenges to the traditional approaches of public health and health care. An account is to be given on the many initiatives and steps taken by the World Health Organization and other agencies as a reflection of the profound international concern, if not also dissatisfaction, about the current human health status, and the need for a new mission, scope and vision on how health should be restored, maintained, and promoted.

Chapter four will launch introductory discussions about Islam and its fundamental ideologies. To be explored and carefully examined in this chapter are that views about Islam as of being a complete and natural way of life and as representing a highest level of religious evolution and human aspirations. Within this framework, a philosophical account on the concept of Towhid is to be given.

Chapter five will discuss that notion that Islam is in fact a vehicle for scientific and intellectual progress. This is to be clarified through the relevant passages of Quran, the teachings the Prophet, and the contribution and the work of the Muslim scholars and *hakims* during a period of time extending to almost nine centuries. This chapter will allow us to throw light on the basic differences between Islam and Christianity, and why such differences exist, though both are supposed to be originating from the same source, from the only One God.

Chapter six and the following chapters represent the theme of our essay. We will research on and address the Islamic approach towards medical care and human health restoration, maintenance and promotion. I would attempt uncovering that holistic, comprehensive and integrative approach, as representing highly needed values to overcome our present challenges.

Our concluding sections will try to suggest and formulate possibilities for including and incorporating an Islamic perspective for the latest International Declaration of Jakarta on Health Promotion for the coming 21st century

## **1.7 Methodology**

This work is basically a literature review. For many reasons it was not possible to conduct a field work-based research. Time factor, though a serious limitation, was not the only problem. The present situation of the Muslim world is another major limitation. For more than two centuries now, Muslims are lacking the Islamic-based governance of their public systems of life including the art of healing. There are no, at present, real live examples that we can analyze and take as exemplary models for referral. However, we have a very rich material of literature. Our sources are in fact the sources of the Islamic ideology itself: the Holy Book of The Qur'an, and the sayings (Hadith) and traditions of the Last Prophet of God, Muhammed. also known as the Sunnah. These two fundamental sources are surprisingly intact till the moment as they were first revealed and collected almost 1400 years ago. The Quran was revealed in the tongue of Muhammed, who was an Arabian, in a highly miraculous and eloquent language. The Sunnah was collected in six major Genuine Composite or Sunnah Books through highly refined and accurate techniques of checking the ways through which narrations about the Prophet's sayings and traditions were conducted. The full name of the narrators had to be specified, an accurate information and critical review of their lives and personalities had to be sought, how close were they to the Prophet or to each other, what was the surrounding environment within which that piece or pieces of Sunnah were narrated, and so on. This is called the "Chain of Sunnah Narration" and the whole subject was called "The Science Of Hadith and Sunnah". Another important source of information that our work has relied upon are the works of the famous and eminent Muslim scholars, jurists, and historians and their writings on Islamic Civilization and its contribution to human scientific development and progress. It is beyond the capacity of our work to thoroughly explore the huge literature of these great works. Even in our concentration on its health and medical aspects, we try to make hard choices and selections.

A major difficulty, however, that has faced me is the problem of the translation. These were mostly versions written in Arabic. Even those that have non-Arabic (English) translations, in many occasions it is so difficult to get the exact meanings and real essence through a non-Arabic translation. For the Arabic language, in particular, this poses a special difficulty; and this is remarkably true when dealing with translations of the Holy Book of the Qur'an or the sayings -- Ahadith - of the Prophet (Sunnah).

The work I am going to present is, therefore, a combined “descriptive/explorative” review of literature. Whenever possible, I would try to refer to English-translated texts; otherwise I may have to use Arabic texts that are related to the subject, in that case I would depend on personal translations of that text into English.

# 2

## ORIGINS AND EVOLUTION OF PUBLIC HEALTH

### 2.1 The Evolutionary Phases of Public Health

Public health is as old as humanity. It has adapted its functions throughout the millennia in the transitions from nomadic to sedentary life and from rural to urban living. But the public health we know is that one originated during the industrial revolution of the 19th. Century. It was basically a hygienistic and social reform advocacy for sanitary action and improvement of the distressful social, living and working conditions of the new appearing massive populations of workers overcrowding in the big cities of Europe and America. Public health subsequently evolved to become a discipline of its own but through a rather biomedical orientation towards epidemiology, biostatistics and molecular biology, as a trend of fascination to the rapidly advancing scientific knowledge and technology.

Ashton and Seymour [1988] suggested that modern public health has evolved in three phases in developed countries:

**1. The *Environmental Phase*:** This phase occurred in response to the squalor and overcrowding resulting from lack of adequate housing, food, potable water that characterized the conditions facing the recently urbanized multitude after the mass migration from the country side to the cities some 150 years ago. The causes for this migration were predominantly the agricultural revolution, which diminished the need for manual labor, and the industrial revolution, which founded large numbers of jobs

in the cities. It was through the radical action of Lord Snow who took the handle off the Broad Street pump in London putting an end to the Cholera epidemic in that residential area, the work of Edwing Chadwick in Britain, Louis Villerme' in France, Virchow and Neumann in Germany, and Shattuck and Stephen Smith of America and many other social reformers that resulted in that cleaned-up environment by the end of the century, This phase of public health was directly concerned with environmental issues: sanitation, clean water, clean cities. As can be inferred from McKeown's work [1976], this environmentally oriented public health was, in fact, eminently successful.

**2. The *Individualistic Phase*:** Then with the development of the theory of germs in the 1870s and when new possibilities seemed to emerge from the introduction of novel immunization and vaccination practices, public health attention shifted from being concerned with the environment to dealing with groups of persons or with individuals like schools, at risk groups or individuals and so on.

**3. The *Therapeutic Phase*:** The therapeutic phase was ushered in by the discovery of new therapies [sulfonamides, insulin], technical and scientific approaches which gave rise to a tremendous increase in individual therapeutic intervention and great faith in these new technical and scientific approaches. Although this trend was in fact facilitated by the success of the old fashioned environmental public health by reducing the prevalence of infectious diseases, it had in the same time weakened the case for substantive public health support by governments. By the early 1940s A shift of power and resources has then resulted from community-based, environmentally preventive measures to hospital-based curative services, which was further entrenched by the development of cure-based academic hospitals and highly specialized medical centers. This dominance of therapeutic medicine, with its large investments and costs, inevitably paved the way for the dichotomy between urban and rural and the rich and the poor.

This focus on therapeutic intervention gradually gave rise to the pervasive myth that good health is primarily the result of medical intervention and hospital services, and to a growing lack of understanding that health is governed by, and a reflection of the social and living conditions of the community [Goldestein 1995]. Therapeutic intervention purports to offer instant and individual gratification to patients, providers, and so politicians, as compared to the purported long-term benefits of preventive health that may or may not materialize. Cure-based medicine so also finds greater

favor with less-informed societies. A powerful factor again is the growth of medical/pharmaceutical industry and medical associations which have powerful influence on governments, thus reinforcing the emphasis on curative medicine. McKinlay has pointed out that “predatory corporations have penetrated and now dominate health-related activities around the world, the primary mission of which is not to improve health but, on the contrary, to seize and carry away an acceptable level of profit”[McKinlay 1984]. But as we are going to see later when discussing the Islamic approach, meaningful gains are not made without some pain, hardship and patience. Surprisingly, Labonte [1991] has come out with similar conclusions. He thinks that our dominant biomedical model, with its promise for a quick, painless cure for most maladies, is quite ineffective against the chronic afflictions of heart disease and cancer. Only public health model offers some success. But it is a complex, socially “painful” model: changing lifestyles, changing public policies (e.g. anti-tobacco legislation, nutrition policies), and, more recently, attempting to change social conditions supportive of disease (poverty, isolation, the sundry “-isms” of structural and interpersonal prejudices that reinforce self-blame). Illich [1976] roamed around the same meaning. He characterized the third level of “iatrogenesis” (medically induced illness) as cultural: our collective inability to accept the “healing qualities” of pain. This debate about a broad concept of public health versus the biomedical model has thus become a central issue for the ongoing dilemma. What I would try to find out is whether this biomedical model something new resulting from the new advancements in scientific and medical technologies and therapies; or whether it is something inherent in the Western thought and approaches towards science in general and medicine and health in particular.

## **2.2 The Biomedical Model: A Western Science**

As Allan Young has pointed out, “epistemological scrutiny is suspended for Western social science and Western medicine” [Young 1982]. Whereas one can

undertake a cultural analysis of “traditional” medicine, biomedicine by its very nature is believed to be to be the “scientific” medicine and thus to be privileged and exempt from such an analysis. Measurable physical changes within the body are “real,” whereas all other phenomena are extraneous. It fails to see that all knowledge relating to the body, health; and illness is in fact culturally constructed, negotiated, and renegotiated in a dynamic process through time and space. Biomedicine is destined to fall prey the much-noted *Western-specific Cartesian Dualism that separates mind from body, spirit from matter, and real (that is measurable) from unreal.*

***How Real Is Real? The Cartesian Legacy:***

A singular premise guiding Western science and clinical medicine is its commitment to a fundamental opposition between spirit and matter, mind and body, and (underlying this) real and unreal.

*“A middle-aged woman suffering from chronic and debilitating headaches presented to the professor before the large class of medical student. Her husband was an alcoholic who occasionally beaten her , she has been virtually housebound for the past five years looking after her senile and incontinent mother-in-law, and that she worried constantly about her teenage son , who was flunking out of school. One medical student finally interrupted the professor to demand, “But what is the real cause of the headaches?”*

Lock & Scheper-Huges 1996]

The medical student, like many of her classmates, interrupted the stream of social information as extraneous and irrelevant to the real biomedical diagnosis. She wanted information on the neurochemical changes, which she understood as constituting the true causal explanation. This kind of radically materialist thinking is the product of a western epistemology extending as far back as Aristotle’s starkly biological view of the human in *De Anima*. As a basis for clinical practice, it can be found in the *Hippocratic Corpus* (ca. 400 B.C.). Hippocrates and his students were determined to eradicate the vestiges of metaphysical and religious thinking about the human body and to introduce a rational basis for clinical practice that would challenge the power of ancient folk healers or “charlatans” and “magi,” as Hippocrates labeled his medical competitors. In a passage from his treatise on epilepsy, ironically entitled “On the

Sacred Disease,” Hippocrates [Adams 1939], in most of his works, cautioned physicians to treat only what was observable and palpable to the senses.

The natural-supernatural, real-unreal dichotomy has taken many forms over the course of Western history and civilization, but it was the philosopher-mathematician Rene’ Descartes (1596-1650) who most clearly formulated the ideas that are the immediate precursors of contemporary biomedical conceptions about the human organism. Descartes was determined to hold nothing as true until he had established the grounds of evidence for accepting it as such. The single category to be taken on faith was the existence of the thinking being, expressed in Descartes’ dictum: “Cgito, ergo sum” (“I think, therefore I am”). To him the higher “essence” of man , the rational mind, was extracted from nature, allowing thus a rigorous objective examination of nature, including the human body, for the first time in Western history. This separation of mind and body, the so called Cartesian dualism, freed biology to pursue the kind of radically materialist thinking expressed by the medical student, an approach that has permitted the development of the natural and clinical sciences as we know them today.

The Cartesian legacy to clinical medicine and to the natural and social sciences is a rather *mechanistic* conception of the body and its functions and a failure to conceptualize a “mindful” causation of somatic states. It would take a struggling psychoanalytic psychiatry and the gradual development of psychosomatic medicine in the early twentieth century to begin the task of reuniting mind and body in clinical theory and practice. Yet even then , there is a tendency to categorize and treat human afflictions as if they were either wholly organic or wholly psychological in origin: “it” is the body or “it” is the mind [Kirmayer 1988]. In her analysis of multidisciplinary case conferences on chronic pain patients, Kitty Corbett [1986] discovered the intractability of Cartesian thinking among sophisticated clinicians. These physicians, psychiatrists, and clinical social workers “knew” that pain was “real,” whether or not the source of it could be verified by diagnostic tests. Nonetheless, they could not help but express evident relieve when a “true” (single, generally organic) cause could be discovered. Moreover, when the diagnostic tests indicated some organic explanation, the psychological and social aspects of the pain tended to be all but forgotten, and when severe psychopathology could be diagnosed, the organic complications and indices tended to be ignored. Pain, it seems, was either physical or mental, biological or psychosocial, but never both.

As clinicians, medical anthropologists and researchers struggle to view humans and the experience of illness and suffering from an integrated perspective, they often find themselves trapped by the Cartesian legacy. Unfortunately, even public health professionals who are working for a broad perspective of health and health promotion often find themselves in this pitfall. We even lack a precise vocabulary with which to deal with mind-body-social interactions and so are left suspended in hyphens, testifying to the disconnectedness of our thoughts. We are forced to resort to such fragmented concepts as the “biosocial” or the “psychosomatic” as altogether feeble ways of expressing the many forms in which the mind speaks through the body and the ways in which society is inscribed on the expectant canvas of human flesh. With every step forward in scientific knowledge, the less clearly we could see the world as a whole or our own selves: ‘The rise of science propelled man into tunnels of specialized knowledge’ [Kundera 1984]. Ironically, conscious attempts to temper the materialism and *reductionism* of biomedical science often end up inadvertently reshaping the mind-body opposition in a new form. For example, a distinction between disease and illness was elaborated in an effort to distinguish the biomedical conception of abnormalities in the “structure and/or function of organs and organ systems” (disease) from the patients’ subjective experience of malaise (illness) [Eisenberg 1977]. While this paradigm has certainly helped to sensitize both clinicians and social scientists to the sociological origins of sickness, one unanticipated effect has been that physicians now often claim both aspects of the sickness experience for the medical domain. As a result, the illness dimension of human distress is being medicalized and individualized rather than politicized and collectivized [Scheper-Hughes and Lock 1986; Lock 1988]. ***Medicalization inevitably entails a missed identification between the individual and the social bodies and a tendency to transform the social into the biological.***

Mind body dualism is related to other conceptual oppositions in Western epistemology, such as those between nature and culture, passion and reason, individual and society~dichotomies that, just as medical workers before, social thinkers as different as, except for been Westerners, Emile Durkheim, Marcel Mauss, Karl Marks, and Sigmund Freud understood as inevitable and often unresolvable contradictions and as natural and universal categories. In the *Elementary Forms of the Religious Life* Durkheim wrote that “man is double” [1961], referring to the biological and the social. For him society represented the physical body which is the “highest

reality in the intellectual and moral order.” The body was the storehouse of emotions that were the raw materials, the stuff, out of which mechanical solidarity was forged in the interests of the collectivity. Building on Durkheim, Mauss [1979] wrote on the “dominion of the conscious (will) over emotion and unconsciousness.” Freud introduced yet another interpretation of the mind-body, nature-culture, individual-society set of oppositions with his theory of dynamic psychology: *the individual at war within himself! Civilization and Its Discontents* may be read as a psychoanalytic parable concerning the mind-body, nature-culture, and individual-society oppositions in Western epistemology

This relatively detailed account is brought about to show how these oppositions, fragmentations and dichotomies constitute the “the very matrix of the Western metaphysics” [Benoist 1978] and has “penetrated so deeply...that we have to come to regard it as natural and inevitable [Goody 1977].

Cartesian dualism is to be mostly blamed for the present public health dilemma. It is like the former Berlin wall in the face of all reforms! In spite of the rich literature written in the last two or three decades and the many international health conferences, charters and declarations, one following the other, and all calling for a new public health and for radical changes in health policies away from the seemingly inherited biomedical model, however, the portrait is still devastating. The problem, to me, clearly lies in this deeply rooted theology of dualities inherent in the Western epistemology. O’Neil [1985] suggests that we have been “*put in the machine of biotechnology, some of us transformed by radical surgery and genetic engineering into “spare parts” or prosthetic humans. Lives are saved, or at least deaths are postponed, but it is possible that our humanity is being compromised in the process.*

### **2.3 Non-Cartesian Alternatives at a glimpse**

Are there no other options? What about other alternative epistemologies and systems of knowledge that tend to conceive of relations among similar entities in monistic rather than dualistic terms. What about their representations of *holism* and *monism* that tend toward *inclusiveness*, toward *complementary (not opposing) dualities in which contrasts are made between paired entities within the whole*. The health of individuals depends on the natural world, and the health of each organ depends on its relationship to all other organs. “Nothing can change without changing

the whole”: a fact discovered only recently in our times [Unsculd 1985], but declared by Muhammed, the Prophet of Islam fourteen centuries ago:

***“The body of the Muslim community is just like the body of the human being: if one organ got diseased, the whole body will suffer and develop fever, sleeplessness and weakness.”***

Islamic cosmology, although depicts humans as having dominance on nature (humans are dignified over other creatures), but not through opposition; its sacred views in fact stress the complementarity of all phenomena [Jachimowics 1975: Shariati 1979]. At the core of Islamic belief, as we are going to see in more elaboration later, lies the unifying concept of Towhid, which Shariati argues should only be understood within a broad meaning of: “God is one, no more than one”, as encompassing a worldview that represents all existence as essentially monistic. Guided by the principle of towhid , humans are responsible to one Almighty Power, answerable to the single judge and guided by one principle: the achievement of unity through the complementaries of spirit and body, this world and the hereafter, substance and meaning, natural and supernatural, culture and nature, and so on. I am going to discuss in the following chapters and to argue for, in some detail, that Islam in its basic and fundamental ideology as a creed of faith and as believe, as a complete way of life, as a complete and comprehensive regulatory and legislative system that touches all aspects of human life without exception, has succeeded unprecedentedly and for an almost ten centuries in promoting human life in all its aspects and at all directions. Embedded in its very nature and essence, Islam possesses an unlimited capacity and ability for action, unlimited by time or place, provided that certain prerequisites are fulfilled. Health promotion as an emerging concept for a ***New Public Health***, represents a venue of hope. Though the term implies that it is something new, modern and and of recent concern, however, as we will try disclose and show later later, the concepts and principlles it is calling for are of central position in the Islamic ideology some fourteen centuries ago.

Still before reaching that discussion, there is a need to give some account, though briefly, on the recent and highly appreciated efforts of the international community in its attempts for the adoption of an effective new public health and health promotion polices.



# 3

## EMERGENCE OF HEALTH PROMOTION

### 3.1 Health Promotion or the “New Public Health”: The Turning Point

Health care has never been health care; it may have being sick care, disease care, health restoration, but there are very few examples of an explicit care of health [De Leeuw 1989]. This emerging dilemma in health care has in facts led to a great concern.

Health promotion as a term and concept first appeared in 1974 when the Canadian Minister of National Health and Welfare, Marc Lalonde, published *A New Perspective on the Health of the Canadians* [Lalonde 1975]. The actual author of the report was Laframboise; Marc Lalonde was only the responsible minister. The report in itself is short and powerful, and the “Health Field Concept” suggested by it is in essence very simple [De Leeuw 1989]. It introduced into public health the idea that all causes of death and disease could be attributed to four discrete and distinct elements: inadequacies in current health care provision; lifestyle or behavioral factors; environmental pollution; and finally bio-physical characteristics. The basic message was that critical improvements within the environment (a structuralist approach) and in behavior (a lifestyle approach) could lead to a significant reduction in morbidity and premature death. The Lalonde paper echoed the concerns of many who had become critical of a narrow view of health associated with the “biomedical model”

[Robin Bunton & Macdonald, 1993]] which has separated the soma from the psyche, the disease from the patient, and the patient from his society.[Basalgia, 1986].

The Lalonde report prompted a series of initiatives principally by the World Health Organization. Steps taken then by WHO have urged, beside the health policy-makers of the WHO member states, societal organizations, self-help groups, academics, political parties, the media, and others, to reconsider their vision and notions on health and how to maintain and promote health [Asvall 1986; Hildebrandt 1987; Kickbush 1986, Milio 1986; Strong 1986].

### **3.2 The Alma Ata Conference: “Health For All -HFA-”**

The World Health Assembly in its thirtieth session, has decided that the main social target of governments and WHO in the coming decades should be the attainment by all citizens of the world by the year 2000 of a level of health that would permit them to lead a socially and economically productive life [WHA 30.43, May 1977]. The abbreviated version of this objective, “Health for All by the Year 2000” or even shorter “HFA 2000”, became a well-known expression all over the world. At the Conference of Alma Ata in the former Soviet Union, the WHO, together with the United Nations Children’s Fund UNICEF, decided on the major reorientation towards Primary Health Care [WHO/UNICEF 1978]. From that moment onwards Primary Health Care (PHC) became accepted as the philosophy, method and plan to attain Health for All by the Year 2000 [De Leeuw 1989]. The Alma Ata Declaration designated “education concerning prevailing health problems and the methods of preventing and controlling them” as the first of eight essential elements of Primary Health Care. Community and individual participation were featured as cornerstones of the planning strategy to be followed in every country [Green, L.W & Kreutr M.W. 1991, p 10]. Besides a commitment to community participation, it did incorporate as well inter-sectoral action, both now accepted essential elements within any serious health promotion. Implicit in the HFA strategy was this new vision of health promotion combining both lifestyle and structuralist approaches WHO (Europe) launched its formal program on health promotion using this twin supporting themes or pillars in 1984 [WHO 1984: *Health Promotion: European Monographs in Health and*

*Health Education, Research No 6, Copenhagen:WHO*] and this program gave rise to the first international conference on health promotion held in Ottawa, Canada, in November 1986.

### **3.3 The Ottawa Charter: The First International Conference on Health Promotion**

One of the most distinctive features of the WHO's approach to health promotion is its idealistic and programmatic character. Goals and desired future states are identified and these are accompanied by normative exhortations for generalized improvement. The Ottawa Charter for Health Promotion [WHO 1986] is a good case in point. It identifies health promotion as the "The process of *enabling* individuals and communities to increase *control* over the determinants of health and therefore *improve* their health. This process is premised on certain basic prerequisites for health: peace, shelter, education, food, income, a stable eco-system, sustainable resources,, social justice and equity. The principle means of attaining these objectives, according to the Charter, are *political*. They involve *advocacy*, which will ensure that health appears on the political agenda, and they involve *enablment*, which will allow people to achieve their highest health potential. The processes will involve the *mediation* of differing interests in society. The Ottawa Charter therefore identifies the the building oh *healthy public policy*, the creation of *supportive environments*, the strengthening of *community action*, the development of *personal skills* and the *reorientation of health services* as the key strategies in the overall process. The ideals of improvement and change also formed a core of an earlier WHO document entitled *Health Promotion: Concepts and Principles in Action: A Policy Framework* [Nutbeam D. (n.d.)]. Here the principles of health promotion are identified as: involving the population as a whole in the contexts of their everyday lives (rather than populations at risk from particular diseases); as being directed towards action on the determinants of, or causes of health; as being diverse in methods and approach; as involving effective and concrete public participation; and as not being a medical specialism. The principles are the basis for what Nutbeam call the subject areas of health promotion: access to health, development of an environment conducive to

health, strengthening social networks and social support, promoting positive health behavior, and increasing knowledge and dissemination of information.

### **3.4 The Following International Conferences on Health Promotion**

The second international conference on health promotion was held in Adelaide, Australia, in April 1988 and it concentrated more on *Healthy Public Policy* as an arm of health promotion and delineated certain policy priorities. These were policies supporting the health of women, nutrition policies, policies on alcohol and tobacco, and policies concerned with the environment. Underpinning these priority areas were the twin concepts of health equity and policy accountability but also an implicit assumption that somehow *only central government policy making had any real effect on measures for health promotion* [WHO 1988]. There is now growing evidence for the need for *authority*.

