

The Formulation of Classification for Islamization in Medicine: Review on 15 Years of Publications from Kulliyah of Medicine

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ABSTRACT

The Kulliyah of Medicine of IIUM has pioneered the Islamization of Medicine in Malaysia since its establishment in year 1994. Therefore, it is timely to review publications on Islamization by the kulliyah and also to propose a classification system in the field of researches to promote an organized, comprehensive, inclusive and relevant Islamization process. The aim is to review and classify publications on Islamization performed by the members of Kulliyah of Medicine, International Islamic University Malaysia (IIUM). All researches and publications deposited in the IIUM Repository (IREP) under the Kulliyah of Medicine between 1st of January 2000 and 31st of August 2016 were reviewed. Journal articles, posters and proceedings with Islamization themes were identified. These publications were classified based on common themes to either of the following; 1) "Islamic Principles and Related Rulings in Medicine"; 2) "Medical Treatment for Muslim Patients"; 3) "Islamic Input in Medical Practices"; 4) "*Ruqyah* and *Tibb an-Nabawi* in Contemporary Medicine". A total of 1616 items (journal articles, abstracts and proceedings) were reviewed. Sixty-one (3.8%) of them were related to Islamization. The major contributors to writings in Islamization are the Orthopaedics, Traumatology and Rehabilitation Department (10%) followed by the Internal Medicine Department (7.9%), from their total deposits in the IREP database. Majority (36.5%) of work were done in "Islamic Principles and Related Rulings in Medicine", which dwells in subjects such as euthanasia, autonomy and doctor-patient relationship followed by "Islamic Input in Medical Practice" (28.6%) which was related to topics in the medical curriculum such as *Fiqh Ibadah* for the sick. Twenty-three point eight percent (23.8%) of work were in the "Medical Treatment for Muslim Patients" which focuses on Ramadan and diabetes and joint problems and Solat. Minimal work (7.9%) was done in the "*Ruqyah* and *Tibb an-Nabawi* in Contemporary Medicine" category. Low number of publications on Islamization was deposited in the IREP database for the past 15 years. Based on the proposed classification system, majority of publications were on "Islamic Principles and Related Rulings in Medicine" and "Islamic Input in Medical Practice". More work is required on the theme of "Medical Treatment for Muslim Patients" and "*Ruqyah* and *Tibb an-Nabawi* in Contemporary Medicine".

KEYWORDS: Islamization, Islamic input in medicine, Islamic ruling, medical education, Islamic Medicine, *Tibb An-Nabawi*, *Ruqyah*, Modern Medicine

INTRODUCTION

Although current evidence based medicine stem from Islamic predecessors such as *Ibn Sina* and *Ibn Rushd*, it has been regarded as a "Western-owned" discipline. While medical technology and researches started to decline in the Muslim empire, with the fall of *Abbasid* Caliphate, it continues to flourish in Europe and the other part of Western world. The repercussion of this event in history is the dichotomy in medicine. On one hand, "Islamic Medicine" is regarded as medical practices and technology originated from Arabia during the time of the Prophet Muhammad (Peace be upon him) till the days of *Ibn Sina* and *Ibn Rushd*, and on the other hand, "Modern Medicine" is considered as medicine originated from the Greco- Roman civilization during the time of Hippocrates and Sir William Osler till our modern days. While in actual fact, there was ample evidences that the so-called "Islamic Medicine" was the result of translation, re-reading and interpretation of Greco-Roman works (e.g Hippocrates) by the first batches of doctors

in Umayyad and Abbassid era (both Muslim and non-Muslim a-like).^{1,2} Like-wise, the so-called "Modern Medicine" was the result of the Western world studying the Canon of Medicine by *Ibn Sina*. Unfortunately, this dichotomy in medicine continues to be present in our society till today.

There are several negative implications as a result of the dichotomy in medicine which affect health. One of the examples is the anti-vaccine movement in our part of the world, who denounced "Modern Medicine" and embraces what they thought to be "Islamic Medicine". While in actual fact the principle of 'prevention of the spread of contagious diseases' has been inculcated by the Prophet himself when he said "*If you hear of an outbreak of plague in a land, do not enter it; but if the plague breaks out in a place while you are in it, do not leave that place*" (*Sahih Bukhari*). This *hadith* clearly proposed a preventive measure which modern medicine termed as 'quarantine'. What could be more Islamic than vaccination to prevent communicable disease? As a result of the anti-vaccine movement, there is an emergence of preventable infectious diseases such as diphtheria in Malaysia. The number of cases has increased

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from 0 case in 2011 to 13 confirmed cases in 2016 and till today 5 deaths has been reported.^{3,4} Causing harm is clearly against the principles of Islam.

Islamization in medicine is one of the solutions to the dichotomy in medicine. Islamization in medicine is not merely an attempt to recover Muslims' self-esteem from the fall of its civilization after the Ottoman Caliphate, or to revive the Muslim glory in medicine, but more importantly, the purpose is to safeguard man's health from being jeopardized by wrong and narrow interpretations of "Islamic Medicine". Islamization of medicine is also not an apologetic stance taken by modern Muslim scholars. It is common in our society that "Islamic Medicine" is perceived exclusively as *Tibb an-Nabawi* and *Ruqyah* (anything other than "Modern Medicine"). Questions that would arise following this perception are: 1) Is there such a thing as "Non-Islamic Medicine" as opposed to "Islamic Medicine"? 2) Is Modern Medicine a "Kuffar Medicine" since it is non-Islamic? 3) Is Islamization and attempt to convert medicine into Islam? This is why the term "Islamic Medicine" with such narrow interpretation is flawed.

The ultimate aim of the Islamization process in medicine is to educate the society, be it Muslim or non-Muslim, that 'medicine is medicine' and Islamic Medicine are practices in medicine which are governed by the principles of Islam. In other words, Islamic Medicine could be defined as any medical practice or technology - be it modern or alternative - governed by Islamic principles of *Tawheed*, *Shariah* and *Akhlaq*. *Tibb an-Nabawi* and *Ruqyah* is not exclusively Islamic Medicine, rather it is, a small part of medicine itself (Figure 1). There should be no dichotomy between Islamic Medicine and Modern medicine.

The Kulliyah of Medicine, International Islamic University Malaysia (IIUM) is considered a pioneer in the Islamization of medicine and the process has been going on for the past 15 years. However, despite the long-term effort by the kulliyah members, dichotomy in medicine is still at large among health practitioners and the public. Therefore, a review of work of Islamization in the kulliyah is timely. This paper aimed at reviewing and classifying publications on Islamization done in Kulliyah of Medicine, IIUM. The proposed classification will hopefully further facilitate the process of Islamization in medicine into a more organized effort, inclusive of all aspect of medicine and relevant to current medical practice in the society.

METHODS

Access to the IREP was made between 1st and 31st of August 2016. All researches and publications deposited in the IIUM Repository (IREP) under the Kulliyah of Medicine between 1st of January 2000 and 31st of August 2016 were reviewed. Journal articles, posters and proceedings with Islamization themes were identified. These publications were classified based on common themes to either of the

following; 1) "Islamic Principles and Related Rulings in Medicine"; 2) "Medical Treatment for Muslim Patients"; 3) "Islamic Input in Medical Practices"; 4) "*Ruqyah* and *Tibb an-Nabawi* in Contemporary Medicine" (Figure 2). Categorization by department is based on the first author. Same publication deposited by more than one department is counted as a unique item.

RESULTS

A total of 1616 items (journal articles, abstracts and proceedings) were reviewed. Sixty-one (3.8%) of them were related to Islamization (Figure 3). The major contributors to writings in Islamization are the Orthopaedics, Traumatology and Rehabilitation Department (10%) and the Internal Medicine Department (7.9%), from their total deposits in the IREP database. Other departments contributed to less than 6.5% of their publications. The lowest work on Islamization deposited in the IREP database was from the Basic Medical Sciences Department (Figure 4). Majority (36.5%) of work were done in "Islamic Principles and Related Rulings in Medicine", which dwells in subjects such as euthanasia, autonomy and doctor-patient relationship followed by "Islamic Input in Medical Practice" (28.6%) which was related to topics in medical curriculum such as *Fiqh Ibadah* for the sick. Twenty-three point eight percent (23.8%) of work were in the "Medical Treatment for Muslim Patients" which focuses on Ramadan and diabetes and joint problems and *Solat*. Minimal work (7.9%) was done in the "*Ruqyah* and *Tibb an-Nabawi* in Contemporary Medicine" category (Figure 5).

DISCUSSION

The proposed classification of Islamization in Medicine

The work on Islamization in medicine performed in Kulliyah of Medicine for the past 15 years were mainly in the areas of medical curriculum and research projects either by a researcher or group of researchers. Looking through the IREP database, we would be able to conclude that all the publications on Islamization in medicine fell in one of four common areas/themes, namely; 1) "Islamic Principles and Related Rulings in Medicine"; 2) "Medical Therapy for Muslim Patients"; 3) "Islamic Input in Medical Practice"; and 4) "*Ruqyah* and *Tibb an-Nabawi* in Contemporary Medicine". Although these classifications were not set out at the beginning of the Islamization in medicine in 1994, we found that all researches and publications can be placed in one of these classifications.