The third international conference in Sandsvall, Sweden, in June 1991, focused on “*Supportive Environment for Health.*” Specifically, it attempted to find practical ways provide physical, social and economic environments compatible with sustainable development

The fourth and latest international conference in Jakarta, Indonesia, in July 1997, to be held for the first time in a developing country, which is also the biggest Muslim country in the world population-wise, was in fact a *visionary broad level of the Ottawa Charter*. It tried to lay out a general background for people of different cultures, communities, disciplines, extra, that enable them to face a new era of challenges while they are at verge of the 21st. Century. It is implicitly telling just using the term Health for All does not lend it credibility. It can even entail that it is an unrealistic wording. To change determinants of health require changing perceptions about that determinants of health; and that requires many multiple things among multiple sectors with the involvement of many disciplines. And above all it requires the political support of the different governments. It is on this Jakarta Declaration that our Islamic perspective are to be introduced and presented at the near final chapters of this thesis

To conclude this part about Health for All, health promotion, in the perception of WHO, can only succeed if it is:

- \* ***integral***: various health policies interventions that should be tuned to each other;
- \* ***intersectoral***: involving many sectors from different societal, governmental and private spheres in a coordinated effort;
- \* ***comprehensive***;
- \* ***participatory***;
- \* ***mobilizing resources for health***: enabling and empowering individuals, groups, communities and organizations to improve health and health determinants.
- \* ***in pursuit of healthy public health***: advocating policies to advance health or hinder policies with detrimental effects on health.

Reformulated into five major principles, health promotion:

- \* involves the *population as whole* in the context of their everyday lives, rather than focusing on people at risk for specific diseases.
- \* is directed towards action on the determinants or cause of health , not on individual behavioral change.
- \* combines *diverse*, but *complementary*, methods or *approaches*.
- \* aims particularly at effective and *concrete public participation*.
- \* Health *professionals*, particularly in primary health care, have an important role in nurturing and *enabling health promotion*.

Five areas have been stated:

- \* *Access*
- \* *Development of an environment conducive to health*
- \* *Strengthening of social networks and social supports*
- \* *Promoting positive health behavior and appropriate coping strategies ~ a key aim of health promotion*
- \* *Increasing knowledge and disseminating information related to health.*

[De Leeuw 1989].

# 4

## AN INTRODUCTOIN TO THE RELIGION OF ISLAM

### 4.1 Starting Points

It is important to discuss the credibility of what Islam claims for itself as being of highest level of religious evolution and human aspirations, covering the whole range and sphere of life, and caring for the physical, spiritual, moral and material welfare of humankind.

Islam is highly concerned to prepare individuals, communities and nations to realize and practice responsible citizenship, to contribute to universal peace, mutual understanding and human brotherhood and to free human conscience and maintain human dignity. Muslims have good reasons to believe that their Book, the Holy Quran, is the Master Book of Revelation and the standard of Religious Truth. They believe that Islam has come to reaffirm the Eternal Divine Message and to settle the past religious disputes so that man can invoke upon innovative and inventive constructive activities in all walks of life. In that they are not trying to impose Islam on people neither classifying human race into inferior or superior ranks like what some followers of previous revelations claimed and still claiming. They are not allowed to entertain the concept of “favored” and “condemned” nations or endorse the doctrine of the “chosen” or “gentile”. Rather, they are commissioned to convey the Divine Message to mankind as a way to happiness in our world and in the hereafter,

and so they have to offer their contribution to all humanity. In other words, Muslims can not afford to be indifferent, eccentric, selfish, arrogant or exclusive. Their solemn duty inherent in the basic teachings of the Quran and Sunnah is to open wide their minds to all realities of life and stretch fair their arms to all people of whatever class, creed, race or nationality. The good which they can do and the services they can render will fully materialize only when they *put Islam into practice and associate with humanity in the kind, humane spirit of Islam* [Islam in Focus]. *Pessimism and despair are contrary to the spirit of Islam, and helplessness is incompatible with faith in God, every deed is countable and no effort is lost.* When Muslims fail, due to a variety of internal and external factors, to carry the Book properly and to practice Islam in real life, they would not be the only losers, in fact the whole humanity would suffer irreparable losses. Before proceeding further to explore the opportunities posed by the Islamic ideology to promote human health and well-being, it would be important to explore first the foundations of this ideology. Brief philosophical argumentation may be necessary for the purpose.

## **4.2 The Ideological Foundations of Islam: “God - Allah-”**

Knowledge of God (Allah) and belief on Him constitute the very foundation of Islam.

*Those who believe on God seem to agree that the limited finite human intelligence can not prove the existence of the Infinite Boundless God . Those who deny God Claim to rely on science, philosophy, or special theories of knowledge. Their arguments are sometimes inapplicable, sometimes irrelevant, always complex, and after all incomprehensible. However the developed free mind will find its way to God. Failure to find the way does not mean that there is no way. Denial the reality does not make it unreal. [Martain,1954]*

### **4.2.1 Humans’ Power of Reason**

Humans are specially gifted by the power of reason and logic. This power though limited but can be a very useful assessments tool for what can be true and what can be false or fake. Questions like origins of creation have many postulations: creation was either created or caused by nothing at all, or it had created itself, or it was created or caused by a maker outside itself. Every product is the work of a certain producer and every beautiful art is an inventory of some great artist. Although that is obvious, yet it does not satisfy the hunger for knowledge and the curiosity of man about the great things in the world. One often wonders at the beauties of nature with its scenic charms and marvels; the ceaseless succession of day and night in the most orderly manner; the course of the sun, the moon and the great stars; the world of animate and its animate objects; the wonderful creation of the human body, with its so accurately and highly organized, integrated and coordinated physiological and biochemical functions. Who is the maker and maintainer of all these things in which we live and which we immensely enjoy? What is the secret beyond this existence? Could all this creation come into being on its own. This universe exists and functions in the most orderly manner and has survived for thousands, if not millions, of years. Could that all be accidental and haphazard? Can the existence of man and the whole universe be attributed to mere chance? These are all questions that logical human reasoning can find answers and solutions to them. Human reasoning and logic seem not to accept easily any worldview that denies or does not accept the existence of a Creator to the universe. No sensible human being with an able mind can conceive his life as so meaningless and no rational being would leave his existence at the mercy of fluctuating chance. Individuals, groups and nations do plan their course of action, and every careful plan produces some desired effect. Yet humans represent only a very small portion of the great universe; and if they can make plans and appreciate the merits of planning, then their own existence and the survival of the whole universe must also be based on a planned policy.

*The Mulberry Tree*

*The renowned Muslim Jurist Asshaafia' was asked: "What is your proof for the existence of God?" He replied: The leaf of the mulberry tree! Its color, smell, taste & everything about it seem one and the same to you. But a caterpillar*

*eats it and it comes out as fine silken thread. A bee eats it and it comes as honey. A sheep eats it and it comes as dung. Gazelles chew it and it congeals producing the fragrance of musk.*

***“Who has made all these different things come from the same type of leaf?”***

[Hamid A. 1989 pp.5]

There must then be a Designing Will behind our material existence. There must then be a Unique Mind that brings things into being and keeps them moving into order. There must be a Greatest Artist behind the beauty of nature and the marvels and charms of our life. This marvelous well-organized and ordered creation and this well-maintained design must all be founded not without meaning. There must be a special purpose out of this creation. The deeply enlightened souls and the true believers recognize this Artist and are concretely convicted that He is the Almighty Creator, the Originator of life and the Provider of all things into existence.

#### **4.2.2 What are then the characteristics and nature of the Creator?**

The Creator can not be a human being, because a human being can not create another human being. He can not be an animal or plant, neither the sun nor the moon or any other star because these things are controlled by a great system and are themselves made and organized by someone else. He can not be an idol nor a statue of any kind. Non of these things has the abilities to make themselves or to create anything else. The Creator must be different from all these things because He is the Maker and the Keeper of them all. The maker of anything must be different from and greater than the things which he makes. The Creator, Maker, Sustainer of the world, the Provider for man, the Active Force and Effective Power of nature, are all but One thing and the Same thing. That Creator is known as God, also called Allah. He is the secrete of all secrets and the Most Supreme of all beings [Khan M. 1962; Hick J. 1964]. He must be Eternal, has no beginning or end in time. If God is Eternal, He can not be caused and if nothing caused Him to come in existence, then nothing outside Him causes Him to continue to exist, which means that he must be Self-sufficient, not depending on anyone or anything to exist. His existence therefore has no end. He is therefore Everlasting. If God is Eternal and Everlasting, then his qualities must also be eternal and overlasting. If He is Powerful, He must always be Powerful. He can not

cease to be powerful. If He is Wise, He must always be wise. If He is All-knowing, He must always be all-knowing. If He is Just and Kind, He must always be kind and just. The Creator then does not lose or get any new qualities. Another name for qualities are attributes. Qualities and attributes that do not change and last forever are Absolute Qualities and Absolute Attributes.

From the above, it seems valid and reasonable to assert that the Creator must be Eternal and Everlasting, Self-Sufficient and All-Powerful, One and Unique. These are some of the qualities or attributes of the Creator that we must have in mind when we use the word God. We must remember that His attributes or qualities are absolute and do not change. There must then be a clear separation between the Creator and the created. Man can not be God, and God can not have a mother or a father, or a son or daughter. The sun, the moon, the stars or any heavenly bodies can not be God.

Any religion or any worldview which regards any human being or any part of the creation as God or part of God must be a false religion or worldview. Also any religion or any worldview which regards God as having human characteristics, for example having a human shape or suffering from tiredness or needing rest and sleep, must be a false religion or worldview.

It is within this simple framework of faith, simple forum of belief which is understandable to all levels of human thinking and cognitive abilities, that the Islamic ideology was founded, and the Quranic revelations were descended. Hundreds of Quranic Verses address this fundamental issue, few of which can demonstrate this faith and clarify this ideology:

Declaration of God's Oneness and Perfection

*Say: He is the One God;*

*God is Eternal, the Everlasting, the Independent.*

*He begets not neither is He begotten*

*And there is nothing that could be compared with Him*

[The Quran, Sura 112, Verses 1-4]

### Attributes of God

*God - there is no god but He; the One who knows all that is beyond the reach of created being's perception, as well as that can be witnessed by a creature's senses or sight. He is the most Gracious, the most Merciful.*

*God - there is no God but He; the Sovereign Supreme, the Holy, the One with whom all salvation rests, the Giver of Faith, the One who determines what is true and what is false, the Almighty, the One who subdues wrong and restores right, the One to whom all greatness belongs.*

*Glory be to God for He is remote from all that men may associate as partners to Him!*

*He is God, the Creator, the Maker who shapes all forms and appearances!*

*His (alone) are the attributes of perfection. All that is in the heavens and on earth extols His limitless glory; for He alone is Almighty, truly Wise.*

[The Quran, Sura 59, VerseS 22-24]

## 4.3 Revelation and Prophethood

God has since creation of humankind kept sending messages through persons chosen and inspired by Him. They are called Prophets and Messengers of Allah and, in fact, they have been the real and genuine leaders of humankind. All Prophets taught the same message, the need to believe in the Oneness of God. Later generations tended to change or distort the message, add new things, go against the natural moral sense through inclining towards obscenity, injustice and cruelty to others. God in His mercy continued to send prophets to guide people back to the straight path and to correct their errant beliefs and ways.

Among the Prophets mentioned in the Quran are Adam, Abraham, Noah, Moses, David, Jesus and finally Muhammad who was sent by the Quran as the Seal Book for the Seal Prophet. The Quran still exists in the form it was revealed, persisting as a proof of being the last true and authentic expression of Allah's guidance for humankind.

The Quran presents itself as a “guidance for humankind” as a whole. It is not for any one race or class of people. It is not for any one place or period in time. It is addressed to all people. From the beginning, it puts man face to face with reality as a whole. Yet, the Quran does not require people to believe blindly. It is addressed to “people who think”, who think about what they can see and hear and observe, about themselves and the world around them; about the earth and mountains, clouds and sky, the sun, the moon and planets in its orbits, the alteration of night and day, or the parched earth brought to life after a shower of rain. It asks us to reflect on the beginning of our own life: from a drop of sperm mingled with an ovum, the clinging of the fertilized egg to the wall of the mother’ womb, the growth of the embryo, the formation of bones, the clothing of the bones with flesh and after an appointed time, the birth of a new being. It asks us to reflect on the growth of this new being to maturity and strength and then its decline into old age, weakness and death. It asks us to watch and think about our eyes, our tongues, our lips. It asks us to think about the seeds we sow, the water we drink, the food we eat, the fire we light, and all the other innumerable “signs” of creation and the innumerable instances of the Creator’ grace and bounty.

***“For People who use their Reason”***

*“Your god is One oGod;*

*There is no god but He;*

*The All-Merciful, the All-Compassionate.*

*Behold the creation of the heavens and earth;*

*In the alteration of night and day;*

*In the sailing of ships through the ocean for the profit of humankind;*

*In the rain which God sends down from the skies,*

*And the life He gives therewith to an earth that is dead;*

*In the creatures of all kinds that He causes to multiply through the earth;*

*In the change of the winds;*

*And the clouds which run their appointed courses between sky and earth;*

*In all these signs indeed for people who use their reason.*

[The Quran, Sura 2, Verse 164]

Throughout, the Quran stresses knowledge and reason as the valid way to faith and God-consciousness.

*Only those of the servants of God who possess knowledge  
are the ones who truly stand in Awe of Him*

[The Quran, Sura 35, Verse 28]

#### **4.4 The Qur'an for a Non-Muslim: An Amazing Book**

One thing that surprises non-Muslims who are examining the book very closely is that the Qur'an does not appear to them to be what they expected. What they assume is that they have an old book which came fourteen centuries ago from the Arabian desert; and they expect that the book should look something like that: an old book from the desert. Then they find out they that it does not resemble what they expected at all. Additionally, one of the first things that some people assume is that because it is an old book which comes from the desert, it should only talk about the desert. Well, the Qur'an talks about the desert - some of its imagery describes the desert; but it also talks about the sea - what it's like to be in a storm on the sea.

*A story told from Toronto, Canada, some years ago about a man who was in a merchant marine and made his living on the sea. A Muslim gave him a translation of the Qur'an to read. The merchant new nothing about the history of Islam but was interested in reading the Qur'an. When he finished reading it, he brought it back to the Muslim and asked, "This Muhammed, was he a sailor?" He was impressed at how accurately the Qur'an describes a storm on a sea. When he was told, "No as a matter of fact Muhammed lived in the desert," that was enough for him. He embraced Islam on the spot. He was impressed with the Qur'an's description because he*

*had been in a storm on the sea, and he knew that whoever had written that description had also been in a storm on the sea. The description of “a wave, over it a wave, over it clouds” as said in the Qur’an was not what someone imagining a storm on a sea to be like would have written; rather it was written by someone who knew what a storm on the sea was like.*

Certainly the scientific ideas expressed in it also does not seem to originate from the desert fourteen centuries ago. Many centuries before the onset of Muhammed’s Prophethood, there was a well-known theory of atomism advanced by the Greek philosopher, Democritus. He and the people who came after him assumed that matter consists of tiny, indestructible, indivisible particles called atoms. Now modern science has discovered that this smallest unit of matter (i.e., the atom) can split into its component parts. This is a new idea, a new development of the last century; yet, interestingly enough, this information had already been documented in the Qur’an which states:

“He (i.e. Allah) is aware of an atom’s weight in the heavens and on the earth and even anything smaller than that...”

Undoubtedly, fourteen centuries ago that statement would have looked unusual. That stands as a proof that the Qur’an is not outdated. It is a proof that this Book is a divine revelation, and as such, all information in it is of divine origin. Allah revealed the Qur’an from Himself. It is the words of Allah, which existed before creation, and thus nothing can be added, subtracted or altered. However, still some encyclopedias and various books claim that the Qur’an was the product of hallucinations that Muhammed underwent. If these claims were true, and if it indeed originated from some psychological problems in Muhammed’s mind, then evidence of this would be apparent in the Qur’an. Is there such an evidence?

## **4.5 Testing the Credibility of the Qur’an**

A truly scientific approach to the Qur’an is possible because the Qur’an offers something that is not offered by other religious scriptures, in particular, and other religions in general. It is exactly what scientists demand. Within the last century the

scientific community has demanded a test of falsification. They say, “If you have a theory, do not bother us with it unless you bring with that theory a way for us to prove whether you are wrong or not.” When Einstein came with his new theory towards the beginning of the century, the scientific community listened to him because he said, “This is my idea; and if you want to try prove me wrong, do this or try that.” Surprisingly the Quran, though an old book, has exactly the same; it has its Falsification Tests. Some are old (in that they have already proved true), and some still exist today. Basically it states, “If this book is not what it claims to be, then all you have to do is this or this or this to prove it is false.” In 1400 years no one has been able to do “This or this or this,” and thus it is still considered true and authentic.

The Qur’an did not only present what it believed in, but offered a chance to prove it is wrong. A perfect example of how Islam provides people with a chance its authenticity or “prove it wrong” occurs in the 4th Sura, which states:

“Do they not consider the Qur’an? Had it been from any other than Allah, they would surely have found therein much discrepancy.”

This is a clear challenge to the unbeliever. Basically it invites him to find a mistake. Another interesting and repeated attitude that exists in the Qur’an is that it informs the reader about different facts and then gives him the advice: “If you want to know more about this or that, or if you doubt what is said, then you should ask those who have knowledge and expertise in the issuer.” This too is a surprising attitude. It is not usual to have a book that comes from someone without training in geography, botany, biology, etc., who discusses these subjects and then advises the reader to ask people of knowledge if he or she doubts anything.

There is a salient and prevalent confidence observable through out the Qur’an that hardly any reader to this book could claim to miss. This confidence comes from a different approach of “Exhausting the Alternatives.” In essence, the Qur’an states, “This book is a divine revelation; if you do not believe that, then what is it?” The interesting fact is that no one till the moment has with an explanation that works. It would not be an exaggeration to say that all alternatives have been exhausted, none has worked.

## **4.6 The First Pillar of Islam, The Testimony “Shahaddah” of that “There is no god except God (Laa ilaaha illa Allah) and that Muhammed is the (last) messenger of God (Muhammed rasoolu Allah)**

The first part of the Testimony or “Shahadda of Laa ilaaha illa Allah” is a very simple, but very profound and far-reaching declaration. It is perhaps the most oft-repeated sentence in any language that has ever been spoken. It is a negation of the existence of each and any false god and condemnation all sorts of false worship. God in the Qur’an has mentioned that people in their disbelief, disobedience and ignorance, may take the sun, the moon, trees, stones, fire, rulers, prophets, priests, rabbies, saints, other human beings or even certain organs of human beings (in some parts of Asia even male and female genital organs are worshipped by some groups) and also animals (like worshipping cows by Hindosian groups in India), may take them as gods.. Not only that, the Qur’an even cautions from worshipping our whims and desires. To succumb or surrender totally to whims and passions is in effect to worship them and take them as gods or “ilaahs”.

While cautioning against worshipping false gods, the testimony affirms that the true god is the only One God, ascertain that there is only one Creator who deserves our praise, gratitude and worship. This is Tawhiid, that we should not associate a partner with God despite the fact that He created us. Tawhiid is the basis of the worldview of a conscious Muslim. It ushers the individual into haven of freedom, contentment and harmony that stems from total submission to the Creator Who is Beneficent, Compassionate, Loving, Forgiving, Mighty, Just and Worthy of all Praise. Tawhid is the most powerful liberating power.

# 5

## ISLAMIC TOWHID: AN INSPIRING VEHICLE FOR SCIENTIFIC AND INTELLECTUAL PROGRESS

*“The mission of mankind is accomplished by Muslims: The greatest mathematicians (and physicians) AbulKmaiL & Ibn Sina were Muslims; the greatest geographer and encyclopedist, AlMasudi was a Muslim; the greatest historian, AlTabari was still a Muslim [Sarton, 1952]*

George Sarton [1952] considers Muslim achievements in the arena of science as a miracle. Though flourished in an environment of willing collaboration with Greeks, Persians, Copts, Christians, Sabeans and Jews, this does not wholly explain what might be called “*the miracle*” of the Islamic science, using the word miracle as a symbol of our inability to explain achievements which were almost incredible...unparalleled in the history of the world. To Sarton, though a non-Muslim, correctly pinpointed the inspiring force: the root cause of this miracle is in the fact the

unprecedented zeal and spirit the Qura'n has produced for the acquisition of wisdom and knowledge occupying a central position in Muslim scholarship.

In the first place the Qura'n provides the meaning and significance of the Islamic doctrine and determines its limitless scope [Surty 1996]. It constantly encourages human beings to use their wisdom and intellect for dealing with facts and forces of nature for the service of humankind. It invites the tadabbur (contemplation), tafaqquh (comprehension), tafakkur (thinking), and ta'aqqul (wisdom) of men and women to observe well measured, divinely-guided natural phenomena.

*“Behold! In the creation of the heavens and earth;*

*In the alteration of the night and the day;*

*In the sailing of the ships through the ocean for the profit of humankind;*

*In the rain which Allah sends down from the skies and the life which He gives therewith to an earth that is dead;*

*In the animals of all kinds that He scatters through the earth;*

*In the change of the winds, and the clouds which they trail like their slaves between the sky and the earth;*

*Here indeed are **signs for people that are wise**”*

Sura 2, verse 164

*“Does any of you wish that he should have a garden with date-palms and vines and streams flowing underneath, and all kinds of fruit, while he is stricken with old age, and his children are not strong (enough to look after themselves);*

*That it should be caught in a whirlwind, with fire therein, and be burnt up?*

*Thus doth Allah make clear to you (His) signs, **that you might think** (and consider)”*

Sura 2, verse 266

*“Those who remember Allah (in all stances) standing, sitting, and lying down on their sides, and **contemplate the wonders of creation** in the heavens and earth (saying):*

*‘Oh Lord not for naught hast Thou created all this!*

*Glory to Thee! Give us salvation from the chastisement of the fire”*

Sura 3, verse 192

*“Say (you Prophet): ‘I tell you not that with me are the treasures of Allah,*

*Nor do I know what is hidden,*

*Nor do I tell you I am angel.*

*I but follow what is revealed to me (by my God)’*

*Say: ‘Can the blind be held equal to the seeing?’*

*Will ye then think (and consider) not?"*

*Sura 6, verse 50*

The Qura'n urges human senses and reasoning faculties to investigate first their own selves and bodies and later other things around them:

*"Soon We will show them Our signs in the horizons (of earth and skies) and in their own souls, until it becomes manifest to them that this is the truth.*

*Is it not enough that thy Lord doth witness all things?"*

*Sura 41, verse 53*

According to the Qura'n, knowledge and righteousness must go hand in hand:

*".....Those (who) truly fear Allah among His servants(are those) who have knowledge...."*

*Sura 35, (part of) verse 28*

It promises good rewards and high rank for those who possess knowledge coupled with faith and practice.

*"...Allah will raise up to (high) ranks (and degrees), those of you have acquired and been granted knowledge...."*

*Sura 58, (part of) verse 11*

Indeed, the Qura'nic principles for progress of individuals, societies and nations lies in their knowledge-seeking endeavors about creation and created things and the careful utilization of the hidden forces of nature. This is only possible through exploration, observation and experimentation.