Islamic Principles and Related Rulings in Medicine

Islamic Principles and Related Rulings in Medicine deals with critical topics related to the higher purpose of Islamic Law or *Maqasid Shariah*. It also deals with *Fiqh* (understanding of the Islamic Law), prohibition and allowances (*rukhsah*) in medicine and medical ethics. The theme also encompasses the wide definition of "Islamic Medicine" and the principles of *Sunnah* in medicine such as "prevention of the spread of contagious disease" or the principles of quarantine in contagious medical conditions. Based on the practices of earlier Muslims

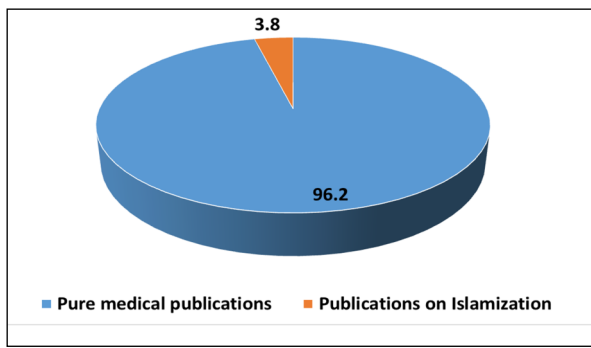


Figure 3: Percentage of publications on Islamization

motion of hip and knee in prayer by adult Muslim males. A preliminary report.^{9,10} To date, publications deposited in the IREP database related to this class are on Ramadan and diabetes, joint problems and *Solat* and management of depression, anxiety, gender identity disorder in Islamic point of view.

Publications under this theme are very much needed because the data for management of certain disorders for Muslims are scarce. Studying medical conditions in Muslims is important as Muslims are made obligatory to perform act of worship such as the formal prayers (*Solat*) and fasting in Ramadan. Certain medical conditions directly influence and affect the act of worship. In cases of osteoarthritis for an example, the movement in *Solat* will be restricted with conventional knee replacement prosthesis. Fasting in Ramadan for diabetics is another example of issues that need to be addressed. The American Diabetic Association published recommendation of management of diabetes in Ramadan, however the publication lacks *Fiqh* discussions and this posed a risk for misguidance for Muslims.¹¹ Up to 2015, there are only approximately 10 studies each related to insulin, sulphonureas and incretins use in Ramadan and only less than five are randomized controlled trials. Another example is studying the management of peptic ulcer disease for Muslims in Ramadan. Producing Halal pharmaceuticals should also be included under this class. These types of publications, if not the most crucial, can be

considered a priority after Islamic Principles and Related Rulings in Medicine as it deals with real life Muslims problems which need fairly urgent solutions.

Islamic Input in Medical Practice

Islamic Input in Medical Practice deals mainly on routine Islamic rituals (*Ibadah*) affected by medical practices such as *Fiqh Taharah* and *Solat* (i.e rulings on purifications and prayers) for the disable While the former classification discusses medical problems in Muslim patients, this category of publications discussed Islamic obligations in patients with specific medical conditions especially in matters pertaining to *Ibadah* and *Muamalah* (social transactions).

This is the second most developed publication area in Kulliyah of Medicine. Examples of work by the Orthopedic team are *Implementation of the Islamic input in Orthopaedics (IIIO) undergraduate medical curricula and practice: IIUM's experience*, *A short descriptive study on in-ward Muslim patients with diabetic foot disease practices in performing physical cleansing and prayer* and *How to perform religious duties in time of illness. A case study on a patient with head injury and upper limb trauma*.¹²⁻¹⁴ The Islamic Input in Orthopedics programme was established as early as 2008.

Ruqyah and Tibb An-Nabawi in Contemporary Medical Practice

This classification dwells in the subject of Prophetic Medicine either in the form of prayers (*Dua*), *Ruqyah* (an Arabic term for "spell, charm, incantation") and food or substances associated with cure as mentioned by the Prophet Muhammad (Peace be upon him). Black seed, dates and camel's urine are among examples of substances related to Medicine that the Prophet mentioned in his traditions. Islamic scholars differ in their opinion regarding Prophetic Medicine. A group of scholars from the *Muhadetheen* (example: Imam al-Bukhari) and Ibn Qayyim held the opinion that whatever the Prophet (Peace be upon him) said pertaining to

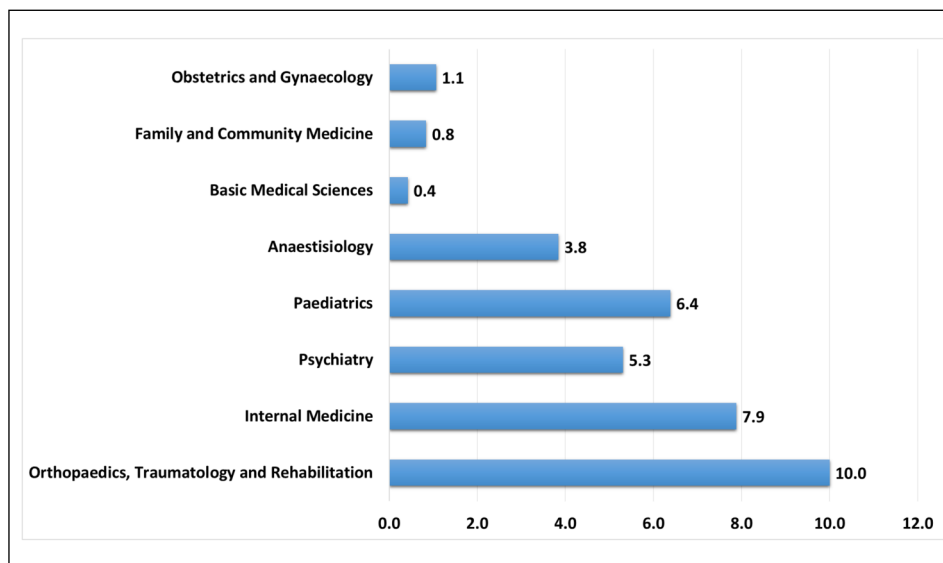


Figure 4: Percentage of publications on Islamization in medicine by departments in Kulliyah of Medicine, IIUM.

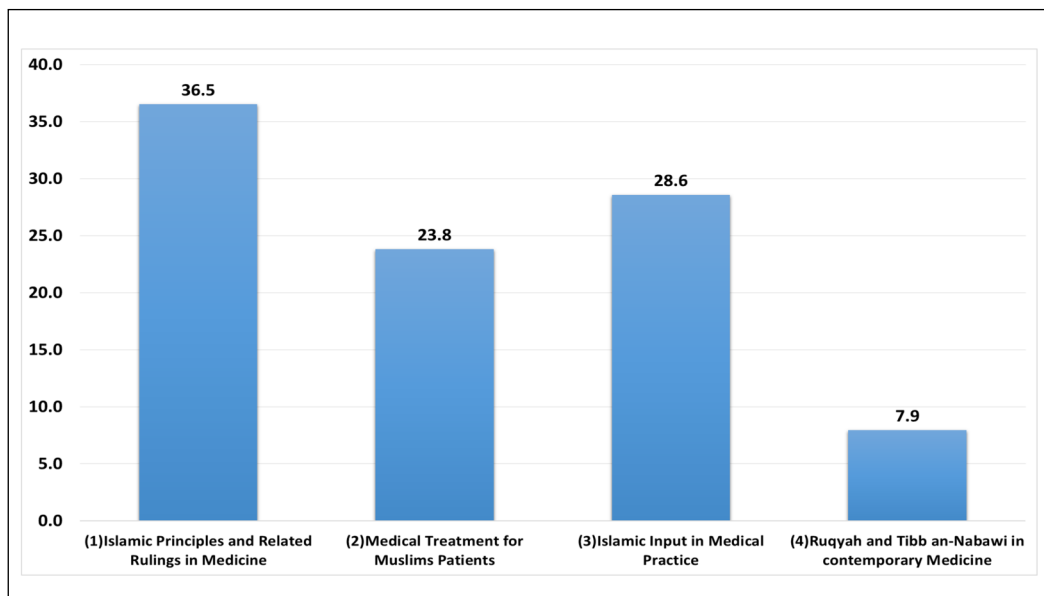


Figure 5: Percentage of publications of Islamization by the proposed classification system.

medicine are considered as revelations (*Wahi*), while scholars such as Al-Qadi Iyyad, Ibn Khaldun and Muhammad Abu Zahrah held the opinion that whatever he mentioned were Arabic medicine and merely a custom that was widely accepted at the particular time (i.e. *Jibiliyyah*).¹⁵ Thus the latter opinion holds the fact that - except for *Ruqyah* or prayers-Prophetic Medicine is “eligible” for scientific testing. We are very much inclined to the latter opinion.