Prophet Muhammed propounded the Qura'nic ideals as much by precept as by his own utterances and actions and became a real pioneer of modern age. Despite every conceivable torture and cruelty he diverted the course of human thought from unnatural speculation towards concrete reality. With great vigor, fervor and courage he cultivated faith, knowledge and action and integrated science with religion. He instructed his curious companions to acquire knowledge from any source:

*"Wisdom is the lost property of a believer where ever he finds it he should appropriate it."*

*"To seek knowledge is a sacred duty on every Muslim, male and female."*

*"He who acquires knowledge acquires a vast portion (of fortune)."*

*"If anyone goes on his way in search of knowledge, God will, thereby, make easy for him the way to paradise."*

While in almost all communities of the past, education was restricted to the ranks of royalty, bureaucracy and priesthood where the common people were deprived the access to knowledge, it was the Prophet and for the first time in history who put into practice the democratic principles of education of the Qura'n [Surty 1996]. He made the acquisition of knowledge incumbent for all and for both sexes. Most early Muslim converts were people from the common strata of the Makkan society including slaves. They all received free education directly from the Prophet, including, of course, women Muslim converts, as a mandatory requisite for the new faith. When he immigrated to Madina, the Prophet's students also received free lodging and boarding facilities in the courtyard of his newly established mosque [Isfihani 1351 A.H.]

When Muslim Caliphs implemented this new policy of universal, free education in their vast state stretching from the streets of Gibraltar to the gates of India the previously limited number of scholars increased remarkably. The new policy of education provided the common people with an opportunity to decorate themselves with the jewels of knowledge. Very soon scores of common people became first-rate scholars and contributed immensely to different branches of learning. 'Never before and ever since', admits historian Robert Briffault [u.d.], 'on such a scale has the spectacle been witnessed of the ruling classes throughout the length and breadth of a vast empire given over entirely to a frenzied passion for the acquirement of knowledge. Learning seemed to have become with them the chief business of life. Caliphs and Emirs hurried from their Diwans to closet themselves in their libraries and observatories, ..... and to attend lectures and converse on mathematical problems with men of science.'

Islam does not admit the neglect of anything essential for the all-round elevation of humanity. The observance of the commandment of Allah and the Sunnah of the Prophet is the main springboard of progress in the different spheres of life. Mere spiritual progress at the cost of worldly progress is not recognized in Islam; nor is worldly progress to the exclusion of spiritual upliftment accepted [Surty, 1996]. Intellectual and scientific achievements are in fact considered to be employment of wisdom and development of faculties invested by Allah in humankind through processes of comprehension, contemplation, thinking and reflection and recognition of manifestations, signs, and powers of Allah on the creation of our selves and our universe.

The first and most crucial obligation on a Muslim is to acquire knowledge. It is no exaggeration to say that it is impossible for a person to be a true Muslim, to live according to the requirements of Islam, and at the same time live in a state of ignorance and barbarity. Knowledge is the ‘basis of happiness in this world and the hereafter’ and ‘had it not been for the learned, men would become like animals’ [AlGazali, 19 ]

Muslims, contribution to civilization and human sciences is immense. Many Muslim scientists, philosophers, historians, geographers, astronomers, healers and physicians, chemists, botanists, linguistics etc., appeared saliently on the scene of human progress and through life-long study, research, extensive travel, devotion and constant endeavor they became pioneers and universally acknowledged authorities on the knowledge of created things which they then utilized for the service of humanity. They always found in the Qura’n encouragement and support for their intellectual pursuits [Surty, 1996]. It is sad to observe that the modern world has not fully recognized the immense role of Muslims in the field of education, knowledge and science. John William Draper [1996] notes his disapproval of this omission:

‘I have to deplore the systematic manner in which the literature of Europe has contrived to put out of sight our scientific obligations to the Muslims.  
Surely this cannot be much longer hidden. The Arab has left  
his intellectual heritage on Europe as, before long,  
Christendom will have to confess.’

M.N.Roy considers Muslims as the teachers of mankind and the modern world is the inheritor of Muslim renaissance [Ali, n.d.]. To Baron Carra de Vaux [1931], the Muslims formed a bond of union, a connecting link between ancient culture and modern civilization. They preserved and perfected various branches of knowledge, kept the spirit of research alive and eager, and maintained it pliant and ready for future discoveries. Briffault concludes what has been discussed so far:

‘For although there is not a single aspect of human growth in which the decisive influence of Islamic culture is not traceable, nowhere is it so clear and momentous as in the genesis of power which constitutes the paramount distinctive force of the modern world and the supreme source of its victory - natural science

and scientific spirit - ...What we call science arose in Europe as a result of a new spirit of inquiry; of new methods of investigation, of the method of experiment, observation, measurement, of the development of mathematics in a form unknown to the Greeks. The spirit of these methods were introduced into the European world by the Arabs'

# 6

## THE HOLY QURA'N AND THE PROMOTION OF HUMAN HEALTH

### 6.1 The Health Status in Pre-Islamic Arabia: Historical Background

The most salient unnatural way and hence the most dangerous unhealthy deviation according to standards of the Qura'n was the wide spread polytheism among the pre-Islamic communities. Numerous deities were worshipped. Some of them were made of stones, others of trees or even ripe date-fruits. As one of them explained after converting to Islam: "What foolish people we used to be? we used to make our deity from ripe dates, we then worship them, and when we become hungry we just eat them! The status of women was so miserable and inhuman, there were not more than a commodity and had no rights on almost everything. Polygamy was unlimited and if a man died, the head of the clan would throw his gown over the widow as a gesture of acquisition which meant that the widow could not re-marry anyone except the owner of the gown, if he so wished. If not he would keep her in a state of bondage until she dies. That is why prostitution was normal as well as widespread promiscuity and mass nude exhibitions and rituals. Female-child infanticide was common. Newborn girls were buried alive or thrown to their premature deaths from high places.

Tribal chauvinism was the hallmark of ancient Arabia. Loss of personal security, unpeaceful environments and tribal wars were a common occurrence fermented by interminable vendettas, with the killing of men and enslaving of children and women [Huges, 1978; Maududi, 1976; Qutb, 1979]; Badri, 1978].

The psychological implications of living in a society of ignorance, slavery and injustice were deep insecurity, poverty, excessive pride, guilt and dependence on alcohol. Alcohol for the pre-Islamic Arab was a psychological necessity. Life amidst oppression and stress furnished optimum conditions for alcoholism. It was so common that the Arabic word *Tajir*, which means merchant, became a synonym for the salesman of *Khmar*- alcohol. The shops and bars of these merchants never closed during day or night and were clearly distinguishable, being designated with special flags [Badri, 1978]

It is within this ecological and socio-economic environment that the level of health of the pre-Islamic Arabia needs to be located. It is therefore not surprising to find out that prevailing low general level of health was poor: harsh climatic conditions, social injustice, poverty, ignorance. It was within this fertile soil that numerous diseases had prevailed and proliferated. The scarcity of a clean water, the poor nutritional status, food shortages, and monotonous diet, were all permanent features; and there were number of endemic diseases like leprosy, malaria, tuberculosis, rickets, scurvy, alcohol-related gastro-intestinal and liver diseases, and numerous eye and skin diseases [Khan, 1986; Ulmann, 1978]. Medical knowledge was very limited. There was no evidence of any oral or written treatise on any aspect of medicine. There was use of folk medicine, which had interesting connections with magic. It is very interesting to note that although pre-Islamic Arabia had contacts with ancient Egypt, Greece, Persia and India, where medicine was highly developed, there is no material to suggest that that it was adopted or utilized by the ancient Arabs. This is particularly surprising in view of the fact that the ancient Arabs were well developed in their poetry [Khan, 1986].

This brief sketch provides a window onto the type of society and the “*social health profile*” of that society at the time of the Qura’nic revelations to the Arabian Prophet, peace be upon him. The organic nature of Islam in dealing with these formidable social health challenges encompasses the core principles of Islamic health traditions. The beginnings and development of Islamic concepts and practices of health are therefore inextricably interwoven into this general body of Islam.

Muhammed was known by the people of Makkah, where he was born and grew up, as a reflective, gentle, kind and trustworthy man. The forty years that he spent amongst them before he was sent led them to regard and call him as *Al-Amin* - the trustworthy. The proclamation by Muhammed that he was the final messenger and prophet of Allah to humankind began with the Wahy - the revelation; and the first verses of the revelation placed knowledge as its central focus:

***“Read!***

*In the name of the Lord and Cherisher,*

*Who created-*

*Created human being out of a leech-like clot (of blood):*

***Read! And thy Lord is Most Bountiful,-***

*He Who has taught (the use of) the pen,-*

*Has taught human being which they knew not.”* Sura 96, verses 1-5

Therefore, the first step taken by the Qura'n to address and face the various social, economical, political, gender and health problems of that ignorance-based society of ancient Arabia was through its call for acquiring knowledge and getting learned. Though revealed knowledge was considered to be basic, it, however, called for acquisition of all sorts and sources of beneficial human knowledge. It is through its call for knowledge, thinking, contemplation and comprehension that the continuous Quranic revelations and for twenty-three years kept addressing, and in pure and direct language, all facets of deviations and abnormalities in belief and conduct of that ignorant

## **6.2 The Qura'n and the “Sanctity” of Life**

Life is a sacred trust from God. It must be respected and protected with great care:

*“Say: ‘Truly, my prayer and my service of sacrifice, my life and my death, are all for Allah, the Cherisher of the worlds.’ Sura 6, verse 162*

The Qura’n affirms that if only one life is saved it is equivalent to saving the lives of the whole humankind, and if one life is taken unjustly, it is as if the lives of all humans have been taken:

*“....That if any one slew a person -*

*Unless it be for murder or for spreading mischief on earth-*

*It would be as if he slew the whole people,*

*And if any one saved a life, it would be as if he saved the life of the whole people.....”*

*Sura 5,(part of) verse32*

In the following pages we are going to see how the Qura’n addresses human health. To an outsider, it may be a surprise to see how profound, elaborate and intricate are the elements of Islam that do have a bearing on health and medicine. It may also be interesting to observe that this old Book addresses the issue of human health as not merely absence of disease, but a holistic state of human well-being in its physical, mental and spiritual elements; requiring peaceful, secured and balanced social environments; and close interactions and relationships between human behaviors and lifestyles and the external natural surroundings. The Qura’n declares that humankind was created “in the best of molds,” but does not keep up with the “maintenance manual” of this most incredible machine [Athar, 1995].

The Qura’n which calls itself “a cure for humankind” is not a textbook of medicine or health sciences. From the beginning the Qura’n decides that the healing art of the humankind is not focusing only on human body. It is a much broader, wider, and multi-dimensional “healing activity”. In it are guiding principles which, if understood and applied correctly, will lead to styles of life which maintains and promotes health, prevents avoidable ailments, and guides on how to deal with arising health problems. The Qura’n states that everything good happening to us are gifts from God, but it is our responsibility, our actions, and our behavioral lifestyles, that would determine whether that gifts (on top of which are our good well-being) would be maintained or denied.

*“Everything good that happens to you (O humankind) is from God,*

*Everything evil that happens to you is from your own actions” Sura 4, verse 79.*

In medical terms, pathology is, to say, “physiology (natural state) going wrong”; it is, therefore, our tampering with the natural process that leads to unnatural outcomes. A basic message of the Qura’n is to guide people on how to maintain these natural processes, how to preserve the “best of the molds” of our initial and original creation, and on how to avoid disruption and destruction of these best molds and natural processes. Human beings are created to live and function harmoniously within themselves and their surrounding. Each person individually, and humankind collectively, are endowed with an awareness and a consciousness. Creation is an *Ammana* - Trust - placed with humankind ideally and according to design, humankind has the potential to promote and uplift himself, his physical, mental and spiritual well-being, as well as the rest of the creation around him or her; or they degrade and abase themselves and their surrounding environment. Thus, each person individually and human being collectively, are simultaneously affecting and are affected by the wider environment [Khan, 1986].

*“We have indeed created human being in the best of molds,  
Then do We abase he/she (if not using their faculties in a noble way)  
To the lowest of the low,  
Except those who believe and do noble deeds:  
For they have a reward unfailing”* Sura 95, verses 4-7

The purpose of creation is *Ibadah* - Worship - serving and harmonizing with the Divine Creating Will. The outcome and result of *Ibadah* is an unconditioned *Sokoon* - Peace, Tranquillity, Satisfaction - which is a highest state of feelings of good health and well-being. The concept of *Ibadah* is, therefore, a fundamental tenet of the Islamic philosophy of health. Any evaluation of health has to take into account this central concept, as it is the key to an entire human integrity or dissipation at all level of the being, be it psycho-physio or psycho-spiritual. It is in this broad holistic perspective that the tradition of Islamic perspective for health and medical care should be defined and located [Khan, 1986].

It is important to have a look, though in no much detail, on the social and health status in pre-Islamic Arabia in order to understand fully how can the Qura’n be a cure for humankind when in ailments, when deviating from the natural way, and when tampering with that “best of the molds”. communities.

### 6.3 Faith: the Backbone of Health

The Quran considers “*Iman*”- Faith in God as foremost for spiritual and mental health and stability. The essence of believe is to rid ourselves of all false gods around us or within us, and to truly worship no one except the One God, the only One Creator of the heavens and earth, the whole universe, the human beings and the living and non-living creatures. It is only then that our souls and spirits get satisfied, relaxed and stable. This internal, inner state of satisfaction, an inward feeling of joy which may be difficult to describe in words, reflects itself profoundly in the firmness characterizing one’s life, the happiness of one’s mind, the soundness of one’s heart, and the person’s freedom from stresses and anxieties, which are major factors of nowadays deteriorating status of human health:

\* *“Those who believe and whose hearts find satisfaction in the remembrance of Allah:*

*For without doubt in the remembrance of Allah do hearts find satisfaction”*

Sura 13, verse 28

\* *“And those who believe and work deeds of righteousness,*

*And believe in the revelation sent down to Muhammed-for it is the Truth from their Lord,-*

*He (the Lord) will remove from them their ills and improve their states of mind (hearts,*

*souls and spirits)*

Sura 47, verse 2

\* *“It is He (God) Who sent down Tranquillity into the hearts of the Believers,*

*That they may have an added faith to their faith;*

*For to Allah belong the Forces of the heavens and the earth;*

*And Allah is Full of Knowledge and Wisdom.”* Sura 48, verse 4

### 6.3 Healthy effects of mere listening to recited Qura’n

In Aug. 1984, at St. Louissa, Missouri State, the following paper was presented during one of the sessions of the North American Islamic Medical Association annual conference:

Three groups of middle-aged volunteers were selected regardless of their race, religion or understanding of the Arabic language and were subjected to the following experiments:

The first group of volunteers were subjected to listening well recited verses of the Qura'n, the second group exposed to hearing Non-Qura'nic Arabic texts read in a way similar to rhythmic recitations of the Quran, and the third group not subjected to any of these two readings but put in a relaxing environment with minimal light, visual and auditory stimuli except for listening to fine low-voice musical tunes.

Measurements of certain psychological and physiological criteria using computerized technology were performed on these different groups: tension assessment, muscle contractility, heart rate, blood pressure and so on. The total number of experimentation on these individuals reached 210 experiments. The results were outstanding:

- \* 97% of those who admitted to be believers and could understand Arabic language who listened to recited Qura'nic texts showed significant evidence of lowered muscle contractility, pulse rate and blood pressure and marked evidence of tension relieve.

- \* 66% of all those who listened to recited Qura'nic texts showed relaxing response regardless of their believe or understanding of the meanings.

- \* 35% of those listening to Arabic non-Qura'nic texts recited in a similar way to Qura'n showed relaxing effects on muscles, heart rate, blood pressure and tense feelings.

- \* Only 16% of the group put in conventional psycho-therapy environment of minimal sensory stimuli showed evidence of physiological and psychological relaxing response.

This rectifies dramatically the healing effect of the Qura'n, which becomes very profound when associated with faith and understanding of its meaning [AbdulSamad, 1990].

Whilst on the one hand the Qura'n stressed on the Oneness of Allah and His Powers and High Attributes in logical and rational argumentations as in contrast with

the illogical and senseless nature of the polytheistic belief as well as unhealthiness! of directing one's worshipping to many deities, the Quran also continued scrutinizing the practices of injustices and oppression.

## **6.4 Justice As a Central Prerequisite to Promote Human Health is a Central Goal of the Quran**

Justice is the real goal of religion. It was the mission of all Prophets and the message of all Scriptures.

*“We sent afortime Our Apostles with Clear Signs  
And sent down with them the Book and the Balance (of Right and Wrong)  
That people may stand forth in justice” Sura 57, verse, 25*

The holy Qura'n abounds with references to justice. Its importance is emphasized in a whole variety of human situations: inter-personal relationships, within the family, the community, in the interaction between communities and nations, and in the interface between the human being and the surrounding nature. There justice to kith and kin, to the orphan, to the destitute, to the slave, to the wayfarer, to the needy:

*“..... But it is righteousness (noble and benevolent) to believe in Allah  
And the Last Day,  
And the Angels,  
And the Book,  
And the Messengers,  
And to spend of your substance out of love for God,  
For your kin, for orphans, for the needy, for the wayfarer,  
For those who ask  
And for the ransom of slaves,  
To be steadfast in prayer, and give Zakat (Alms),  
To fulfill the contracts which ye had made,  
And to be firm and patient in pain and adversity and throughout periods of panic,  
Such are the people of truth, and God-fearing” Sura 2, verse 177*

At every level, Muslims are urged to be fair and just. Justice is an integral part of the faith and upholding the principle of justice is not confined to the courtroom environment or to a set of formal injunctions but commands a high priority in the order of Islamic moral and spiritual values [Kamali, 1989].

*“O ye believe! Stand out firmly for justice as witnesses to God,  
Even as against yourselves, or your parents, or your kin,  
And whether it be against rich or poor, for Allah can best protect both,  
Follow not the lusts (of your hearts),  
Lest ye swerve, and if you distort (justice) or decline to do justice ,  
Verily Allah is well-acquainted with all that ye do”* Sura 4, verse 135

*“O ye who believe! Stand out firmly for Allah, as witnesses to fair dealing,  
And let not the hatred of others to you make you swerve to wrong  
And depart from justice,  
Be just: that is next to Piety: and fear Allah....”* Sura 5, verse 8

The Quran not only gives us an indication of what justice is; it also emphasis over and over again our responsibility as human beings to strive relentlessly for justice.

We are now living in a world that is becoming and increasingly palpably unjust. One of the central threats and challenges to today's public health is unjust distribution of resources, unequal access of health care, urban/rural bias, country to country and nation to nation inequities, and South to North inequalities in power, wealth and resources. There is concentration of political, economical, social, cultural and military power in the hands of a privileged few located largely in the North. The poor South had to pay the rich North something like \$132 billion in debt servicing in 1988. It is estimated that 650,000 children die across the “Third World” each year because of debt payments; that the richest 20 % of the world's population get 150 times more the poorest 20 % [Muzzaffur, 1993]. What is even more distressing is a UN study that showed that “The poorest of the developing countries have more than 50 % of the World's population and 5.6 % of world income” [Turk, 1993]. This unjust global system has caused tremendous pain and suffering to humanity, and it seems that it is not capable of overcoming their pain and suffering.

Economic disparities , and within the dominating global ideologies of today's world, are of the most difficult to remedy and are at the heart of social discord. The Qura'n, however, provides a workable solution as it has provided one before. Its goal for an ethical, egalitarian social order was announced with a severe denunciation of the economic disequilibrium and social inequalities prevalent in that commercial Meccan society [FazlurRahman, 1980]. It was Islam's proven ability to ensure justice that led to its phenomenal growth from the early seventh century onwards. The expansion of Islam during that period was the most ever accomplished by any faith or ideology in history; and the power behind it was justice in its most comprehensive Qura'nic sense.

## **6.5 Honoring Women in the Qura'n**

The Qura'n was clear and explicit in referring to all sorts of oppression and callous practices against women. There is a world view of our present times that women are elevated only in the West and that they are getting more and more rights with the passage of time, while their sisters in the Islamic world are still being suppressed. This notion, other than contradicting historical facts, it also contradicts the present situation of the health among Western women.

Western tradition sees itself as the intellectual inheritor of the Greek tradition that existed before Prophet Jesus Christ, and so many of these intellectual traditions are found in the writings of the early Greek philosophers like Aristotle, Plato who had very disparaging views of women: as not full human beings, deficient by nature, not to be trusted, to be looked down upon and so forth. These views on women were later carried on into the early Christian tradition of the Catholic church and had prevailed through the Middle ages. It was not until the last couple of decades of the 1800's that laws appeared in America and Europe allowing women to own property and to dispose of their wealth as men did [AlTamimi, 1998].

We try now to look at the other view. How does Islam look at women and what is womanhood in Islam? Did Muslims believe like early Greek writers or church fathers that women were not full human beings; or like pre-Islamic Arabia that women bring shame to the family and so should be looked at as something to get rid off?

Muslims are taught actually through their Book, which is Divine revelation from the Creator Who knows best that which He created, that women and men share a single humanity - that they are equal in their humanity and that there is no difference in the amount of human nature in them. The Quran announces that they have the right, like men, to possess property, to dispose of their wealth, and to share inheritance. So this being something that was taught 1400 years ago was a revolutionary idea in the sense that it is only within the last 100 years that the issue of women being full human beings has come to be accepted in western intellectual circles; and that they can have financial rights. We look now at the Qura'nic verses to see how clear they are about the issue:

*Women are Equal to Men:*

\* *“O humanity! Verily We have created you from a single male and a single female, and have made you into tribes and peoples so that you know one another. verily the most honorable of you are those who are most pious with God.”* Sura 49, verse 13

\* *“Never will I cause to be lost the work of any of you’*

*Be male or female, you are members, one of the other....”* Sura 3, verse 195

\* *“When news is brought to one of them, of (the birth of) a female(child), his face darkens,*

*And he is filled with inward grief!*

*With shame does he hide himself from his people, because of the bad news he has had!*

*Shall he retain it on (sufferance) and contempt, or bury it in the dust?*

*Ah! Verily evil (choice) is their judgment.”* Sura 16, verses 58-59

\* *“To men is allotted what they earn and to women what they earn”* Sura 4, verse 32

*Women have Inheritance Rights:*

\* *“From what is left by parents (inheritance) and those nearest related*

*There is a share for men and a share for women whatever the property be*

*Small or large determinate share”*

*Qura'n forbids Violence against Women :*

\* *Nor should you treat them with harshness,*

*That ye may take away part of the dower have given them”*

\* *“When these innocent girls going to be asked (at day of judgment),  
That they had been buried alive,  
For what sin they committed that deserve killing them”* Sura 81, verses 8-9

*Qura’n forbids injustice to women:*

\* *“And give women (on marriage) their dower as an obligation”* Sura 4, verse 4

\* *“O ye believe! Ye are forbidden to inherit women against their will”*

\* *“And marry not those women whom your fathers married....  
It was ever lewdness and abomination, an evil way.”* Sura 4, verse 22

## **6.6 Rituals as means of promoting health and preventing illness**

### **6.6.1 Wadu - Ablution**

Whilst the first revelation was about reading, the next one was about *Tahaara* - cleanliness - :

*“And thy garments keep free from stain (dirt)”* Sura 74, verse 4

In order to perform prayers, the Muslim has to do *Wadu* - ablution -; and that has to be five times a day. This is a regular state of keeping your body clean:

*“O ye who believe! When you prepare for prayer,  
Wash your faces, and your hands (and arms) to the elbows,  
Rub your heads (and hair) (with water),  
And wash your feet to the ankles,  
If ye are in a state of ceremonial impurity, bathe your whole body,....”* Sura 5, verse 6

The Quran also announces that God loves those who are clean and pure.  
*“.....For Allah loves those who turn to Him constantly,*

*And loves those who keep themselves pure and clean” Sura 2, (part of) verse 222*

Hand washing is emphasized to be a very important hygienic and healthy measure of our times specially in hospital and medical practice; but Muslims are ordered to do so in three Qura’n five times a day 1400 years ago.

Muslims who are regular in praying and hence in keeping their body (face, hair, nose, ears, mouth, hands, feet) in a constant state of cleanliness, were found to have remarkably healthy functions of the different parts of their body. In Alexandria medical school, Egypt, a study was carried on the effect of *Wadu* on the nasal mucosa: mucosae of regular prayers were found to be well vascularized, glistening, with strong and clean hair follicles and no accumulation of dust or crusts, and culture tests showed absence of pathogenic bacteria. The mucosae of the group of the non-prayers showed, to the contrary, pale mucosae, covered with crusts and dust material, hair follicles were weak and easily removed, and cultures showed varying degrees of pathogenic bacteria [AbdelSamad, 1990].

We see, therefore, that the Qura’n advises a ritual which, if performed regularly and perfectly, can have a highest degree of personal hygiene and a highest degree of avoidance to diseases affecting the nose, ears, face, mouth, skin of lower and upper limbs as well as preventing contaminating others.

### **6.6.2 Prescribed Prayers - Salat -**

Performing salat is the second pillar of Islam; and in fact, it is its backbone. It is mentioned for hundreds of times in the Qura’n.

*“.....For prayers are enjoyed on Believers at stated (and scheduled) times”*

Sura 4, (part of) verse 103

*“Enjoy prayer on thy people, and be constant therein;*

*We ask thee not to provide Sustenance: We provide it for thee.*

*But the (fruit of) the Hereafter is for piety (and righteousness)” Sura 20, verse, 132*

*“Say (speak) to my servants who have believed,*

*That they may establish regular prayers,*

*And spend (in charity) out of the sustenance We have given them*

*Secretly and openly, before the coming of a Day*

*In which their will be neither mutual bargaining nor befriending”* Sura 14, verse 31

The secrets of performing *Salat* are infinite! and beyond the capacity to express. Hundreds of books were written, and are going still to be written, by eminent Islamic scholars on the meanings and secrets of this ritual. It is a direct link and meditation and without any intermediates between the servant and his Lord. It is not only a spiritual exercise, nor is it only physical; nor it be just confined to both!

Three health aspects of prescribed salat are explicit:

\*Bodily cleansing: As mentioned in above paragraph, ablution is mandatory for performing *salat*. Washing all the exposed areas of the body, hands, feet face, mouth, nostrils, etc., five times a day is an obvious healthy preventive and promotive procedure. Again, teeth brushing is highly recommended before every *salat*, and it is said that Angels come very close and kiss those who perform prayers with clean teeth not containing any food remnants. What better do dentists want for healthy teeth and gums?

\*Spiritual purification and uplifting: Performing prayers requires reciting verses from the Qura'n. We have seen the healing effects of listening to recited Qura'n on physiological and psychological parameters:

*“O humankind! There has come a direction from your Lord and a healing for the (disease) in your hearts (and souls), and for those who believe a guidance and mercy!”* sura 10, verse 57

\*Physical exercise: The movements in perscribed prayer are mild, uniform and regular and involve all muscles and joints of the body. Each cycle uses twenty calories and caloric output helps keep the energy balance [Athar, 1990].

### **6.6.3 Fasting Ramadan - *Seyam* -**

The *Seyam*, during the month Ramadan, is one of the five pillars of Islam, or religious duties Muslims should fulfill. Fasting Ramadan is mentioned in Sura 2, verses 183-187

*“O believers, perscribed for you is the Fast, even as perscribed for those that were before you*

*Haply you will be Godfearing”*

*“...And that you should fast is better for you, if you but know”*

*“The month of Ramadan, where in the Qura’n was sent down to be a Guidance to the people, and as clear signs of the Guidance and the Salvation. So let those of you who are present at the month fast it; and if any of you be sick, or if he be in a journey then a number of other days; God desires ease for you, and desires not hardship for you....”*

Fasting is a healthy exercise, as well. Nicholive [1976] suggests that one of the important means of maintaining health and physical fitness is fasting three to four weeks periodically! There are many medical centers in the world today that practice “healing through fasting”, one of the famous is Dr. Henrick Lahman in Saxsonia {AbdulSamad, 1993}.

#### **6.6.4 Charity or paying “Zakat”**

*Zakat (Alms)* is one of the five pillars of Islam. The word itself means purification and growth; here it means the purification of legitimately earned wealth. Money or love for money is behind many of our crimes and violent behavior. Many lives are lost as a result: *“And man is violent in his love of wealth”* Sura 100, verse 8.

Zakat is a religious duty on every Muslim to spend every year a proportion of his wealth ranging from 10 to 25% on poor people, charitable activities, building educational and health facilities, sponsoring students, paying treatment costs for the needy and so on. The Qura’n tells us that the ownerships of wealth belongs to God, and that we are the disposes of that trust; spending money on needy people gives peace of mind and saves lives and health. It thus clear how this ritual helps promote health and provides solutions for financing health care. Though it might seem as a material loss to the spender, God promises to compensate that money, to put blessings and makes regrowth of remaining money; and that is the meaning of *Zakat*.

#### **6.6.5 Pilgrimage to Mecca (Hajj)**

The act of Hajj is the fifth pillar of Islam and it indicates absolute submission and surrender to God’s Will. It is an opportunity for repentance, hence a means of spiritual peace and healing; it is also an exercise for our physical endurance: the long walks, the heat, the sun, and at the same time a reminder for the Day of Judgment. Another

important aspect of Hajj is the opportunity for social and political gathering of the Muslim Community - *Ummah* - depicting brotherhood and equality. If we consider all these meanings of spiritual healing, physical endurance and exercising, social and individual responsibilities, brotherhood and equality, we could see how can this ritual have an impact on the health of individuals and societies.

After describing these Qura'nic pillars of faith as a basis for spiritual (also physical) health, let us now consider other Qura'nic guidelines that maintain mainly our physical structure in which the spirit resides. The Quran has given general guidelines and rules on nutrition, cleanliness, social and marital relations, child bearing and rearing, etc.

## **6.7 The Qura'nic Concepts of Halaal and Haraam and the relationship between Health, Nutrition, and Behavior**

The Qura'n established the relationship between nutrition and behavior, and accordingly the health consequences. The concepts of *Halaal* (lawful) and *Tayaib* (wholesome) were linked to *Amaal Salihah* (constructive behavior) and *Fisq* (destructive behavior) related to *Haraam* (unlawful) foods, beverages and behaviors and lifestyles. Important concepts of the new public health we find them beautifully encompassed and incorporated in these Quranic concepts of allowances and prohibitions. What is allowed for eating, drinking, or behaving serves in fact the issue of promoting human health, and is in fact a call for positive health. Things that are prohibited serve the issue of preventing disease. While concepts of positive health, health promotion and disease prevention are now central themes of the new public health movement, we find that these Qura'nic concepts of *Halaal* and *Haraam* address the issue, and effectively, some 1400 years ago.

### **6.7.1 Nutrition**

#### ***The "Law of Food" in the Qura'n***

God's mercy, love and concern to His creation are inherent in the Qura'nic guidelines on how and what we should eat and put in our bodies. Our muscles, bones, lungs, liver, brain and secretions are made from the raw products we eat. If we

provide the body with junk raw products, it will produce tough bones, muscles, a good pump (heart) and clean pipes (vessels):

*“O humankind! Eat of what is lawful and good on earth”* Sura 2, verse 168

*“Eat of the things which God has provided for you lawful and good, but fear God in whom you believe”* Sura 5, verse 91

So the first law is defining and permitting the good and lawful foods to eat - *Taibaat* -. The second law is the *moderation* of the lawful. Obesity is a major world health problem, majority of which is due to overeating. God advises as to be moderate in consumption:

*“But waste not by excess for God loves not the wasters”* Sura 7, verse 31

*“Eat of the good things we have provided for your sustenance, but commit no excess therein, lest My wrath should justly descend on you, and those whom descends My wrath do perish indeed”* Sura 20, 81

### **6.7.2 Types of Food with special emphasis in the Quran:**

#### **\* Bees Honey:**

*“.....There issues from within their bodies (bees) a drink of varying colours, Wherein is healing for people, Verily in this is a Sign for those who give thought”* Sura 16, verse 69

Another miracle of the Qura'n! Human experience and modern research have shown that honey derived from bees has remedial effects on a wide range of diseases and of different origins: heart diseases, skin diseases, pulmonary diseases, allergic conditions, surgical wounds, gastrointestinal diseases and ulcers, anaemias, growth retardation in children, impotence, general debility and ill health. Even for healthy people, drinking pure bee's honey regularly has been shown to have a profound felt effect on enjoying and maintaining their good health.

#### **\* Fruits of Date Palm:**

*“And We send down from the sky Rain charged with blessing,  
And We produce therewith Gardens and Grain for harvests;  
And tall (and stately) Palm-trees, with shoots of fruit -stalks, piled one over the other,  
As sustenance for servants (people), and We give (new) life therewith to land that is  
dead,  
Thus will be the Resurrection”* Sura 50, verses 9-11

**Vine:**

*“And from the fruit of the date-palm and the vine, ye get out strong drink,  
And wholesome food: behold, in this also a Sign”* Sura 19, verse 67

**Milk:**

*“And verily in cattle (too), will ye find an instructive sign,  
From what is within their tissues, what is between (out of) secretions and blood,  
We produce for you drink, Milk, pure and pleasant to the drinker”* Sura 19, verse 66

**Olive and Fig:**

*“Also a tree (olive) springing out of the Mount Sinai,  
Which produces oil, and relish for those who use it for food”* Sura 23, verse 20

*“By the Fig and the Olive, and the Mount of Sinai”* Sura 95, verses 1-2

These mentioned fruits are low in calorie, high in vitamins, minerals and fiber. They have fructose, not sucrose, which is found to cause no rise in blood sugar. Rather it was found to lower the high blood sugar of some diabetics [Athar, 1995].

### **6.7.3 Breast Milk**

Till the moment, and despite all advanced technology, there is no manufactured milk that could be similar or even near similar to breastmilk. Breast milk lactation has profound health benefits to the newborn in protecting him from serious early infections, as well as later during infancy in promoting growth and development. It is not only important for the physical growth, but is found vital for the emotional bonding between the mother and her child and hence the psychological development

of children [Salih, 1984]. Lactation is also found to be important to the mother in facilitating normal involution of the uterus. These are all recent findings. Who then told the Prophet the importance of breast milk some 1400 years ago?

*“The mothers shall give suck to their offspring for two whole years....”* Sura 2, (part of) verse 233

We can see that this amazing Book has suggested a starting point for the care of mother-and-child health , only to know its scientific importance in our days.

We have now seen some of the health promotive aspects of *Halaal* food and of the special types of natural foods as indicated in the Qura’n. We would now turn to the other concept of the Qura’nic *Haraam* foods and drinks and how relevant could they be, if followed, in preventing lots of morbidities, mortalities, and miserable states of life. This is going to be our next section.

## **6.8 Haraam Foods, Drinks and Lifestyles and their Health Preventive Impacts**

### **6.8.1 Alcohol and Drug Abuse: The Present Scene and the Qura’nic Wisdom**

If we can take the American scene as an example of the seriousness of alcohol and drug abuse and the increasing social and health evil effects, we could then understand how genuine was the Qura’nic solution for a similar problem some fourteen centuries ago, how this solution preserved the health and social system of Muslim nations during decades of Muslim Governance and political obedience to Quranic guidelines, and hence how that solution could be a workable option to this present global health problem.

In the USA, there are 15 million alcoholics, 18 million marijuana smokers, 6 million tranquilizer abusers, 5.5 million cocaine users, 2 million heroin addicts, and 10,000 cocaine kids (children born to cocaine mothers). There are 700 treatment centers and the cost of drug treatment is \$117 billion per year. In addition to morbidity and mortality, the alcohol and drug scene is closely connected to the crime rate. During the eighties 800’00 arrests were made for drug violations per year (compared to 400,000 per year in the seventies), and in the nineties about 1,500,000

arrests made annually for traffic violations are related to alcoholism . Of all inmates in US prisons, about a third admit drinking alcohol before committing the felony and of the 50,000 auto accident deaths annually, 23,000 are related to acute alcoholism, 5,000 being teenagers. The alcohol and drug abuse in children as young as 5 is increasing at alarming rate [Athar, 1995].

Alcohol damages all organs of the body in due course. it damages the liver (cirrhosis), the heart (cardiomyopathy, sex hormones and immune system, causes gastric and duodenal ulcers and hemorrhages, leads to acute brain intoxication as well as chronic brain disorders (ataxia, loss of memory, personality disorders, depression, suicide, etc.), and there is a growing evidence of its implication in breast cancer, fetal damage and congenital anomalies [Athar, 1995].

We do not need to go into further details in order to proof how evil are the consequences of alcohol and the challenges it poses to human health and public health at large. It is a problem without near solution. Dominance of Secular thinking and governance had led to, and the name of scientific development, unfortunately, to a declared warfare against religion because of the attitudes of the church in Europe during the 17th. and 18th. centuries. That was basically a conflict between the increasing human need for scientific and intellectual development and obstacles put by that deviated and corrupted forms of Christianity that dominated Europe in medieval times: its misconceptions about science and human progress and development as well as its misuse of power and wealth. This happened during a time when Islam which was a leading civilization in the world for hundreds of years, started to manifest withdrawal from the scene as a leader due to many multifaceted internal and external factors. For no real good logical or obvious reasons this new Secularism has regarded what had happened out of that deviated, corrupted forms of Christian practice, as to be necessarily the same and also true for all other religions, even for the true ones. Secularism has thus put Islam as well in its black list! Though calling for rationalism and open-mindedness, it has not scrutinized the Islamic ideology in a rational or scientific way. Its vision was narrow on that aspect, unfortunately. It has neglected, and for no good reason, an ideology that had led to an unprecedented scientific progress in all branches of knowledge and for an extended period of time from the 7th. to the 15th. centuries. Even most of the scientific development of the Age of Enlightenment in Europe was based on what Muslims had achievements on the various disciplines of human sciences: physics, chemistry,

astronomy, medicine, botany, mathematics, algebra (an Arabic name, a pure Islamic science), geography, and so on.

Why are we saying this now while we are discussing the problem of alcoholism? The reason is that though we have a workable solution for this problem, the present global trends of secularization is putting a lot of obstacles in front of our Qura'nic solutions because to them these are religious solutions and religious solutions are not acceptable or compatible with secular thinking. This takes us back again to that fragmented and segregated ways of thinking introduced by the Cartesian dualistic legacy which, as we have seen, is a major factor of our today's public health dilemma. Secularism adopted the dualistic fragmenting and separating principles between science/public affairs and religion: rationality is characteristic of science (secularism) and irrationality, unreality is characteristic of religion and divine scriptures. Religion no more advises or guides the public affairs of communities, it is only confined to personal and private affairs and has no place outside the church or the mosque. Our Islamic ideology through its unifying creed does not approve this secular dualisms, not only theoretically but also in real and daily life practices. The Quranic confrontation of the problem of alcoholism is an excellent example. Quranic laws - *Shariah Laws* - seek to protect the five faculties as basic and vital needs of every human being:

1. Faith and religion of people
2. Life: prohibiting homicide, suicide, illegal abortion
3. Property and ownership: prohibiting theft, robbery, capturing or destruction of people's property or violating their ownership's
4. Honour and chastity of the individual
5. And the mind of the individual: prohibits all forms of influencing, suppressing or intoxicating humans minds.

It is understandable, therefore why the Qura'n prohibits alcohol. In so doing it preserves people's lives, properties, honor and respect, and of course their states of alert and sound minds.

It is worth mentioning that Qura'n in its methodology for prohibiting alcohol, did that gradually and in stages. When I was first acquainted with the 5-Stage Theory of Change of Prochaska, it so much reminded me of the Qura'nic methodology in prohibiting alcohol. But the fascination is, of course, that the Quranic theory of change! it was suggested and applied very successfully some fourteen decades ago

and before people had any sort of what is known now as Social Psychology. Four stages could be traced in prohibiting alcohol according to *linked-to-the occasion* system of the Qura'nic revelation.

1. Revelation of the first Qura'nic verse that just mentions alcohol:

*“And from the fruit of the date-palm and the vine,  
Ye get out strong drink (fermented) and wholesome food;  
Behold, in this also is a sign fore those of you who are wise.”* Sura 16, verse 67

This verse puts two products of date-palm fruits in front of each other: a strong drink and a wholesome food. It is as if trying to direct the attention of these pre-Islamic Arabs who considered *Khamer* - alcohol - as a norm of life and thus used to drink heavily, to direct them to a new different meaning: that this strong drink of dates is not wholesome.

2. After this verse many of the new converts started to be more curious about drinking alcohol requested more informative knowledge from God. Some of them used to say: “Please God give us definite answer about *Khamer*.” After some time the second revelation about alcohol was sent to the Prophet:

*“They ask thee concerning khamer (wine) and gambling,  
Say: ‘In them is great sin and some profit, for people;  
But the sin is greater than the profit’.....”* Sura 2, (part of) verse 219

So this verse in spite of approving some personal material profits to some of the individuals, like wine merchants or winning money through gambling, but, however, declares that their harmful and sinful effects are much more greater. Though this verse had not yet prohibited taking alcohol, many new converts stopped taking alcohol on view of the Qura'nic fact that its harms and evils are more than its benefits.

3. In the third stage, when people are more psychologically prepared to stop drinking, a verse came to find a solution of whole-day addiction and drinking of *khamer*. This verse prohibited drinking only partially, during prayers time which are five times a day.

*“O ye who believe!  
Approach not prayers in a state of drunkenness  
Until (your intoxication is over) ye can understand all that ye say (while praying).....”*

Sura 4, (part of) verse 43

These five prayers distributed during the day will just break down the habit of regular intake of alcohol which is an important step for the final stage.

4. Finally the last and decisive Qura'nic revelation of totally prohibiting *Khamer* was sent to the Prophet:

*“O ye who believe!*

*Intoxicants and gambling and sacrificing to stones, and (divination by) arrows,*

*Are an abomination, - of Satan's handiwork:*

*Avoid (eschew) such(abomination), that ye may prosper.”* Sura 5, verse 90

*“Satan's plan is (but) to excite enmity and hatred between you,*

*Through intoxication and gambling,*

*And hinder from the remembrance of Allah, and from prayer:*

*Will you then abstain”* Sura 5, verse 91

The answer of the believers to this absolute prohibition was immediate and the effect was electric: they all said: “we have abstained, we have abstained”; and in a matter of hours all bottles were broken, and all cups already raised to the lips were dashed to the ground. The streets of Madina that day flowed with wine. In a matter of few years between the first precontemplatory Qura'nic verse and the final action-prohibitory verse, all people of pre-Islamic Arabia who, one day, loved and lived for wine and poetry, all had abstained from and stopped completely from drinking wine. It was a 100% success rate Health Education/Health Promotion Intervention Program! A matter that worth comparing with our nowadays Health Intervention Programs backed with all modern computerized technologies of research, planning and implementation, however, still their humble rates of effectiveness and success.

Having finished with the Qura'nic health education and promotion philosophy through this orthodox example of dealing with the problem of alcohol and intoxication, we would now like to turn to other types of Qura'nic nutritional prohibitions.

### **6.8.2 The Qura'n Prohibits Eating Dead Meat, Blood, Meat of Strangulated and Violently Killed Cattle, and Swine Flesh**

*“Forbidden to you (as food) are: dead meat, blood, the flesh of the swine, And that on which hath been invoked the name of other than Allah; That has been killed by strangling or by violent blow, Or by a headlong fall, or by being gored to death; That which hath been (partly) eaten by a wild animal; Unless ye are able to slaughter it (in due form).....”* Sura 5, (part of) verse 3

There is great wisdom in these prohibitions. With scientific development more and more justifications are discovered, and still more to be discovered as for the importance of these practices to public and human health.

Dead meat is the meat of an animal that died before slaughtering and its blood was not drained out. Blood ingestion is not only the drinking of blood, prevalent in the days of ignorance in Arabia or even now among many African tribes as taboos, but also the blood which is retained inside the meat by improper killing of the animal. Strangulated and asphyxiated animals will be retaining a lot of deoxygenated and high levels of carbon dioxide as well as other noxious nitrous products. All these forms of prohibited foods mentioned in the above verse are prone to contain varying degrees of harmful retentions: toxic nitrogenous and nitrous products, carbon dioxide, extra levels of different hormones, infective organisms and viruses which flourish in dead meat and blood, meat eaten by a wild or carnivorous animal like dogs, cats and lions has the possibility of transferring rabies, a dangerous and highly killing disease, as well as other zoonotic diseases [Athar, 1995].

Pork and pig fat is not only prohibited in the Qura'n, but also in the Bible because “swine were designed to be scavengers, to eat up filth”, and “though he divides the hoof and the cloven-footed, yet he chews not the cud, he is unclean to you. Of their flesh shall you not eat” [Leviticus, chp.7-8].

#### ***The Habits of the Swine***

According to an interview with the farmers of Fisher, Indiana [Athar, 1995] who breed swine:

“Swine is cheaper to breed. It does not require pasture since it can live on manure and other such items including dead meat. In fact it can eat its own feces. Their sexual habits are different from other animals like cows, sheep and goats. They have very little shame and can engage in sex acts anytime any place while others wait for darkness and privacy. The female hog is very aggressive in sexual activity and when she is in “heat” she does not care about anything until she has sex. Unlike other mammals like cows and sheep, swine also lick the genitalia of their partner after sex.

### ***Pork Fat differs from Other Animals Fat***

While herbivorous (plant eating) animals have unsaturated fatty acid on the position 2 of the triglyceride molecule, carnivorous (meat eating) animals have saturated fatty acid at position 2. Pancreatic lipase can hydrolyze triglyceride molecule if unsaturated fatty acid are at position 2 i.e. herbivorous meat, but is unable to do so with triglyceride molecule of saturated fatty acid at position 2. Therefore the fat of herbivorous animals (cows, sheep, goats) can be hydrolyzed, absorbed, and then resynthesized and stored as human fat, while that of pork fat like carnivorous fat (dogs, rats, cats, tigers, lions) will not be hydrolyzed and therefore has to be deposited in humans as pork fat in the adipose tissue [Felig & Baxter, 199 ]. It is interesting and worth to mention that herbivorous meat is an allowed food to eat in the Qura’n while the carnivorous one is prohibited.

Tinea solium and trichinosis worm infection are recognizable serious hazard caused by eating swine. In the USA alone there are 47 millions carrying this infection; if untreated the mortality rate of this infection may reach up 30% since it affects the brain, eyes, liver, lungs and heart. Swine fever/influenza is a potentially very fatal viral infection. In 1918, 20 million people died during a widespread epidemic of swine influenza, and in 1977, the American government spent \$135 million to vaccinate all American citizens as a preventive measure against this disease [AbdulSamad, 1993].

Having discussed the disease preventing measures out of the Qura’nic prohibitions to certain foods and drinks, we might need to turn now to the preventive implications of the concept of *Haraam* to certain human behaviors and lifestyles.

### 6.8.3 The Qura'n and the Prohibition of Adultery

*“And nor come nigh to adultery:*

*For it is an indecent (deed) and an evil way.” Sura 17, verse 32*

Adultery, prostitution, sex without responsibilities, promiscuous sexual behaviors and fornication are all responsible for the majority of cases of venereal and sexually transmitted diseases, and the rapidly spreading highly debilitating/fatal syndrome of the Acquired Immune Deficiency (AIDS), the plague of the twentieth century..

‘If there is one community in the world now that could possibly, and correctly, say that it is immune, or should be immune to AIDS, this should be the Muslim community. This, of course, depends on one basic condition: to abide to their Qura’nic commandments. Nevertheless, most of the Muslim nations and till the moment do not consider AIDS as an important health problem. In 1993, of the 21 Muslim countries in the middle east with a total population close to half a billion, only 366 AIDS cases have been reported, though there was a claim that the actual number was much higher than the reported one [Athar, 1995].