Examples of the work related to this classification include *Pilot study on the effect of Yasiin recitation on the haemodynamics of ventilated patients* and *The effect of Qur'anic recitation on health: a brief review on previous clinical studies*.^{16,17}

It is noted that the publications in this area are very minimal. The possible reason is lack of fundamental expertise in the field of *Quran* and *Sunnah* (Prophet's Tradition) among the members of Kulliyah of Medicine. The immediate strategy to overcome this weakness is through collaboration with Kulliyah of Islamic Revealed Knowledge and Human Sciences (IRKHS) as this area of study would require assistance from experts of Islamic Studies. In addition to that, an assistance from researcher of historical background may also be necessary to further guide the members of Kulliyah of Medicine toward producing high quality review on the subject of *Tibb an-Nabawi*.

Input from academician/researcher in Islamic Studies on the correct and moderate position toward the practice of *Ruqyah* is mandatory. While acknowledging the merit of *Ruqyah* in Islamic Medicine is important, it is an uncalled act to abandon contemporary evidence based treatment and solely relies on *Ruqyah* following the diagnosis of common physical diseases such as liver cancers, epilepsy and ovarian tumors. Issue of performing scientific testing on *Ruqyah* needs careful consideration, as it involves *Imaan* or faith. Moreover, *Ruqyah* is the *du'a* or prayer. It is a form

of *'ibadah*- a spiritual rituals in order to bring ourselves nearer to God. *Ruqyah syar'iyah* is *du'a* originated from the Quranic verses and authentic narrations of *hadith*. It can be argued that spiritual endeavours should not be subjected to scientific investigations and evidence, however it should heavily dependent to other form of evidences - authentic divine proof. The empirical laboratory investigations on substances or physical practice such as black seed, honey and *hijamah* or cupping is warranted at least to investigate the method to administer the medicine or practice.

Another theme which could be added to the classification is “History of Medicine and Islam” which focuses on the practice of medicine in the early days of Islam and the contribution of Islamic Scholars and Physician to the advancement of medicine. The importance of this theme is to remove the misconception that contemporary medicine emerges solely from the Western world. Acknowledging the contributions of Muslim scholars in medicine and realizing that their practice is evidence based would to some extent remove the dichotomy in medicine. Contribution of Muslims scholars in medicine continued after the Abassid age such as the least known fact there was tradition of merging the scientific knowledge and Islamic knowledge in madrasa all over the Ottoman empire during 1300-1600.¹⁸

To the authors' knowledge, this was the first attempt at trying to classify the work on Islamization in Medicine among the members of Kulliyah of Medicine. We hope that this proposed classification will further facilitate the Islamization effort in medicine to be more organized, inclusive of all aspect of medicine and relevant to current medical practice.

We anticipate the potential obstacles and barrier from accepting this classification due to the dichotomy of medicine among fellow researchers and health practitioners themselves. Majority were

western trained. This can be overcome through continuous education and structured training on Islamization module. The most urgent need is to train the lecturers and the academician at least the basic tools of *usul fiqh* (basis of Islamic Law), *mustolahul hadith* (study on Prophetic Traditions), the basic form of *tafseer* (Quranic exegesis), Arabic and the exposure to various leading works by contemporary and classical scholars via the establishment of a diploma program in Islamic studies. On top of that, an advocacy role from the IIUM administrations in promoting the above effort is another critical element in ensuring its success.

Limitation

The reviewed publications were deposited under the Kulliyah of Medicine. They may not reflect the actual number of publications related to Islamization in medicine done in IIUM. Other Kulliyah and Centres such as Kulliyah of Pharmacy, Allied Health Sciences, Laws, Education and Islamic Revealed Knowledge and Human Sciences were also involved in the Islamization in medicine. Publications on Islamization (written by IIUM authors) which are not deposited in IREP database are not captured in this analysis.

CONCLUSION

Low number of publications on Islamization was deposited in the IREP database for the past 15 years under the Kulliyah of Medicine. Based on the proposed classification system, majority of publications were on "Islamic Principles and Related Rulings in Medicine" and "Islamic Input in Medical Practice". More work need to be done on "Medical Treatment for Muslim patients" and especially "*Ruqyah* and *Tibb an-Nabawi* in Contemporary Medicine".

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