So far we have been discussing the health preventive and promotive effects inherent in the Qura’n. We tried to make hard selections in presenting only few of the many Qura’nic verses that could be related to the specific health issue. We have shown how faith and belief in the Qura’n, even just listening to recited Quran can have profound spiritual and physiological healing effects. We have also discussed the concept of justice as a central goal of the Qura’nic revelation and of sending the Prophets. In that it could be made use of to face problems of inequities as to the access to health care, in the distribution of wealth and power within nations and between different nations, injustice in the human relations between individuals, sexes, races, societies and nations; all have their profound evil effects on human health and are responsible for a major part of our present public health dilemma. We have also discussed that important issue of women and how the Qura’n, contrary to the dominating contemporary media believes, has honored women in every respect, something which could solve one of the formidable problems facing the current women’s health . A description was also given on the health promotive and preventive

effects of the rituals as mentioned in the Qura'n, the concept of *Halaal* an *Haraam*, Quran'ic nutritional advice, and finally breast milk and feeding.

What about health in the Prophet's *Sunna*? This is what we are going to discuss in the next chapter.

# 7

## HEALTH IN THE PROPHETIC TRADITION

### 7.1 The Prophetic Tradition and “*Sunnah*”: as Commentary on the Qura’n and Supplementary to it

The way of living of the Prophet and his sayings are a commentary on the Qura’n and they supplement it. The Qura’n together with the traditions and “*Sunnah*” of the Prophet are the source of “*Sharia*” or the Islamic Juris-prudence: an exhaustive material and guidance on all aspects of Muslim’s life. While the Qura’n is the Divine Word of Allah, the “*Hadith*” - sayings - and “*Sunnah*” are not. They are delivered in the language of the Prophet. The language of the two differ and those acquainted with the Arabic language can differentiate between them from their diction. The Qura’nic language is undoubtedly a master-piece - matchless and inimitable. The language of the traditions, though surpassing any other worldly writing in composition and eloquence and classified by experts as superb and excellent piece of Arabic language, still is not up to the standard of the Qura’nic language. The meanings, however, embedded in the sayings and “*Sunnah*” of the Prophet were through the guiding revelations of God. Allah not only revealed His last communication to him, He also made him a perfect specimen of a human being. The Prophet combined all that was

the best in human morals and manners, and he was the very embodiment of all that was preached and enjoyed in the Qura'n, which says:

*“Certainly there is for you in the Messenger of Allah an excellent exemplar.”*

Sura 33, verse 21

The knowledge of “*Sunnah*” is vital in Islamic faith for a proper approach to the problems of life and for an awareness of ones rights and duties in the day-to-day life. It contains matters covering all departments of human life and is the “*Treasure Chest*” for improving spiritual and material life of a person [Abbasi, 1983]. To follow the footsteps of the Prophet is a condition to be “a beloved” to God and to achieve success and salvation in this world and in the Hereafter:

*“Say, if you love Allah, then walk in my footsteps and Allah will love you.”*

Sura 3, Verse 31

As a coherent and systematic human philosophy, as a practical creed, and as a conscious-raising to the meanings and value of life and a guidance in all its pursuits, the *Sunnah* has not at all neglected the issue of health. As a matter of fact, human health is a central issue, and is in the heart of “*Sunnah*”, as we are going to discover.

## **7.2 The Essence of the Prophetic Medicine or “Tibb-Nabawi”**

While it was not until 1947 that the World Health Organization recognized the importance of health for the whole person and not merely the physical body nor just the absence of disease, Prophet Muhammed, 1400 years ago, gave a holistic definition of health:

*‘O, person waking up for his day, then finds himself and his family and the surrounding community in a secure, safe and peaceful state (of mind); that he is fit in his body; and that he is possessing enough provisions of eatables for his daily living; he is then as if all the precious contents of the whole world have been bestowed upon him’* [Related by AnNawawi, 1991].

To the Prophet, health is the greatest of all gifts and bounties bestowed on a person: *'Health (Muaafa/Afia) is the most excellent of God's blessings upon a person after (having) unshakable faith'* [Related by AlBukhari, ].

He also said: *'There are two big blessings for which so many people are envious (not making use of or abusing them), health and lack of worry (free time)'* [Related by AlBukhari ].

There are three main characteristics of what is called *Tibb-Nabawi* or Prophetic medicine [FazlurRahman, 1989]:

1. The *integrality of the health of the whole person* - spiritual, psychological, physical, and moral. This is the essence of the message of *Tibb-Nabawi*.
2. It is a general *educational advocacy* and prophetic teachings *to the public* for an easy access though primarily to preventive measures but also curative measures when needed. This popularizing of healthy practices and lifestyles is to be done as an act of piety.
3. This brings us directly to the third of the motivations of the *Tibb-Nabawi*, to bestow high religious value upon it and, in fact, to *bring it to the center of the faith*.

In the introduction to his Prophetic Medicine, AlDhahbi [n.d.] writes:

*It is incumbent upon every Muslim to seek nearness to God in every possible way that can bring him near unto God and to do his utmost in obediently carrying out God's commands. Now, the most beneficial of such means and the most consequential of approaches to God-after obeying his direct commandments and desisting from his explicit prohibitions-is that which benefits humanity in terms of preserving their health and treating their ailments, since health is among those things which have been required in the prayer forms of worship laid down in the Sacred Law.*

Al-Shafi (died 819), founder of the Shafii juristic school - one of the four main Sunni schools of law said: "Knowledge (that is valid and beneficial) is only of two kinds, knowledge of faith and knowledge of health." He also said: "I do not know of any type of knowledge, after the knowledge of what is lawful (*Halaal*) and what is unlawful (*Haram*), more noble for a Muslim (to acquire) than that of medicine but, alas if they neglect it - they neglect one-third of human knowledge" [AlDahhabi; AlAzraq, n.d.]

Authentic sayings of the Prophet are quite clear and explicit that Muslims should take care of and visit sick people, and that they should seek medical care when needed:

*'Visit the sick, feed the hungry, and procure the freedom of the captives'* [Related by AlBukhari].

*'Allah will say on the Day of Judgment: O Son/daughter of Adam! I was sick and you did not visit me! That person will submit: My Lord! How could I have visited you Thee when Thou art the Sustainer of the world? Allah will say: Did you know that my servant so and so was sick and you did not visit him? Did you not realize that if you had visited him you would have found Me with him (i.e. you get My Mercy and Forgiveness) ?*

Also when some of the Prophet's companions asked him about whether they should seek medical care, the Prophet answered them positively: *'Seek healing, servants of God, For the Lord Who sends disease, also sends with it its cure'*.

### **7.3 What is this Prophetic Healing Art about?**

One of the principle objects of the Islamic health care tradition is to prevent suffering and disease prior to any clinical manifestation. The entire life is guided and directed towards wholesomeness and longevity with the emphasis on prevention. Islam as an ethical and holistic way of life deals with the spiritual and physical aspects of an individual and community. On the spiritual and ethical levels Prophetic teaching and practice harmonize the inner consciousness with the outer reality of creation. The clear and sublime perspective focuses and liberates the individual from doubt, confusion and subjugation to others and positively helps to give purpose and meaning to life. This wisdom is interwoven into daily living, and a description of the Prophet's daily routine as an exemplar for a Muslim's day will give an idea about this peculiar kind of healthy lifestyle and its preventive dimension. This does not mean that the *Sunnah* is only focusing on the individual. Policy and policy-making are also vital issues the *Sunnah*. Leaders, presidents, governors and *Imaams* are all having obligations and commitments towards the care of their people. So besides the individuals' responsibilities towards their own health or the health of those who are

in their closest surrounding environment, Islam gives definite guidance at the structural and policy level and defines roles and responsibilities of the leaders of the nation or the *Ummah*. It is therefore important to divide two tasks: one is the health implications of the *Sunnah* at the individuals' level, and the other at the structural and organizational level. For the later, three concepts are important to consider: the concept of the *Muslim Umma*, the concept of *Islamic Hisba*, and the concept of *Islamic Waqf*. So the first part of this chapter will be about the policy and organizational issues of the *Sunnah*.

### ***A. 7.4 The Muslim Ummah***

The religion of Islam does not separate life into individuals and the community at large or between personal affairs or public affairs. There is also no separation between the state and the religion. The interrelationships are profound. *Ummah* is the Arabic word for the Islamic community. It is a religious concept not confined by any geographical entity, political or ethnic or racial grouping, but rather to an ideal organization of all Muslims. It denotes the community of believers who share the basic principles of Islam: the Quran, Sunna and the Sharia, including its five religious duties; included in it also are all those who, though not Muslim, but are not enemies to the Muslim *Ummah*. The ideal of *Ummah* is closely associated with the historical community of Muslims founded by the Prophet. This original Islamic community is believed to have been characterized by strong cohesion, equality, and solidarity among its members [Buitelaar, 1991]. Though some authors think that the corporateness of the Islamic community is considered to have declined since early Islam [de Bruijin, 1984; Waardenburg, 1984], however, in my own opinion the massive segregation of Muslim *Ummah* could be really linked to the era of Western colonization and the post-colonial times. Independence from colonization had not resulted in the bringing back of the Muslim *Ummah*, but rather of tens of nations with different names while sharing the same faith, the basic essence of which is unification! Therefore, referring to the *Ummah* means appealing to the ideal of restoring the original Islamic community.

#### **7.3.1 The Healthy Day of a Muslim**

As a Muslim you are expected to get up early in the morning at dawn - *fajar* - before sunrise. After emptying the bowels, you properly clean the genitalia preferably with water or you may confine to paper use only. Hands are then washed well followed by brushing of teeth and gums. You can use the *Miswak*, a traditional plant used from the early times of the Prophet for cleansing the teeth and to maintain an oral hygiene. It is only that in our present times that these *miswaks* were found to contain anti-microbial substances that combat oral infections and tooth decay [Khan, 1986]. Otherwise a tooth brush can do the job. Then you should perform *Wudu* to prepare for the dawn prayers. “*Wudu*”, although it is a physical cleansing practice, it should, however, be associated with a clear intention of inner and spiritual purification. The steps of this ritual are well defined and well explained by the Prophet: wash first the mouth three times including gurgling by clean water, then wash both nostrils internally, next the whole face is washed also three times including eyes and ears. Then wash both arms from wrists to elbows with running water and run your wet hands over the hair and to the back of the head. Finally wash both feet up to the ankles including the toes and the spaces between the toes, also three times. This purification is followed by *Salat* - prayers - the most sublime spiritual commencement of the day [AlGazzali, 1977]. Then you go out walking to the near mosque, respirating the fresh air of dawn, where you do the prayers collectively. Otherwise you do it individually if there is no mosque in the neighborhood, which is unlikely in a Muslim setting. You stand upright with your face towards the *Qibla*, directed towards the *Grand Masjid* - mosque - in the holy city of Islam, Mecca. The consciousness is, however, directed inwards. Again, and in well defined highly organized movements, people arrange themselves in straight and equal rows headed by the *Imam* or prayers-leader. Both hands are raised gently and then the right hand is placed on the left, just below the navel. This is followed with reciting passages of the Qura’n, then kneeling and putting hands on the knees, then prostration on the floor, sitting while contemplating and supplicating. These movements are to be repeated in every *salat* from two to four times totaling to seventeen times during the whole day. This is a brief and general sketch of the external process of a profound and powerful form of integrated worship as taught and practiced by the Prophet and supposed to be offered at five key intervals throughout the daily cycle. The whole process culminates in supplication, the essence and marrow of the whole worship [AlGazzali, 1977]. In addition to the profound impact

of these rituals on the spiritual health and well-being of those who keep performing them regularly during the day and night, the impact of the regularity of these systematic and rhythmic bodily movements on the physical health could not be ignored. This mode of physical exercise can act as a powerful means for strengthening the body and keeping a high level of physical fitness throughout the person's life, thus achieving one of the important concepts of the “*New Health Promotion*”, that is the concept “*Positive Health*”.

Islam places strong emphasis on the achievement of perfect harmony and total complementarity between spiritual and physical purification. The physical purification of ablution is an opening to the spiritual purification of prayers. Together, they promote a complete state of psychological well-being for Muslims [AlSheik, 1996]. There can be no conflict between the requirements of body and soul within the person. Both complement each other, as can be clearly understood from the following statement of the Prophet:

*‘When a Muslim makes his/her ablution and rinses his/her mouth, sins come out of it, and so do they come out of his/her nose when it is rinsed. When he washes his/her face, sins drop from all of his face. When he washes his/her hands, sins drop from all over the hands including from under his finger nails. When he/she finally washes his/her feet, sins drop from them to the extent that they go out under his /her toenails’* [Related by Muslim].

Muslims are further urged to perform ablution for numerous purposes other than that of offering prayers. We are recommended to perform ablution before to go to bed. Ablution is further recommended when one is in a state of anger because it extinguishes anger (and tension) as water extinguishes fire, as the *Hadith* says.

The Prophet commands Muslims to perfect their ablution and to do it well. He says:

*‘Perfect your ablution’* [Related by AbuDawood]. He also says:

*‘To perfect one’s ablution represents half of the faith’* [Related by IbnMajah].

Ablution thus renders the body constantly clean and the person pleasant to associate with. It is the best guarantee for the cleanliness, vitality, purity and freshness of one’s body.

Do “*Sunnah*”’s health promotive and preventive activities restricted to keeping regular *Wadu* and *Salaat* only? As a matter of fact, the Prophet’s traditions

and practice in all aspects of life are flowing with these meanings. We will try next to delineate these highly valuable Prophetic teachings and activities that, in essence, are also health promotive in nature.

### **7.3.2 “Sunnah”’s Control Measures Against Contamination: The Prophet and his highly Concern for the Purity of Water**

Safe drinking-water is clear, colorless, odorless, of agreeable taste and of reasonable temperature. It should be free of ammonia, nitrates, organic pollutants, toxic substances, poisonous gases, and parasites, ova, larvae and disease-causing germs. It may contain no more than 100 non-pathogenic germs per one cubic centimeter [AlSheik, 1996]. The diseases transmitted by contaminated water are numerous. Prominent among these are the diseases caused by germs or parasites found in the faces and urine of sick persons: typhoid, schistosomiasis, cholera, ascariasis and various kinds of helminthiasis.

It is clear, therefore, that prevention of water pollution and the spread of the aforementioned diseases depend to a great extent on two things: firstly, preventing the pathogenic germs and the parasites carrying them from being deposited in water or damp soil; and secondly, not exposing oneself to these germs and parasites by going through polluted water. These are exactly the same measures of control which the Prophet highlights in a number of his traditions and sayings.

The Sunnah and the Prophet’s authentic statements are abound with measures that helps controlling contamination and pollution of drinking and washing water. It is totally forbidden to urinate or defecate anywhere which is considered a source of water for human use, whether for drinking, bathing or washing. The Prophet’s statements are meant to arouse people’s disgust at the unhealthy practice of urinating or defecating in water as well as in places inhabited or of common use by people. These are preventive measures for this same person who makes the contamination as he might come to use these water source again as well as a protection for other users. The following are some of these authentic Prophetic sayings:

*‘Let no one of you urinate in stagnant water’* [Related by Ibn Majah].

*'God's Messenger has prohibited anyone from urinating where he bathes'* [Related by AbuDawood]

*'Do not urinate in stagnant , unrunning water, that you may use it for bathing''* [Related by Muslim]

*'Let no one of you bathe in stagnant water to remove the state of ceremonial impurity'* [Related by Muslim].

*'Guard against the three practices that invite people's curses: evacuating one's bowels near water sources, by the roadside and in the shade''* [Related by AbuDawood].

The Prophet's pronouncements also prohibit evacuating bowels in the shade and by the roadside. From the social point of view, this prohibition highlights the repugnance with which such a habit is held. It is in the shade that people rest and recreate and it is by the roadside that people move from one place to another. People are thus going to be prevented from having rest or some recreation and from their necessary human activity of movement when they see that the place has been used as a toilet. As far as health protection is concerned, the prohibition is highly significant, because shady places do not receive enough sunshine to kill the germs which happen to be in their vicinity. Humidity is needed for the breeding of various kinds of helminthiasis and parasites which lingers on in the shade [Al-Sheik, 1996].

The prohibition of urination and defecation in water may be extended to all water pollutants that may have an adverse effect on human health. These include the disposal of industrial effluent, dead animals, rubbish and waste, as well as washing of contaminated clothes in rivers, canals and drains, and any action that pollutes the environment and endangers animals and plants.

The Prophet's concern for maintaining the purity of water is further expressed by the following statement:

*'Anyone who wakes up from sleep must not put his hand in any utensil (water container) until he has washed it three times; for he does not know where his hand was during his sleep''* [Related by Muslim].

It is also important not to leave food and drink containers uncovered. Aisha, the prophet's wife says: "I used to prepare for the prophet at night three covered water containers: one for his ablutions, one for brushing his teeth and the third one for drinking".

In another *Hadith* one of the Prophet's companions said:

'The prophet has commanded us to tie up the mouths of our water skins and to cover our food containers" [Related by Ibn Majah].

The purpose of this is clear: to prevent flies and harmful insects from getting access to food and drink, which is a very highly effective means of preventing transmission of germ-causing diseases.

### **7.3.3 Other "Physical Purification" Activities of the "Sunnah"**

#### **\*Bathing**

Physical purity and cleanliness are central, not only to the Islamic health system, but to Islamic Faith itself. A straight and clear declaration by the Prophet is that '*cleanliness is half faith or the twin-half of faith*' [Related to Muslim]. Bathing, is therefore, an important issue in the Prophet's "*Sunnah*".

To bath is to immerse one's whole body in water or to pour water profusely over oneself, either to achieve general cleanliness or for curative purposes. Taking a bath is also highly useful during menstruation for cleaning and removing unpleasant odors which may result from vaginal discharges on the one hand and the increase in perspiration on the other.

Taking a bath is considered obligatory in Islam at least once a week. It is also obligatory on a number of occasions, including the end of menstruation and postnatal discharge, after sexual intercourse, and wet (erotic) dreams. Other than bathing at the end of menstruation, women are advised by the Prophet to use pieces of clean cloth or sanitary napkins of tissue paper during menstruation, and should be changed once or more every day, as necessary. Another situations in which a Muslim should take a bath are: before the weekly collective Friday prayer, for attending prayers on the two annual Islamic festivals, during pilgrimage and *umra* (mini-pilgrimage), when one feels that one's body is becoming unpleasant, and on many other social occasions. Cleanliness and self-purification are associated with worship on the one hand and with social activity on the other.

The Prophet is authentically reported to have said:

*“To take a bath on Friday is a duty of every pubescent Muslim”* [Related by AlBukhari and Muslim]. Using perfumes is also highly recommended when going for Friday prayer as well as on many social occasions. The Prophet himself used to use perfumes excessively.

Taking a bath is also recommended for curative purposes. The Prophet advised bathing febrile patients as an antipyretic measure. This is today known as cold or water sponging and is a basic medical practice for managing febrile patients.

***\*Cutting Nails, Removing Unnecessary Body Hair & Wearing Clean Clothes***

To keep one’s personal hygiene, the Prophet recommended regular practice of cutting finger and toe nails and removing pubic and armpit hair [Related by ElNisaii]. The Prophet once saw somebody on dirty clothes, he then commented to his companions saying:

*‘Wouldn’t be better for this man to go and find water to clean his cloth’* [Related by AbuDawood]

***\*House Cleaning and a Call for living in Big Houses***

The Prophet instructed Muslims, in an order form, to keep their houses clean and tidy:

*‘Clean (every thing) in your houses’* [Related by ElTrmizy].

The Prophet also considered living in a big house as a means of having a happy life:

*‘Four things are part of happy living: happy marital life, big house, good (peaceful) neighbors and a roomy vehicle’* [Related by IbnHibaan]

## **7.4 Eating Habits and the Prophet’s “Sunnah”**

Food is one of the basic necessities of life. It is essential for the normal growth and development and to sustain life. All the essential nutrients must be eaten in the exact proportion. Too much of one nutrient and the absence of another, will lead to disease. Like everything else in life, there must be a balance, a point so often emphasized in the Qura’n and the “Sunnah”.

Islam draws a basic distinction between “Needs” and “Wants”. Human needs are limited but their wants are unlimited. Every human being needs minimum food,

minimum shelter, minimum clothing, and maximum education [Casseim, 1993]. For a Muslim the minimum food required for the healthy functioning of his body is also the “*Optimum*” requirement. In other words, enough is enough. Indeed, the “*Sunnah*”, like the Qura’n, had a lot to do with the eating habits of people.

#### **7.4.1 Overeating & Gluttony**

The Prophet declared that:

*‘Overeating is the source of all disease’* [Related by ElSeiouty].

He also said:

*‘Most of the evil comes through full bellies, smaller amounts of food that keep the person upright is enough’* [Related by ElTrmizy & IbnMaja].

In another pronouncement where the Prophet warns against filling the stomach, he says:

*‘Keep one third of your stomach for your food, one third for your drink, and one third for your breath!’*

In another “*Hadith*” where the Prophet relates the warning with the Hereafter, he says:

*‘Those who are the most full-bellied in this world, are going to be the most hungry in the Hereafter’* [Related by IbnMaja].

Very important value addressed by the Prophet is the social responsibility of having excess food while others do not have any:

*‘That Muslim is not a perfect Muslim who eateth his fill and leaveth his neighbors hungry’*

#### **\*Fasting**

As mentioned earlier, every year and for one complete lunar month, Muslim adults are required to fast the month of Ramadan. Outside Ramadan, there are other forms of voluntary fasting such as fasting three days in every month, fasting Monday and Thursday of every week, and some more days of other particular months. The Prophet said in simple and eloquent words that *‘Fast is a shield’*.

Fasting has a clear health message. It is an opportunity to fine tune the body and shed it of obesity and sloth. It is also an opportunity for developing the psycho-social

qualities of endurance and self-restraint, to enhance self-efficacy, to control anger and a fiery or malicious tongue! It also awakens compassion and solidarity with others and in particular with the poor, and makes people more liberal and generous in helping the needy and feeding the hungry.

#### **7.4.2 Eating Etiquette's in the "Sunnah"**

Cleaning of hands before and after eating and cleaning the mouth after eating or drinking, for example milk, is overemphasized in the "Sunnah". The Prophet once said: *'If a person goes to bed while his hands smell fatty (i.e. not washed after eating meat or fatty food), then it is only himself to blame'* [Related by ElTrmizy].

It is also important that the person should use his right hand for eating, since the left hand is used for removing dirt from the body or the floor and for cleaning and washing genitalia after going to the toilet.

As going with the Qura'n, the Prophet also recommends natural foods like milk, honey, date-palm fruits and fruits in general.

#### **7.4.3 The Sunnah Prohibits all Harmful Food and Drinks**

The same logic of prohibiting harmful food and drinks in the Qura'n applies also to the "Sunnah". The Prophet says:

*'No harm may be inflicted on oneself or others'* [Related to Ahmed & IbnMaja].

All food and drinks prohibited by the Qura'n is, of course also prohibited by the *Sunnah*. We discussed that in some detail in Chapter 6 that we need not go through it again. However, I would like to have an input about smoking. Strong evidence are clear to me from both the Quran and "Sunnah" that prohibits this killing lifestyle of smoking.

##### ***Evidence for the Prohibition of Smoking***

There are many reasons, any one of which is sufficient to rule smoking prohibited. Smoking is harmful to the "Deen", health, environment, family, brotherhood, and social relations! [AlJibaly, 1996].

*\*Harm to the "Deen"- religion -:* Smoking spoils a person's acts of worship and reduces their rewards. It spoils the prayer, which is the pillar of Islam. The Prophet stated that those who eat things that produce unpleasant smells should not come to

the mosque for prayer since *'The Angels are surely hurt by things that hurt human beings'* [Related by AlBukhari and Muslim].

Smoking also spoils fasting. Fasting is very hard for the smoker to the extent that he might stop fasting because of that. So smoking may lead a Muslim smoker to violate one of the pillars of Islam thus missing three great profits: the great religious reward of fasting; the great health benefits of fasting; and the great profit of this opportunity to quit smoking and hence have a healthy life.

*\*Harm to the Human Body:* The medical evidence of the evils of smoking is overwhelming. Smoking is the number one cause of premature mortality that could be avoidable. Isn't this sufficient to make it prohibited? Islam is clear in prohibiting any action that causes harm to oneself or to other people. The Qura'n says:

*"Do not kill yourselves, Allah is indeed merciful to you"* Sura 4, Verse 29

And the Prophet says:

*'Whoever consumes poison to kill himself with it, then he will be consuming his poison in the hellfire, and he will abide in it permanently and eternally'* [AlBukhari and Muslim].

*\*Harm to the Mind and Will Power:* Nicotine habituation and addiction is a sort slavery. Thus, a Muslim instead of being slave to God, the Creator, he/she becomes slave to his cigarette! The Prophet says:

*'The strong believer (with good mind and will power) is better than the weak believer and he/she is more beloved to God'* [Related by Muslim].

*\*Harm to the Property:* A smoker wastes his money on that which harms and has no benefit. This is sort of extravagancy that Islam dislikes. The Prophet says:

*'Allah hates for you three things: gossiping, begging, and wasting money'* [Related by AlBukhari & Muslim].

*\*Harm to the Social and Physical Environment:* A smoker emits his/her poisons in the face of his/her companions, wife, children, and the environment. Passive smoking is now one of the new-world health problems! It is also very irritating to those in the neighborhood of the smoker. The Prophet prohibits hurting neighbors:

*'Anyone who believes in Allah and the Last Day should not hurt his neighbor'* [Related by AlBukhari].

There are good reasons, therefore, to say that the Qura'n and Sunnah prohibit, though not directly, cigarette smoking. Islam thus can provide a real opportunity for solving one of most difficult dilemmas facing the human health. At least if Muslims

could have the courage to go back to their Book and their Prophet's *Sunnah*, then, I would say a revolution in public health and human health would result, and for the benefit of the whole humanity.

## **7.5 Other Important Health Aspects in the Prophet's "Sunnah"**

### ***Sexual Life***

Islam regards the need for sexual relations as natural for adults. If this need is naturally fulfilled within marriage relations, it is then not only a need satisfying practice but it rather merits reward from God. To the contrary, Islam considers extra-marital practices as punishable practices, causing illnesses and producing feelings of immorality, guilt and sin. There is no celibacy or monasticism in Islam. The Prophet actually used to encourage youth to become married early and considered doing sex and making love with one's legal mate as a piety act! The Prophet said:

*'And in making love with your mate you will get a reward from God; the companions then said: how is that we satisfy our sexual desire and be rewarded for it? The Prophet then said: Do you not see that if this desire was satisfied in a prohibited manner, wouldn't that be sinful? So the reverse is true, a lawful sexual satisfaction is going to recompensed'* [Related by Muslim].

The Prophet also gave advice on how to make love and how to enjoy it:

*'Do not just fall (when making love) onto your wife just like an animal falling onto its partner, but let there be a messenger in between? Companions then asked: What is that messenger? The Prophet then said: Talking, foreplaying and kissing'* [Related by ElDailamy].

Another genuine advice by the Prophet that is found now to have a very profound positive effective on women's psychological and physical health is what we are going to see in this following *Hadith*:

*'You must be honest and caring with your wife when making love with her, that if you ejaculated early, you should wait for her till she gets satisfied (reaches her climax) as well'* [Related by AbuYhaala].

## ***Sleeping***

‘*Your body has a right over you*’ said the Prophet to one of his companions who was keen on observing long periods of fasting and keeping his night awake praying. The Sunnah does call for an adequate rest and sleep, which are vital for reactivating and strengthening body functions and for mental and emotional stability.

To sleep well, a person should be able to relax which requires a feeling of satisfaction and contentment and an attitude of equanimity in facing problems of life. In fact, Islam provides that state of mind. An attitude of mind characterized by faith in God, contentment and satisfaction in God’s Wisdom and Grace; a lifestyle not motivated by the desire to possess and accumulate material things and which appreciates the wisdom of the Prophet’s saying that ‘*the little but sufficient is better than the abundant but alluring*’ ; a lifestyle that is free from drugs, alcoholism and smoking, and from the burdens of debt and unnatural behavior of lying and deceit; a lifestyle that generally uses the day for earning a living and the night for resting - this is the type of life called for by the Sunnah and which is likely to ensure peace of mind, reduce agitation and worry and make for restful sleep and happiness [von Denffer, 1982].

The Prophet has given directions on how to prepare for sleep. He recommended performing ablution before going to sleep. He also recommended recitations of certain verses from the Qura’n and supplications on going to bed and on waking up which all serve to make us conscious of our Creator, of the purpose of life and of the reality of sleeping as symbol to death. He recommended sleeping on the right side of the body, something which is know now to help the processes of proper respiration and digestion [Hamid, 1989]. We can see then and clearly that these measures adds up important elements of health: general condition of cleanliness, relaxation and mental peace, and awareness of reality.

## ***Exercise, Work and Activity***

The Qura’n and “*Sunnah*” commends work and activity and frowns on inactivity and sluggishness. Those who strive and exert themselves are better than those who remain idle or indolent. The Prophet himself prayed and recommended for his followers to pray for ‘*God’s protection against laziness and incompetence*’. He stressed regular physical activity and exercise - horseriding, swimming, archery,

wrestling and running; and he himself was a good rider and a good wrestler [Lings, 1983]. He often had races with his wife. It is very impressive this extraordinary physical fitness of the Prophet and his companions when we look at the thousands of kilometers they traveled all over peninsular Arabia, an often harsh and mountainous terrain [Assaf, 1979].

It is important to point out that many of the devotions in Islam like *Salaat* and *Hajj* require a body that is physically fit. Nonetheless, it is important to remember that physical fitness and strength are not an end on themselves and the body is not venerated and worshipped, neither in life nor in art: '*God does not look to your bodies and appearances but to your hearts and deeds*' as one of the noble Prophet's statement says.

Till now we have been discussing concepts of health protection, prevention and positive health with which the Prophet's *Sunnah*, as we have seen is flowing with it. Is that all about the Prophet's concern about health and his art of healing? What about curative medicine in the Prophet's tradition? Though *Sunnah*'s health practices' are in essence preventive, however, it did not neglect curative medicine. This is what we are going to discuss next as the final part of this chapter.

## **7.6 The Curative Healing Art in “*Sunnah*”**

### **7.6.1 Healing through Supplication**

An essential feature of Islamic medicine is its harmony and ability to respond to the total needs of human beings. It addresses many facets which, on the one hand, relate to the physical needs and on the other hand are intimately bound with the higher order. The whole phenomenon of creation is one that has the potential of uplifting and promoting creativity as well as the ability to degrade and debase. The existence and influence of destructive forces are also acknowledged, in particular the causes of insidious diseases of psycho-spiritual origin. The Qura'n and “*Sunnah*” depict this reality in vivid language in a number of places:

*“Say: I seek refuge in the Lord of the Daybreak,  
From the evil of (some of) what He has created;*

*From the evil of darkness when it gathers;*

*From the evil of conjuring witches;*

*From the evil of the envier when he envies” Sura113, verses 1-5*

The Prophet taught his companions to use specific verses from the Qura'n in treatment. The Qura'n in its totality, and certain sections of verses in particular, is curative for a wide range of illnesses specially serious conditions not amenable to other forms of treatment. The methods of using the Qura'n and Sunnah for curing illnesses are many but can be grouped into three main categories: *Tawiiiz* - literally meaning seeking protection or 'refuge', here meaning praying for and summoning God's protection; *Dawoah* - supplication; and *Ruqia* - which is reciting certain Qura'nic verses or Prophet's sayings at the cite of pain or place of disease [Ali, n.d].

The Prophet advised when visiting a sick person to pray for him. Supplications are one of the effective healing practices of believers:

*'O' Allah, Lord of humankind, remove the affliction and bestow healing. Thou art the Healer, there is no healer save Thee, a healing that leaves no illness behind'*

[AlBukhari]

### **7.6.2 Healing through Prescription**

The "*Sunnah*" is abound with situations where the prophet prescribed certain treatments for sick people. The Prophet recommended the use of honey, grain husks, milk, camel bile and milk, black seeds, and even cupping (blood-letting from certain veins). One of the salient features of the Prophetic medicine is the great predilection it shows for simple medicines. One real and genuine reason appears to be that compound medicines are likely to have more side effects. Ibn Qayyim, a famous Muslim scholar of his time who wrote a huge volume about the Prophet's life including his medical tradition clarifies this point:

All doctors are agreed that if treatment is possible through diet alone, medicines should not be resorted to, and whenever restoration of health is possible through simple medicines, compound ones should be avoided. They say that whenever illness can be repelled by food to be given and food to be avoided (positive and protective dietary prescriptions!), medicines should not be used [Ibn Qayyim, n.d].

This, as a matter of fact, greatly exemplifies the nature of the Prophetic medicine. Ibn Qayyim al-Jauziya also tells us that the Prophetic medicine deals with the overall principles while scientific medicine fills in the details. He tries to indicate the relationship between the Prophetic medicine and the scientific methodologies of the medical tradition such as reasoning by deductive analogy (*qiyās*), experimentation and observation done on animals (*tajriba, mushāhada*), and “right intuition”:

The relationship of their medicine (professional healers) to the revelation is like the relationship of their science and learning to the teaching that the prophets have brought. There are, indeed, therapies whither the intellects of even the great doctors have not repaired, and where their sciences, experiments, and deductive analogies have not led them. For example, spiritual therapies and the strength of the heart that comes only from the faith in God and trust in him, charity and prayer, repentance and seeking God’s forgiveness, doing good to humankind, helping the helpless and relief of the afflicted. For these medicines have been tried by communities, with all their differences in religions and faiths, and have been found by them to have healthful effects which can not be attained by science, experiments and the deductive analysis of medical men. We and others like us have tried these matters often and found them to have an efficacy not possessed by material medicines. And all these are in accordance with the law of God’s wisdom (operative in nature), nothing outside it. But the causes according to which this law operates are varied. When the person’s heart becomes attuned to the Lord of the world, the Creator of ailments and remedies, Who governs nature according to His Will, other cures become available that cannot be experienced by an unbelieving and indifferent heart. *It has been experienced that when the person’s spirit becomes strong (faith-effect), it also strengthens the soul and bodily nature, and they all cooperate in repelling disease and overcoming it; and this cannot be denied except by the most ignorant of people* [Ibn Qayyim, n.d.].

This argument does not, of course deny the efficacy of physical cures but rather points out the integrity of the human person and the strength of spiritual powers. This integrality of the health of the whole person - spiritual, psychological, physical, and moral - is the essence of the message of the Prophetic medicine; and this explains why the scientific medicines of Galen and others were considered, though helpful, but inferior to the Prophet's medicine.

Having reached this stage of showing the main features and the nature of this Prophetic healing art in its integrative preventive-promotive-curative scope as well as whole human person: physical-psychological-spiritual-moral approach, it would be interesting to know something about the health outcomes of this system. This is going to be our last section of this chapter.

### **7.7 High Success Rate of the New Health Care System in the Prophet's City, Al-Madina Al-Munawara!**

I do not need to talk much. I will only quote this paragraph which explains the miraculous change in the level of health and well-being of the people of Medina in less than 10 years after the migration of the Prophet from Mecca to Medina and his decision to make it his political capital and to be ruled by Islamic *Sharia*, the Book (Qura'n) and "*Sunnah*". There was no more ignorance in this city, no more oppression, and no more cruelty and injustice. We go back to our passage:

One of the kings of Persia sent to the Prophet a learned physician. The physician remained in Arabia for one or two years but no one approached him or sought his treatment. At last he presented himself before the Prophet and complained: 'I have been sent to treat your companions but during all this time no one has asked me to carry out my duties in any respect whatever'. The Prophet replied: 'It is the custom of this people not to eat until hunger overcomes them and to cease eating while there still remains a desire for food (i.e. they do not eat to the fillness of their stomach)! The physician answered: 'This is the reason for their perfect health,' kissed the ground in reverence and departed [Elgood, 1951].<sup>ā</sup>

# 8

## CONTRIBUTION OF MUSLIMS TO HUMAN CIVILIZATION & THEIR HISTORICAL “RECORD” ROLE IN MEDICAL AND HEALTH SCIENCES

### 8.1 Islamic Civilization: the “Hidden” Achievements

The explication of conceptual and methodological basis of Islamic Medicine and Health Care as well as the record of past achievements constitute a challenge to the historians of biomedical sciences. For nearly one thousand years, this unique health and medical system has been vigorously and widely pursued and practiced. Even after the Western Renaissance period and till the late eighteenth century, it was the studies of Muslim masters that dominated across the newly developing medical institutions. However, it is only a curious mixture of silence or a grudging acknowledgement of the historical debt that historians and scientists offer to this heritage. Whatever the reason be behind this negligence, been that to maintain cultural hegemony or to any other fallacy, however, intellectual fairness demands that historical justice should prevail [Anees, 1983]. The Prince of Wales in his “fair” lecture about ‘Islam ant the West’ summed up vital concepts inherent in the religion of Islam. He spotted the light on the oblique viewpoint of the Western historical ideology which views classical science as the achievement of the European humanity alone. Though may looking a bit lengthy, important points of his lecture I feel obliged to quote:

If there is much understanding in the West about the nature of Islam, there is also ignorance about the debt our own culture and civilization owe to the Islamic world. It is a failure which stems, I think, from the staightjacket of history which we have inherited. The medieval Islamic world, from Central Asia to the

Shores of the Atlantic, was a world where scholars and men of learning flourished. But because we have tended to see Islam as the enemy of the West, as an alien culture, society and system of believe, we have tended *to ignore or erase its great relevance* to our own society. We have underestimated the importance of 800 years of Islamic society and culture in Spain between the 8th and 15th centuries. The contribution of Muslim Spain (Andalusia) to the presevation of classical learning during the Dark Ages, and to the first flowerings of the Renaissance, has long been recognised. But Islamic Spain was *much more than a mere lader* where Hellenistic knowledge was kept for later consumption by the emerging modern Western world. Not only did Muslims gather and preserve the intellectual content of ancient Greek and Roman civilization, *it also interpreted and expanded upon that civilization*, and made a vital contribution of its own in so many fields of human endeavor - in science, astronomy, mathematics, algebra (itself an Arabic name), law, medicine, pharmacology, optics, agriculture, theology. Averroes and Avenzoor, like their counterparts Avicenna and Rhazes in the East, contributed to the study and practice of medicine in ways from which Europe benefitted for centuries afterwards.....

*Islam nutured and preseved the quest for Knowledge.* In the words of the tradition, *“the ink of the scholar is more sacred than the blood of the martyr”*. Cordoba in the 10th century was by far the most civilized city of Europe. Muslim world acquired from China the skill of making paper more than four hundred years before the rest of non-Muslim Europe. Many of the triats on which modern Europe prides itself came to it from Muslim Spain. *Diplomacy, free trade, open borders, techniques of academic research, of anthropology, etiquette, fashion, alternative medicine, hospitals, all came from this great city of cities.* Medieval Islam was a religion of remarkable tolerance for its time, allowing Jews and Christians the right to practice their inherited beliefs, and setting an example which was not, unfortunately, copied for many centuries in the West.....

More than this, *Islam can teach us today a way of understanding and living* in the world which Christianity itself is poore for having lost. At the heart of the Islam is its preservation of an integral view of the Universe. Islam refuses to separate man and nature, religion and science, mind and matter, and has preserved a metaphysical and unified view of ourselves and the world around us..... But the *West* gradually *lost this integrated vision* of the world with the Copernicus and descartes and the coming of the scientific revolution. A comprehensive philosophy is no longer part of our everyday beliefs.

[Prince Charles, 1993].

## 8.2 Factors that led to the Rise of Muslim Civilization

It is no exaggeration that Muslims raised the arts, crafts and sciences to a level of formal development and sophistication never achieved before and provided a foundation on which the modern sciences have grown. The full flowering of the arts and sciences, and that of the healing arts and natural history in particular, during the period of Muslim Empire is at least explained by the reverential and acquisitive characteristics acquired by Muslims as a result of the high inspirations of the Qura'nic and Prophetic teachings. In a monumental work on the classification of nations, *Tabaqaat al-Umam*, The Toledon judge and historian AbulQasim al-Andalusi (died 1070) describes the cultural attitudes that prevailed in Arabia shortly after the birth of Islam:

The Arabs prided themselves on advancing their philological skill and on perfecting lexicology and etymology..... Possessing a natural tendency for eloquent speech, they were noted of their ability to memorize poetry, narrate stories, and retell chronologies. ....In early Islam, they focused on philologic sciences and Muslim jurisprudence. The only other science that was held in high esteem among them was the healing art, a profession acquired by very few, yet, because of the need for its services, appreciated by the majority [Hamarneh, 1983].

Another important factor for this outstanding achievements of Muslims is the rapid territorial expansion. A short time from the death of the Prophet, the boundaries of the Islamic state stretched from the Straits of Gibraltar to the gates of India. The two leading powers of the world, the Byzantine and the Sasanid empires which had lived for centuries in hostility and blood-shed were then coming under the Islamic rule. The new Muslim rulers enabled people from these two prominent empires and other ancient cradles of civilization to interact peacefully with each other; it became possible for the citizens of this vast Islamic State, perhaps for the first time in human history, to move freely and safely from one end of the state to the other in an atmosphere of peace, law and order and to exchange their ideas, thoughts and heritage [Surty,1996]. The Prophet had founded a generation of men and women who became the torchbearers of knowledge and justice in the traditions introduced by him [Khan,1986]. It was during the early days of Islam that the famous medical center of Jundishapur became part of the Muslim lands and continued to flourish [Badri, 1978]. New cities were built according to health principles and Muslim

forces and travellers were given specific instructions on the maintenance of complete health. This period of rapid expansion of the Muslim community was an unfolding of the Prophet's efforts which he continued during his entire life, with emphasis on collective responses on matters of health and social accord [Khan, 1986].

The continued rule of Muslims enabled assimilation of diverse cultures, incorporating, adapting, and making good use of every talent, skill and cultural advantage that was not contradicting with their religious spirit and values. In the same time, this mix of cultures and experiences was colored and imbued with the new unifying and inspiring concepts of the Islamic faith, and its holistic view about humankind, the surrounding environment and the whole universe as all been related to to One Cause and created by One Creator. The knowledge of the 'pagans' (Greek & Romans) was critically assessed, that of the "People of the Book", the Byzantines and Mazdeans, adapted to Islamic modes of thinking and expanded to include the law and morals of Islam. The result was an eclecticism which found its expression in the great encyclopedias compiled by Islamic scholars and doctors [Brandenberg, 1982]; and with time, and through contact, education, and vigorous translation activities, great advancements were made in many fields - not least among them the life sciences (*Al-Sina'ah at-Tibbiyyah*) [Hamarneh, 1983]. The knowledge and practice of the healing arts among Muslims were thus advanced profoundly through drawing on diverse sources of many cultures, creeds and nations and utilizing indigenous folk medicine as well as written treatises from Syriac, Sanskrit, and Greek legacies, the latter being the most important. For this purpose Muslims established "*Buyût al-Hikmah*" or "Houses of Wisdom". Through these "Royal Libraries", Muslims scholars and physicians preserved much of the world's scientific heritage in philosophy, logic, ethics, alchemy, medicine, astrology, and mathematics. This liberal and painstaking exercise also opened many avenues for Muslims to learn from the past heritages of human civilization.

The Arabs (Muslims), thus formed a bond of union, a connecting link between ancient culture and modern civilization. When at the renaissance the spirit of man was once again fitted with the zeal for knowledge and stimulated by the spark of genius, if it was able to set promptly to work, to produce and to invent, it was because the Arabs had preserved and perfected various branches of knowledge, kept the spirit of research alive and eager, and maintained it pliant and ready for future discoveries [de Vaux, n.d.].

### **8.3 Muslim Master-Scholarss in Medical and Health Sciences**

The medieval West is indebted to the Arab (Muslim) world for simultaneously passing the primary Greko-Latin sources and the contributions of original Arabic (Islamic) texts. The later contributions are particularly worthy of our attention and the influence of Islamic medicine has proved to be of critical importance. The Arabic texts became available mainly through two successive waves of translations, the first entering southern Italy in the second half of the eleventh century, the second entering Spain about a hundred years later. These two groups tended to translate as many texts as possible into Latin, thus offsetting the pooreness of scientific information which was prevalent in the West [Jacquart, 1996].

During a period of roughly ten centuries (from the eighth to the seventeenth centuries AD) and in lands as vast and diverse as North Africa and Spain, Western India and China, the Anatolian peninsula, the Central areas lying between the river Nile and the river Oxus, and Western and Eastern Coasts of Africa down to Cape Town of the South African region, public (folk) and professional and learned Islamic medical practice prevailed. The general health of the Islamic community and the consequent health concerns were influenced by many factors [Savage-Smith, 1996]: the dietary and fasting laws; the general rules for personal and public hygiene such as burying the dead according to the Islamic guidelines as well as according to different religious communities of Jews, Christians, Zoroastrians and others; the different climatic conditions of the desert, marsh, mountain, littoral communities and extremes of temperatures; the differing living conditions of nomadic, rural and urban populations; local economic conditions; injuries and diseases attendant upon army camps and battles; and the prevalence of such endemic diseases and disorders like plague, malaria, malnutrition, trachoma and other eye diseases. It is in this environment of diverse lands, cultures, religions, languages, and health problems that health care and medical systems of the new emerging nation of Islam developed and, effeciently, faced the challenges. They succeeded in assimilating, elaborating, adapting, blending-of-traditions to this rich mixture of coexitence in a way probably unrivaled in contemporaneous societies. There was an apparent and persitent effort to make the medical theory and practice more pertinent and useful. The Arabic language

became the lingua franca of this vital practice and Islam the dominant vehicle and its leading faith.

### 8.3.1 Sources

There are very large numbers of health and medical treatises, both general and specialized tracts, which are preserved in manuscript form in libraries throughout the world. Other written sources can also supplement these medical writings. Biographical dictionaries of learned men and physicians constituted a popular form of literature in the Islamic world; the basic biographic data in these registers are a reliable and important source and present considerable anecdotal evidence. General histories and chronologies of a realm or dynasty, comprehensive medical encyclopedias, *adab* concerned with manners, ethics and etiquette, theological and juridical opinions regarding health and medicine and the practice of physicians, and the records of the Prophet's reputed sayings and deeds on health and illness, all these are also important pieces of sources that can be used to assess and survey the development of medical practice in the medieval Islamic world. Documents related to the establishment of charitable trusts, or *Waqfs*, by which health care, hospitals and other public foundations were funded, are also invaluable sources on medical practices, as are tracts outlining the regulations of water supplies, sanitation and fraudulent practices in market places [Savage-Smith, 1996].

### 8.3.2 Systematization and Synthetization of Health Care

After normalization of the political situation in the middle of the eighth century following the vast spread of Islam, the cultural and social contacts with the recently annexed and neighbouring lands increased and stabilized. The *Abbāsid Caliphs* were noted for their patronage of learning. Early in the ninth century, there was established in Baghdād the "*Houses of Wisdom*", as mentioned earlier, and all eminent physicians were invited to the capital where a process of massive assimilation through translation, revision, scrutiny, and adaption to the spirit of Islam of all existing scientific and medical knowledge of the world, had taken place. Following this process, Islamic writings became more systematic and synthetic, with an evident urge to produce the most comprehensive and complete medical reference work yet known. Organization of the vast body of knowledge into a logical and

accessible format was a primary concern. Other than the theoretical discourse, there was marked tendency for an applied character of discipline. Many great names thus appeared as pioneers in the arena of the world's history of health and medical sciences. One of the greatest names in medieval Islamic medicine is that of AbûBaker Muhammad ibn Zakarîyâ' al-Râzî, Latinized as Rhazes.

### ***Rhazes***

Rhazes was born in the Persian city of Rayy in 865 and died in the same town about 925. He was a physician, physicist, and an alchemist of distinction. Of his many writings, the most important is the *Kitab al-Hâwî fî al-tibb*, or "Continens", or "The Comprehensive Book in Medicine", an enormous encyclopedia of medicine. It is published in twenty volumes and is a monumental inventory of most of the facts and details connected with health and medicine. For each medical problem he provides references to Greek, Persian, Arabic, and Indian authors, and then gives his own opinion. *Al-Hâwî* described important aspects concerning the *maintenance of health* and the treatment of diseases and afflictions by means of medicaments and *diet*, as well as descriptions of symptoms of these diseases. Also included were mother and child health, oral hygiene, climatology and the effect of environment on health, epidemiology and toxicology. Many contributions to *public health*, spiritual healing or *Tibb-al-Ruhani* general surgery, gynaecology, obstetrics and ophthalmic surgery can be traced back to him. His recognition to the relationship between psyche and soma, led him to attempt dealing with both mind-soul-spirit and body. He was, in fact, a celebrated psychologist as well, and his three works: *The Moralities of Perception*, *Mental Equilibrium* and *Instinct of Enjoyment* are self explanatory on this branch of knowledge.

A story is related showing his advanced insight to the role and importance of environmental pollution in spreading infection. He was instrumental in determining the location of a Baghdâd hospital: he had chosen its position by *hanging pieces of meat in various quarters of the city and finding the quarter in which the putrefaction of the meat was the slowest*. Another best known of his contributions to both public health and general medicine is his "*On Small Pox and Measles*". The treatise by al-

Rahzi demonstrates quite well his concern therapy, and its thoroughness stands in sharp contrast to their silence regarding the topic in Hellenistic and Byzantine literature preserved today [Greenhill, n.d.]. Among his smaller medical tracts were treatises on colic, on stones in the kidney and bladder, on curing diseases in an hour (such as headache, toothache, haemorrhoids, dysentery in small children), on diseases of children, on diabetes, on *food and nutrition for the sick* and on medical aphorisms. An interesting tract was his “Who has no physician to attend him” in which he included *healing advices for the poor*. He also composed a book on the reason why the heads of people swell at the time of the roses and produce catarrh, in which he was apparently the first to relate hay fever to the scent of roses. Razes wrote on many subjects besides medicine, including logic, philosophy and in defence of alchemy. The historian Richard Walzer has said the following of al-Râzî:

Whenever we read a line written by al-Râzî, we feel ourselves in the presence of a superior mind. Although Socrates, Plato and Aristotle, Hippocrates and Galen can, in his view, not be surpassed, he does not hesitate either to modify their philosophical conclusions if he believes that he knows better, or add to the store of accumulated medical knowledge what he has found out by his own research and observation. He never fails to add his own judgment; he never adheres to authority as such.

Foot Note: The following sources are used:

1. Welcome Institute for the history of Medicine, 1985: An Exhibition on “Islamic Science, Crossroad of Cultures”. London.
2. Roshdi Rashid & Régis Morelon, 1996: *Encyclopedia of the History of Arabic Science*, London, New York. Routledge, Vol.1, Chp.
3. Surty, M.I., 1996: *Muslims’ Contribution to Hospitals*. Birmingham, Qura’nic Arabic Foundation (QAF)

### ***Áli bin Ábbas al- Mujûsî (Hally Abbas)***

al-Mujûsî (died 1009), who was born probably about the time of al-Râzî death was also a great physician. He was from a Zoroastrian family from the Persian city of

Ahwāz not far from Gundīshâpûr. One of his important works is ‘*The Perfection (Complete) Book of the Healing Art*’ also called ‘*The Royal Book*’ and famous in Latin as *Liber Regius*. This work brought him universal fame and it begins with a critical survey of his sources, discussing very frankly the merits and shortcomings of seven of the famous authors who preceded him, of them were Hippocrates, Galen, Oribasius and Razes. He criticized Razes in three main points: for quoting too many second-rated authors, for lack of proper organization, and for not devoting enough attention to anatomy and surgery. He then proceeded to produce a model of organization and systematization and so he divided his composition into two major books, one on theoretical principles and the other on practical aspects. The main topics of al-Mujûsî’s work included:

- \* the general principles of hygiene, dietics, cosmetics, and therapy;
- \* therapy with simple drugs (*materia medica*);
- \* febrile illnesses;
- \* digestive, respiratory and urogenital problems;
- \* diseases of head, nose, eyes and ears;
- \* surgical procedures.

Foot Note: The following sources are used:

1. Roshdi Rashid & Régis Morelon, 1996: *Encyclopedia of the History of Arabic Science*, London, New York. Routledge, Vol.1, Chp. 27.
2. Surty, M.I., 1996: *Muslims’ Contribution to Hospitals*. Birmingham,, Qura’nic Arabic Foundation (QAF)

### ***al-Mukhtar Ibn-Bultan***

A physician-philosopher and a social reformer in matters related to public health and clean environment was al-Mukhtar Abdun b. Butlan of Baghdâd (died 1068). Ibn-Bultan’s *Tâqwim as-Sihhah*, or “On the Preservation & Restoration of Good Health”, won him great prestige in medical circles during the middle ages. It should actually put him as a pioneer for the new trends called for in the modern public health movement. His work is not less at all than the work of Lord Snow, Villermie or Shattucks of the Industrial Revolution social reforms. Ibn Butlan elaborated on the “six non-natural principles” that had been identified by earlier

workers: clean water, moderate diet and drink, rest and work, wakefulness and slumber, evacuation of superfluities, and emotional reactions and involvement. If these six principles are kept in equilibrium, and maintained, health results; if abused or imbalanced, sickness occurs. Ibn Bultan was also involved in spiritual healing as an important means of restoring health.

Source: Surty, M.I., 1996: *Muslims' Contribution to Hospitals*. Birmingham,, Qura'nic Arabic Foundation (QAF)

### ***Ibn al-Jazzār***

New and vigorous medical activities started to take place as well in central and western parts of the Islamic world. *Ibn al-Jazzār* (died 984) was a renowned Muslim scholar, therapist and medical practitioner in al-Qayrāwān (Tunisia now). One of his most interesting works was a book on care of mothers and children from the moment of conception to adolescents, in which there were a lot of health hints to mothers and midwives. *Ibn al-Jazzār* also wrote on dietetic and nutrition, therapeutics, and internal medicine, works that made him famous in Andalusia as elsewhere in Islam, and were translated into Latin.

Source: Hamarneh K.S. & Anees M.A., 1983: *Health Sciences in Early Islam: Collected Papers*, Blanco, Texas, Noor Health Foundation and Zahra Publications

### ***Abul-Qasim al-Zahrāwī***

The greatest Muslim figure in surgery and the universal surgeon of his time, was *Abul-Qāsim al-Zahrāwī*, latinized as Abulcasis or Albucasis of Cordoba and Muslim Spain. The Muslim physician-philosopher Ibn Rushd prudently stated that 'whosoever becomes fully familiar with the human anatomy and physiology, his faith in God will increase.' Surgery has thus an extra dimension for a believer. Though *al-Mujāsī* was the great theorist on anatomy and physiology and was the first to use the tourniquet to prevent arterial bleeding, the greatest achievements in medieval surgery, however are attributed to *al-Zahrāwī* (about 940-1013). His book "*Kitāb al-Tasrīf*" (*Concession*) is an important medical encyclopedia which deals with with obstetrics, pediatrics, and midwifery, as well as with general human

anatomy. The last treatise is devoted to surgery. His surgery included two hundred surgical instruments that he himself had designed and had depicted in his writings. Some of these instruments had in fact become the basis for many of today's surgical maneuvers. But it was not only surgery that *al-Zahrāwī* discussed. His discussion of mother and child care and the profession of midwifery is of particular interest in the history of nursing; and his text implies an existence of a flourishing profession of female nurses and midwives in general practice.

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There are still tens and hundreds of Muslim scholars in the field of medical and health sciences that we are not going to mention. This is not the objective of this essay and is beyond its capacity. What I meant to do is to show few exemplars to verify how flourishing was this era of medieval Islam and how advanced was the development of the Islamic medical and health sciences. However, one more scholar I have to mention before concluding this chapter, this one I can not neglect because he was the best *known* of all these Islamic health workers, he was the boss, the “*Shiek*” of all of them, the “*Prince of Physicians*”! as often called in the West.

### ***Abū Ālī al-Husayn ibn Ābdalla ibn Sīnā***

Latinized as Avicenna, *ibn Sīnā* is the best known of all Islamic physicians. He was born in 980 in a town near Bukhārā in Central Asia and died in 1037. He was the greatest philosopher-scientist of Islam and in medical and health sciences and was a most prolific writer, of nearly 270 titles of compositions. Among his smaller medical writings were a didactic poem on medicine, a poem on sexual hygiene, a treatise on hygiene and regimen, on diabetes, on cardiac therapy concerned with the physiology and pathology of the heart and how they are influenced by emotions and the simple remedies of regulating heart beat.

But *ibn Sîna*'s magnum opus by which he is known East and West is the “*Kitâb al-Qânûn fî al-tibb*” or *Canon of Medicine(& health)*. This large comprehensive encyclopaedia or compendium is divided into five books covering the following major topics:

- # Hygiene and regimen in health and illness for children, adults and the aged.
- # Effects of climatic changes and environmental conditions on health and disease and health advice for travellers.
- # Elements, humors, temperaments, anatomy of the homogeneous parts, the three faculties, and the six ‘non-naturals’
- # General symptoms of diseases and diagnosis by pulse, urine and stools.
- # General methods of therapy including cathartics, enemas, fomentation, liniments, surgery, pain relief.

*Ibn Sîna* opens the Canon with what may be a veiled criticism of the narrow scope and fragmentary vision to health and disease. He defines *tibb* as:

*‘a science (ilm) in which one learns the states of the human body with respect to what is healthy and what deviates from it, for the purpose of preserving health when it already exists and restoring it when it has been lost’*

The materia medica of his Canon which contains some seven hundred and sixty drugs is the epitome of Islamic medicine. It provided the main guidance of medical care for the whole world from the 12th to the 17th centuries. It is also interesting to note that the Canon recognised the contagious nature of diseases and the spreading of diseases by water and soil.

These comprehensive attempts at collecting and systematizing, as well as enriching, developing and updating with personal observation, the fragmentary and unorganized Hellenistic, Byzantine and Syriac literature which was their heritage, were enormously successful in producing a coherent and orderly medical system.

# 9

## CONCLUSION

As this century draws to a close, humanity faces the most pressing concerns in modern memory regarding health and healing. As to Brown [1988], it is no secret that our species and planet are in grave danger. Each year, the problems and threats of ecological imbalance, nuclear warfare, social injustice, poverty and starvation, resource depletion, emergence of new epidemics and fatal diseases, development of resistance to commonly used antibiotics, decline in immunization rates in many parts of the world, and more appear to worsen. Twenty billion tons of TNT explosive power, 20 million dying of malnutrition every year, 600 million malnourished, ozone depletion, greenhouse warming, are all truly staggering figures to anyone willing to appreciate their reality and implications. Even the more optimistic models and analyses of future trends such as the US *Global 2000 Report to the President* (Council of Environmental Quality and the Department of State, 1980) predicts problems of unprecedented scope and complexity within the next near future unless major shifts in individual, cultural, national and global priorities occur. The unique feature of these threats to our collective well-being and survival is that that are all human caused; as Walsh describes[1984], what we think of as global problems are better thought of as global symptoms - symptoms of our individual and shared mind states. “World is said to totter on brink of madness” cried the headline of an American Psychological Association [1983] publication reporting the conclusions of the World Congress on Mental Health.

It is within this media of threats not only to the health of untold numbers of individuals in the world but to the existence of the entire species and planet, it is in this environment that novel insights into a wide and broad range of social phenomena are called for. As we discussed in 3.1-3.4, many global initiatives have emerged and

developed in the last 40 years announcing an era for a “new public health and health promotion movement”. This movement recognizes the need for a comprehensive and integral approach for health and health care and calls, as a starting point, for a broad concept of health as in contrast to the prevailing reductionistic views. It thus talks about health in the context of a wide social phenomena, about involvement of actors many of them are not health professionals *per se*, and about health promotion as a “responsibility of all and everybody”. But it has become evident over these last decades that health promotion is a complicated concept; it is far from being simple, and that major tasks are not yet fulfilled. The work we have also presented from chapters 4 and up to 8 have tried to show that these concepts and principles of the new and emerging movement of health promotion are not, in fact, new. An ideology that intends to provide guidance in all fields of human life, considering all aspects of human activity whether political, social, economical, communal, individual, and suggesting answers and solutions to crucial public questions and problems, and for the general welfare and well-being of humanity, it is this ideology that we tried to present. It is not a new one, it is 1400 years old, but it has not aged yet! Its holiness, flexibility and eternity make it possible to derive and deduce solutions for real life problems, unlimited to time, person and space. The concept of health as a capacity thought to be a concluding fact for the last two decades only, is in fact an Islamic concept. Health is a top priority bounty and gift to human beings that worth every effort to preserve and maintain; and it is not an end-product on itself. It is the end as well as the beginning of a societal process. In that it is the responsibility of every body. Whether an ordinary Muslim or a leader, at the individual level or at the large societal level, whether working for the health of people by profession or non-professional, there is share of obligation and responsibility to hold. The scope is wide from the beginning: health has a physical, spiritual, psychological, social, economical, environmental and political dimensions. To make these concepts and principles more operational, I would like to go through the Ottawa Charter as representing an important and prominent signal of our today's global new health promotion movement. I would then try suggest an inventory of an “Islamic Model” and to show how would it fit in the “Wave Model” of the Ottawa Charter, and would potentially fill the gaps not yet filled due to the prevailing global culture of health and medical care. Although the Ottawa Charter [1988] was the starting the international conference in health promotion, however, the fourth and latest Jakarta Declaration [1997], was in fact a

visionary broad level of the Ottawa Charter, working down on the general principles visualized in that charter. The Ottawa “Wave Model” focused on :

- \* enabling, mediating and advocating health promotion ideas;
- \* reorientation of health services;
- \* developing supportive environments;
- \* development of personal skills and strengthening community action;
- \* building healthy public policies to back all of the above.

How would an “Islamic health promotion model” deal with these basic concepts and assumptions? Islam in fact provides guidelines from which we could address every and each of these basics.

### ***To Enable, Mediate and Advocate Health Promotion Concepts***

We start with the enabling, mediating and advocating functions of health promotion ideas. Enabling approaches are generally complex and must consider cultural, historical and societal backgrounds. There is great need to disseminate the necessary means that facilitate for the individuals and communities the processes that enhance their empowerment and build their capacities and hence enable them to control the determinants for health and to improve their health. Islam provides a powerful means. The concept of “*Da’wah*” is a good example. *Da’wah* literally means invitation, inviting or calling people to know about and practice in real life what is beneficial to them and for the sake of their own welfare and well-being. To adopt Islam as a way of life is a major goal of *Da’wah*. It does not mean coercion or force but means calling “with wisdom and kindly exhortation”. It is a call for reform - *Islāh* - and renewal - *tajdiid* -. It is an individual as well as societal responsibility. Every individual has the obligation of reminding, clarifying and elucidating reformative teachings and practices. It applies to every Muslim’s own family, relatives and friends, to the Imām of every Mosque while addressing the congregation, to any clerk, public worker or senior official in an Islamic-based state, and, of great significance, to the head of the state himself as a responsibility towards the nation or even towards the whole Muslim *Ummah*. *Da’wah* does not only mean preaching. It means calling for looking after people’s needs and caring for them. It requires research and collection of information in order to prioritize what people need most. For those who are starving the first duty is to call for food provision. You can not remind people of performing Salaat if they do not have clean water to wash, to do

ablution and to clean clothes in which to pray. You can not ask people to study Qur'an and *Sunaah* if they do not know how to read. You can not ask people to undertake duties essential for their living and for the development of the Ummah when they are sick and they do not have access to medical care. Your first duty is to provide health care and attention [Ezzati, 1978].

It is important to note that that in a Muslim community there should be public and semi-governmental institutions or bureaus that are responsible for *Da'wah*. These are advocacy networks that should compose of mosque *Imaams*, social and religious workers and activists and should have consultancy communications with the various professionals, among them are the health professionals. The main objective is to invite people to know about and participate in the provision of basic necessities of food, clothing, shelter, education and health care through advocating for an Islamic lifestyle of social justice and solidarity, peaceful and safe environment and healthy behavior.

Another important aspect for enabling, mediating and advocating for health promotion ideas is the position of learning and education in Islam. Though closely related with *Da'wah*, education in the Islamic nation is an institutionalized and organized entity of itself. Islam highly considers the value of learning,; it is a sacred duty for men and women. Incentives are promised in this life in the form of success and well-being and in the afterlife as an eternal happiness in paradise. "Paradise is seeking those who seek knowledge" as the Prophet once declared to his companions. In throughout the history of Muslims, except for the latest centuries of both military colonization and cultural imperialism, education was a public and affordable commodity. *Madrassa* or *Madaris* - the Qura'nic schools - were everywhere, no village or whatever smaller community were exempt. It is in these schools that a lot of knowledge - *ilm*- other than just the religious teaching, was taught. It is a system of education for the Muslim *Ummah* that has been going on for centuries, and under the direct supervision of Muslims *Caliphs* and rulers, and it is still a potentially valid system once Muslims renew their religious spirit and work for their identity of self-governance. It is through this potent enabling approach of learning and education that our communities would be enabled and empowered and that our people would increase their awareness of their role in controlling the determinants that achieve equity in health as well as enhancing health; and that by putting into practice that healthy lifestyles with which our Islamic tradition is characteristic of, we can advocate for promoting and maintaining not only the physical, but also the spiritual

and mental health of our people. It is important to note that on applying this concept as it came in the Ottawa Charter, these cultural values of Islam should be considered and preserved. It is unfortunate, and in the face of the overwhelming global trends raising the label of “modernization”, that peoples’ cultural values and bases are occasionally sacrificed.

*Da’wah* institutes, mosques and *Mad’aris* are centers of enlightenment that should be accessible to everybody in any Islamic setting. They could be important venues to advocate for health, to spread awareness that might reduce differences in current health status and ensure equal opportunities and resources and hence to enable all people to achieve the best of their health. They also provide the environment to mediate a coordinated action by all people in all walks of life: individuals, families, communities, in governmental or voluntary organizations, in public institutions or in industry and private corporations. It is the role of professionals and social and health personnel to make use of these Islamic venues which are open to them to mediate between these different intersets for the pursuit of health.

### ***To Reorient Health Services***

Reorientation of health services is another pillar of the new health promotion. Is there an Islamic ideology-theory for reorientation of health services, and what are its practical implications? Who should be involved and how?

Access to health care, equitable distribution of care, financing of health care systems are all crucial questions that even the most recent suggestions seem confused about what are the most appropriate answers. We have discussed in chapter 4 the value of justice in the Islamic ideology. We have also touched on Islamic modes of financing social and health care. There is also the high honored quality of *Shuura*. How could these principles be made use of in achieving effective policies for reorienting our health services?

Justice and equity at all levels of human relations and interactions are actually the basic message of Islam. It is the most important of the supreme values of Islam and is the first principle of social life. It can be shown to govern all relations in life: between ruler and ruled, rich and poor, husband and wife, parents and children. Even in the ordering of an individual’s personal habits, justice must be done to the respective requirements of body, mind and spirit. In all Islamic institutions, justice can be seen to be operating starting from performing rituals! In the rows of congregational

Salaat, no one has precedence over another by virtue of power, wealth or rank; in the equality of all before the law, no one, even the ruler, is immune; and in the family life no preference should be made by a parent to one child over others. There should be no discrimination of persons, communities or nations by virtue of colour, race, gender or socio-economic statuses. All are human beings, and all human beings are equally dignified by God.

The Islamic Ummah should be guided by *Shāri'ah* law, thus justice should be institutionalized in all Muslim communities, and should be governing all aspects of human activity including distribution of basic services. If *Shāri'ah* is applied properly, then inequities in health care provision should not be allowed. This is a function that requires direct attention of the head of state and his subordinates, high judiciary system, and *Muhtasib*, as we are going to see.

Since the collective affairs of Muslims need to be run on the basis of *Shuura* - or mutual consultations - then reorientation of health services should be a mutual consultancy process. The Qura'n in a verse revealed at Mecca and in the very early days of Islam described the Muslims as "*Those who answer the call of their Lord and establish Prayer and who conduct their affairs through Shuura (mutual consultation)*". Whether Muslims are involved in the running of a small community group, the administration of a mosque, the management of a school, the planning and implementation of health services, or the governance of the general affairs of state, they are obliged to practice *Shuura*. *Shuura* is not merely advisory. The decision reached after mutual consultation by a majority of advisers is binding on the ruler, or, for example, the minister of health. *Shuura* thus is wide open for opinions and experts on the field of health care and health economics, for social and clinical epidemiological data, socio-demographic surveys, and technical efforts. We can see that *Shuura* promotes unity and the striving for unified social as well as health goals in Muslim societies. It is indispensable for promoting the common good, ensuring a sense of responsibility, participation and commitment in the members of a society. These are all important objectives of the new health promotion movement that we see this practice of mutual understanding could help in achieving. Its impact on what has been called the "*Unified Theory of Health Promotion*" [Leeuw, 1989] is vividly profound. The prevailing dissension and discord in the distribution and financing of health care has a good chance of being dealt with through the principles and practice of justice and *Shuura*, and the forty-ninth sura of the Qura'n, named Surat *Al-*

*Hujuraat*, as well as *Surat Al-Shuura*, are important ones to study and apply in order to promote harmonious and equitable social relationships and care services. This wide responsibility for health promotion shared among individuals, community and social groups, health professionals, health service institutions and governments, enhances moving the role of the health sector in a health promotion direction. It is through *Shuura*, opinions of experts, social and religious activists, that an expanded mandate could be developed and embraced which goes with the holistic nature of Islam, respects the culture and fulfills the needs for a healthier life for individuals and communities in its broader social, political, economic, and physical environmental components.

Another important aspect in the reorientation of health services is the financing constraints facing governments. Islamic system of *Waqfs* - endowments - was an important means of ensuring and granting revenues for all vital social and health services in Muslim communities. The great Islamic libraries of the tenth and eleventh centuries, the foundation of mosques, hospitals, health care institutions and the pay for the health professionals and their needs for scientific writings and publishing as well as teaching students during an extended period of Islamic governance from the ninth and up to the eighteenth century, all ensured their functions actively through *Waqf* as well as *Zakhat* funds. The importance of this system can be demonstrated by the following facts: at the beginning of the nineteenth century 75% of arable land, estimated value 50,000,000 Turkish pounds was endowed by . By the end of the nineteenth century, 50%, 33% and 12.5% respectively of cultivable land in Algiers, Tunis and Egypt was dedicated as *Waqf*, pious endowments [Fayzee, n.d]. This system, as well as *Zakat* funding (alms), lost their vitality in the Muslim world with the loss of Muslims' governance, fragmentation of the *Ummah*, and lack of *Sha'riah* laws dominance over Muslim lives following era of colonization and extended to post-colonization times. It is easy to imagine how huge could these pious endowments and religious obligation of paying *Zakat* be in furthering social and health care services in Muslims settings and facilitating decision making in reorienting these services.

### ***The Need for Supportive Environments***

To conserve natural resources throughout the world should a global responsibility. Health promotion generates living and working conditions that are

safe, stimulating, satisfying and enjoyable. The protection of the natural and built environments and the conservation of natural resources are top issues to be addressed in any health promotion strategy.. This is what actually the Qur'an and *Sunnah* has pointed out some fourteen centuries ago.

Islam makes emphasis that people should live in an environment that is clean, beautiful and peaceful. The Qur'an says that "*God loves those who keep themselves pure and clean*". The Prophet states that '*God is beautiful and loves beauty*' and he declares to the Ummah that purity is half of the faith. An environment based on Islamic principles would be one in which public health and hygiene as well as environmental safety and purity are stressed. Measures should be taken that water is not polluted, that there are adequate facilities for waste disposal, that no pollution or harm should be induced to the surrounding environment. '*There shall be no injury nor perpetuation or reciprocation of injury*' is a Prophetic saying and is a corner-stone principle in environmental protection. This applies to land and water use, the construction of buildings and walls, rubbish disposal, weaponry production, deforestation activities, sea, land and air pollution by chemical and nuclear poisons and so on. The ecological crisis of today which threatens humankind's future could have not happened under the presence of the Islamic system of morality and law or under its conception of knowledge and its application. Unfortunately, the world now is under the impact of a civilization that has alienated humankind from its environment and nature [Sardar, 1979; al-Manna, 1985]. An Islamic environment should insure moral as well as healthy behaviors as described in the chapters concerning healthy practices of the Qur'an and *Sunnah*. An Islamic environment is one that is filled with peace. Spreading the greeting of peace between people is an obligation over every Muslim: '*A rider should greet a pedestrian, a pedestrian should greet one who is sitting, a small group should greet a large group and a younger one should greet an older one*', said the Prophet. This simple advice, if followed in letter and spirit, would serve to eliminate or at least reduce all sorts of tension characteristic of our contemporary societies.

In Islamic perspectives, there is a vast variety of plant and animal species and organisms on land sea and air. Each organism has its place and its role in the intricate and interdependent network of ecosystems. As "nations" like ourselves, each species that make up creation enjoys certain rights. For humankind this creation, or what is often called nature, are signs of God's wisdom and power. To gain knowledge of this

creation is to to increase our faith in God and acquire a love and respect to nature. The world on its whole, is, however, a gift to humankind, as a sign of God's honoring to humankind, and is for the use and benefit of humankind. Though given the authority, humanbeings have also the moral responsibility to work in harmony with the natural environment. This is God's trust or *Amaanah* to humankind. The arrogant and reckless use of knowledge and technology is a betrayal to this trust, and turns humankind into a sadistic exploiter of God's creation [Hiadar, 1984]. The Qura'n declares that creation has been set in order; mischief or corruption are prohibited or otherwise we are going to pay back severe consequences:

\* *"Now hath come unto you a clear sign from yopur Lord!*

*Give just measure and wieght,*

*Nor withhold from people the things that are their due;*

*And do not mischief (corrupt or pollute) on the earth after it has been set in order;*

*That will be best for you, if you have faith"* Sura 7, Verse 85.

\* *"Miscief has appeared on land and sea because of (the meed) that the hands of people have carried"* Sura 30, Verse 41

\* *"Allah sets forth a parable: A city enjoying security and quiet, abundantly supplied with the sustenance from every place, Yet was it ungrateful for the favours of Allah (by corrupting, polluting and doing mischief);*

*So Allah made it taste the garment of hunger and terror (in extremes), because of the (evil) which (its people) wraught"*

We can thus see how integral this Islamic approach in delineating the complex relationships and interactions and interdependence between health promotion and the eco-environment. The call for a supportive environment is mandatory for promoting health; and Islam, with a loud voice, prohibits all forms of corruption, pollution, and mischief that humankind is performing now under different names, reasons or excuses.

### ***Development of Personal Skills and Strengthening Community Action***

We have already seen in the previous chapters how extensive was the Quran'nic and *Sunah* call for developing personal skills and strengthening community

action. There is richness in the Islamic material that talks about the importance of seeking knowledge, learning, education and increasing one's awareness about important aspects of life. Other than the general call for developing life skills, there are so many specific directions to develop healthy personal skills. The five times daily practice of performing ablution and *Salaat*, the Islamic eating, drinking and excreting habits, the regulation of sleeping and working times, the emphasis on developing spiritual as well as physical skills and the balance between spiritual and material needs, are all core elements of the Islamic health promotion model at the personal level. The community action is as well in the heart of the Islamic ideology. Empowering communities is a vital element. Any Muslim community should seek to ensure that the physical and intellectual capability of all its members should flourish to the best of their ability. There should be equal opportunities for growth. Elitism was not a feature of an exemplary Muslim community whereby only a selected few are given the facilities and opportunities for intellectual leadership. The Muslim society used to be a society where people were free to do anything that is lawful, they were the owners and controllers of their own actions and endeavors without any restrictions or crippling bureaucracy. There were supposed to be freedom to speak out your ideas, to discuss vital issues of the community, to speak about health problems and priorities and to actively participate in decision taking. The mosque for the original exemplary Muslim societies was not only for congregational prayer, but served as a pivotal focus for a multiple of congregational activities. It was the "community unit", a school, a health care unit, a reception center for the needy, travellers and visitors, a focal point for community discussions, planning, and decision making, a political unit for policy making and enacting legislations. It was the dynamic, throbbing heart and nerve-center of the community. It was thus a potent focus for social support and solidarity and for strengthening public participation and direction, besides other things, of social and health matters [Handy. 1979].

### ***Building Healthy Public Policy***

To understand the role an Islamic system could play in building public policy we have to understand first the Islamic political system itself. To start with, Muslims should live as a one unified society, a one *Ummah*. Muslims should not hinge on any racial, class, occupation, regional or linguistic identity. The adherents of Islam are not marked out as Arabs, Turks, Persians, Semites, Malays, poor, rich, oppressed, whites,

blacks, Asians, Easterners, or Westerners. It is absurd to label Muslims as an “ethnic or racial community” as is often done in many places. What then is the Muslim people? The bond of faith and submission to God is the most important basis for binding people together in harmony and for achieving the highest values for which human beings were created. Within this bond, an extraordinary richness and variety in Muslim local cultures could be made possible as far as they do not contradict the essence of Islam. This was the situation of Muslims for centuries and centuries. It was a one *Ummah* extending from the far East to the far West known at the time, mixing together and in harmony different cultures, colors, races, and origins. So this picture of desolation and ruin of Muslims *Ummah* that appeared and in its clearest form during the era of colonization and afterwards, is exceptional and contradicts the holistic and unifying character of the Islamic faith. This one *Ummah* should be guided by one competent leader who should submit to two important Islamic concepts: to apply *Shuura* or the system of mutual consultations whereby freedom of opinion and participation at all levels are allowed; and to guide the people through the *Shar'iah* laws to secure justice, social and economical development, and healthy lifestyles and environments. To make sure that the system works perfectly he should allow the function of the *Hisbah* system. This is a unique and influential Islamic establishment. This office operated under the direction of al-Muhtāsib, hence the Spanish word *al motacen*. This post was the overseer of the market and public morals in accordance with *Shariah* laws. The word *Hisbah* originally meant the act of counting, the reckoning upon or the evaluation of a thing and in religious terminology carrying out the command of the Holy Qura'n:

*“Let there arise out from among you a party inviting to all that is good; enjoying what is right and forbidding what is wrong: they are the ones to attain felicity”*

Sura 3, Verse 103

This became an obligation on Muslim rulers to promote the high morals of the people and to work for the best of their people's welfare and well-being by means of admonition against acts of omission, commission, pollution and corruption.

*Al-Muhtasib* should combine religious sincerity and competence as well as good judgment and wide experience with people and changing life events. He is not a professional but should work close to professionals. The role of al-Muhtasib is quite profound as far as health issues are concerned. Although he is not the Minister of Health in the Islamic state, however he is responsible for checking vital public health

and environmental issues. He should make sure and report about that safe water supply is provided to people, sanitary conditions are adequate, living and housing conditions are satisfactory, provision of food to the markets is flowing, drugs are available, prices are reasonable and are not a cause for depriving the people from the essentials. He should collect data and monitor the feelings and satisfaction of people towards the basic public services and if they have any complaints. He has to formulate boards of professionals and experts on social, health, economical and environmental issues together with his ethical, moral and religious functions. He has an important role in regulating the health professions.

It is clear that the political system in Islam could provide wide range of opportunities for health promotion. It allows health to appear on the agenda of policy makers and at all levels. Diverse but complementary approaches are combined and coordinated: legislative, organizational, financial, with involvement of multiple sectors and professions.

An inventory of a “Unified Health Promotion Field Theory” has been suggested few years ago [Leeuw, 1989]. To what extent would this Islamic approach promote and affect that theory? It is certain that so many concepts mentioned in our essay could have a profound use in filling the gaps of the new health promotion not yet filled, in answering questions not yet answered and in solving the formidable health problems not yet solved that face the people of the new world, if not threaten their living and existence in this universe

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# CURRICULUM VITAE

## **CURRICULUM VITA**

**DR. Asim Abdel Moneim Hussein**

Medical Bachelor & Bachelor of Surgery [MBBS],  
Masters of Public Health [MPH], Fellowship of  
Community Medicine [FCM]

- ❖ **Associate Professor & Head Department of  
Community Medicine & Public Health &**
- ❖ **Chief of Curricular and Evaluation Committee,  
Faculty of Medicine, International University of  
Africa**

Born at Hai ElReikabia, Omdurman City, Khartoum State - 1952 -  
Married to Wafaa A Hussein [MBBS, M Sc] Physiologist,  
University of Khartoum, prevailed with three girls and three  
boys

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*Graduate Qualifications:*

Medical Bachelor & Bachelor of Surgery - MBBS -  
Faculty of Medicine, Khartoum University Sept. 1976

*Post-Graduate Qualifications:*

♠ Fellowship Community Medicine - *FCM* - Sudan  
Board for Medical Specializations 2000.

♠ Masters Public Health - *MPH* - Maastricht  
University, The Netherlands 1998.

♠ Higher Diploma in Refugees Studies and Disaster  
Management, African International University 1994.

♠ Membership of the British Royal College of  
Physicians *MRCP Part One*, London 1981.

♠ Professional & Linguistic Assessment Board of the  
British Medical Council - *PLAB* - London 1980

*Present Posts / Job Responsibilities*

1. Associate Professor, Faculty of Medicine and Health  
Sciences, Africa International University

2. Head Department: Community Medicine, Faculty of  
Medicine and Health Sciences, Africa International  
University

3. Head of Medical Curricula & Evaluation Committee,  
Africa International University

## Publications:

1. A paper (original) titled **"Teaching Medical Ethics to Medical Students: An Experience from International University of Africa"** [in Arabic], *Dirassat Dawaiah*, 2002 Jan-July, 5: 181-205
2. A paper (original) titled **"Community Development & Field Training: An Experience from a New Medical School in Sudan"** [in English], *The Network: Community Partnerships for Health through Innovative Education, Service, and Research. Annual Network International Conference on "Sustaining Innovative Education, Health Services and Research Against Declining Resources, Kenya, 2002 September 7-12, Eldoret*, pp 62.
3. An paper (original) titled **"Meningococcal Meningitis: A New Role For Long Acting Oily Cholramphenicol"** [in English], *Neurosciences* 2002; Vol.7 (3): pp 447-451
4. An paper (original) titled **"Meningococcal Meningitis: A New Role For Long Acting Oily Cholramphenicol"** [in English], simultaneously published at *Saudi Medical Journal*, with permission from Neuro Sciences at July 2002, Vol 23, No. 7 &
5. A paper (original) titled **"Solidarity and Commitment of Voluntary Work Against AIDS: The Sudanese Experience"**. *XIV International AIDS Conference, Barcelona. Monduzi Editore, International Proceedings Division, S.P.A. - MEDIMOND Inc. 2002, C708L7039* 193

- 6.. An paper (original) titled: **Peace Villages in South Sudan: “Towards Unity for Health”** [in English], *Newsletter, World Health Organization (WHO)*, April 2001, No.3: p18
7. An article (original) titled: **Islamic Health Promotion & Interculturalization: “Health Promotion International”**, 1999, Vol **14** [4], pp347-353.
8. An article (original) titled: **Towards an New Philosophy in Health and Healing: “Abhath Al-Iman”** May 1999, Issue No. **10**, pages of the English section.
9. A Review Report: **Sudanese AIDS Network for Non-Governmental Organizations (SAN) Participation at the East African AIDS/HIV Networks Workshop, Arusha, Tanzania:** [in English], “*Sudan Medical Journal*”, April 1999, Vol. **37**, No. 2, pp 6-11
10. A book waiting for a publisher !:

*“Health Promotion in Islam & The Contemporary Public Health Challenges”* [134 pages]

***Papers Presented at Scientific Conferences  
(last five years):***

1. Presented a paper to the Regional Meeting of the World Health Organization, East Mediterranean Leprosy Coordinators, *Tehran*, titled *“Role of Non-Governmental Organizations in*

*Campaigning Against Leprosy " A Progress Report from Sudan" July 2002.*

2. Presented a paper to the XIV International AIDS Conference, *Barcelona* : " *Sudanese AIDS Network Experience in Fighting AIDS*" July 7-12
3. **Presented a paper titled "Teaching Medical Ethics: The Experience of the Faculty of Medicine and Health Sciences, Africa International University, May 2001**
4. **Presented a paper at the 9<sup>TH</sup> Scientific Conference of The Sudanese Association of Pathologists titled "Role of Single-Dose Long-Acting Chloramphenicol Epidemic" during the AbuJubeha CSMeningitis March 2001.**
5. **Presented a paper titled "The Art and Science of Prevention" during the International Conference of Faith Research, Feb 2001**
6. **Presented a paper titled "Role of Benevolence International Foundation (an NGO) in Leishmania Control in West Kordofan" at Gezira University, June 1999.**
7. **Presented a paper during the Scientific Program of the 3<sup>rd</sup> Sudanese Dental Conference – December 1998 titled "Looking for a New Public Health"**

*Professional Registrations/Memberships:*

\* Permanent Registration Sudan Medical Council, 1978

- \* Limited Registration British Medical Council, 1980
- \* Member Executative Board & former Secretary, Sudan AIDS Control Network [SAN], 1995
- \* Member Medical & Health Sciences Caucus, The International Centre for Faith Research, 1998

*Subsequent Experience [in brief]:*

1. **Head of Medical Department [Medical Director ] Benevolence International Foundation Sudan Office 1991-2000.** . An extensive leadership and administrative experience with such an NGO with has a widespread humanitarian and health care work covering some of the most needy areas of South Sudan, South & West Kordofan, Blue Nile & East Sudan. It supervises in total 6 hospitals, 33 PHC centers, Leprosy, TB Control, HIV Awareness programs in South and South West Sudan .
2. **Pediatric Registrar,** Saudi Arabia Ministry of Health: ElMedina Children & Maternity Hospital, 1986-1990
3. Pediatric and Child Health Training/Registrarship - Suba University Hospital & Khartoum Teaching Hospital, 1981-1984
4. Clinical Pediatrics Attachment - Fairfield Hospital Manchester Health Region, Britain 1980-1981
5. Medical Officer, Omdurman Teaching Hospital, 1978-1980

6. House Officer, Omdurman, Khartoum & Kassala Teaching hospitals, 1977-1978

*Areas of Professional Interest:*

**\* Experience in Designing & Developing Curricula:**

Other than participating and attending many Educational and Curriculum Development workshops and seminars I do practice activities targetting designing and developing medical education curricula as far as Community medicine and Public Health are concerned. A good example is our faculty at Africa International University which adopts Community-Oriented Medical Education (COME) through Problem-Based Learning (PBL) techniques. That new and modern system of education required a new set of curricula design and hence an intensive effort by the teaching staff including myself.

While I am teaching a wide range of disciplines in Community Medicine and Public Health my favorites and areas of excellence remain to be:

**\* Teaching Research Methodology , Epidemiology & teaching & Practicing Field Epidemiology:**

\* Supervision of health and medical research conducted by medical and health students at both undergraduate and post graduate levels.

\*Organizing & Coordinating an innovative training three-phases “Course” during the early years of medical education. The module is named “**The Interdisciplinary**

**Rural Development Scientific Research & Field Training**” which aims at attaching students to nearby rural societies so that they and through scientific community diagnosis surveys and field work would identify pressing health needs and problem, suggest and implement solutions, and finally evaluate the whole situation by the end of the third phase. Besides developing these rural communities the course helps to promote students skills in conducting scientific research and understanding concepts of community diagnosis and intervention.

\* A special interest on the Islamization of Health and Medical Education & Practice e.g. “The Concept of Health Promotion in Islam” as a highly developing and expanding discipline in Public Health as manifested by the First International Conference on Health Promotion at Ottawa 1987 and the resultant “Ottawa Charter on Health promotion” and more recently the Fourth International Conference on Health Promotion and the emergence of the Jakarta Declaration on Health Promotion, 1997. I have a published paper in a British health journal “*Health Promotion International*” as well as a book under publication discussing issues of culture and health promotion in view of the contemporary Public Health challenges [see below].

\* **Working with HIV/AIDS:**

- ❖ Head of an internal university committee – working group - to suggest and raise “*The International University of Africa Initiative for HIV/AIDS Prevention & Cure: an Islamic Perspective*”, a symposium is proposed on the 9<sup>th</sup> of August 2003,

with the presence and participation of Professor Malik Badri, a pioneer in the field.

- ❖ Participated & presented a paper at the Scientific Program (see below) at the *XIV International AIDS Conference 2002 Barcelona July 7-12*
- ❖ Participated at and conducted a series of *Seminars/Lectures/Talks* at some Sudanese Universities such as Gezira University, Juba University, the latest was on early October at Africa International University
- ❖ Member Executive Board of Sudan AIDS Network [SAN] since 1995 then SAN's Secretary from 1998 to 2001
- ❖ Organized as the Secretary of SAN's Executive Board the "*World AIDS Days & Campaigns*" for the Years 1998, 1999, 2000, 2001
- ❖ Conducted a "*Media Press*" during the "*World AIDS campaign 1998*" representing the Sudanese AIDS Network (SAN) – Khartoum – November 1998.
- ❖ Conducted a series of talks at *Sudan TV & Radio: Facts about HIV/AIDS, means of Transmission and Control* – November-December 1998.
- ❖ Participated in a "*Resource Mobilization Workshop*" organized by *UNAIDS -Sudan* and [SAN] – May 1999.
- ❖ AIDS/HIV Control Program Coordinator at Benevolence International Foundation [BIF]

conducting AIDS Awareness Projects at South Kordofan, Blue Nile and Equatoria [1993-1999]

*Postgraduate Participations & Activities (Last five years):*

\* Participated in a Workshop conducted at Faculty of Medicine and Health Sciences Gezira University about “Teaching BioEthics to medical students”, and **presented a paper titled “Teaching Medical Ethics: The Experience of Faculty of Medicine and Health Sciences, Africa International University, May 2001.**

\*Presented a paper at the 9<sup>TH</sup> Scientific Conference of The Sudanese Association of Pathologists titled “Role of Single-ose Long-Acting Chloramphenicol in the AbuJubeha CSMeningitis Epidemic” March 2001.

\*Participated in & supervised research projects conducted and presented by two groups of medical students from International University of Africa at “**Third Arab Students Research Innovations Conference on Environment**” held at Khartoum during the last week of October 2000. Despite the strong and severe competition between research groups from more than twenty Arab Universities **our students won one of the leading prizes from their research work** in improving the sanitation in one of the superb localities of Khartoum State which I supervised.

\* Participated in the “First Working Group Symposia on Community-Oriented Medical Education and Problem-Based

Learning” at the Faculty of Medicine & Health Sciences, Africa International University, May 2000.

\* Represented Sudan & participated in the “Networking Workshop for East African NGOs & Voluntary Agencies working in AIDS Control” organized by and sponsored by the AIDS Network of East Africa [ANNEA] IN Arusha, Tanzania April 2000.

\* Participated in & presented a paper during the “**One Day Seminar on Islamic Perspectives of Medicine & Health**” organized by the Dept. of Health Economics, Faculty of Economics & Social Studies, U of K.

\* Participated in the “Advanced Training Workshop on Research Methodology” organized by the Sudanese Federal MOH & WHO, Jan-Feb 2000.

\* Participated in the “National Primary Health Care Planning for the Yr. 2000, Dec. 1999

\* Participated in the Preparatory workshop on “Control of Leishmaniasis in Sudan”: A collaborative work between the institute of Nuclear Medicine and Molecular Biology and Oncology, Gezira University and WHO. Conducted a lecture about the “Role of Benevolence Organization in Leishmania Control in West Kordofan” June 1999.

\* Participated in a “Resource Mobilization Workshop” organized by United Nations AIDS program [UNAIDS] and Sudan Aids Network [SAN] – May 1999.

\* Supervised the “Rural Service Scientific Tour” to 5<sup>th</sup>. Medical Students, Juba University – a Public Health and community Medicine Field Work and community Medicine work to Rashaad and Aba Jubaiha provinces in South Kordofan state.

\* Represented Juba University Medical College in orkshop on “Leadership Development of Community Health Professionals and Educators” organized by the Eastern Mediterranean Chapter (EMC) of the **Network of Community – Oriented Institution for Health Sciences – March 1999.**

\* Series of Lectures broadcasted at Omdurman Radio on the following Subject:

\* The Philosophy of Western Schools of Sciences Including Medical Sciences.

\*The New Concepts of Health Promotion.

\*Role of the Public and local communities in improving the Health Status of the nation – February 1999.

\* Participated in the 3<sup>rd</sup> Sudanese Dental Conference – December 1998.

\* Participated in the preparation and execution of the 31<sup>st</sup> Arab Doctors Union Conference – Khartoum – November 1998.

\* Conducted a “Media Press” during the “World AIDS campaign 1998” representing the Sudanese AIDS Netwrok (SAN) – Khartoum – Novemeber 1998.

\* Conducted a series of lectures at Sudan TV about AIDS and means of control – November 1998.

\* Participated at the “National Workshop on Health interventions in Emergency Situations” Organized by Humanitarian Aid Commission (HAC) – Khartoum – Oct. 1998.

\* Participated in a Workshop about “Conflict Resolution of peace Building” Organized by the Institute of Disaster Management and Refugees Studies – (DMARSI) – Khartoum – November 1995.

\* Participated in the “Doctors Training Course on Acute Respiratory Infection – Juba” October 1996.

\* Participated in “**Skills and Capacity Building for Leaders**” Organized by the Sudan Academy for Management Studies, Juba – September 1996.

## *Referees:*

1. Professor Mabioh Mustafa' Dean Faculty of Medicine and Health Sciences, International University of Africa, POBox 2469, Khartoum, Sudan

2. Professor Bashir Hamad, Consultant Medical Education at the World Health Organization and Sudan Council For Medical Specializations, and Head Educational Development Centre Africa International University.

3. Professor AbdelRahman Eltom, Director of Sudan Medical Council. Khartoum Tel: 0024911-785207