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Islamic Organization
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Kuwait Foundation for
Advancement of Sciences
(K.F.A.S.)

Bulletin of Islamic Medicine

Vol. 4

Proceeding of
The Fourth International Conference on

Islamic Medicine

No. V

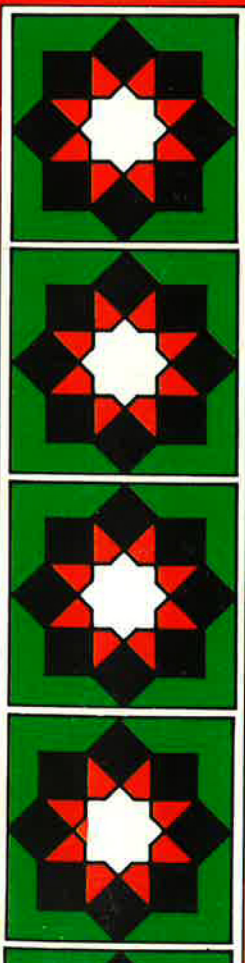
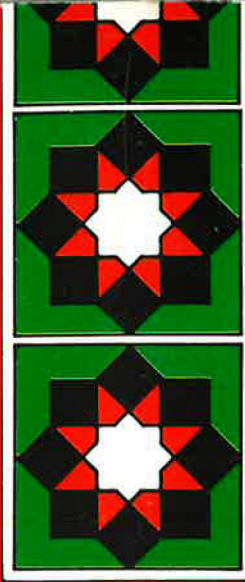
Islam and Psychiatry
and
Al-Fiqh Al-Tibbi

Supervised by
H.E. Dr. Abdul Rahman Abdulla Al-Awadi

The Minister of Public Health
and
President of Islamic Organization
for Medical Sciences

Edited by
Dr. Ali Yousuf Al-Saif
Dr. Ahmed Ragai El-Gindy
Hakeem Mohammad Zahoorul Hasan
Professor Mohammad Sabir

Rabi' I 1407/November 1986
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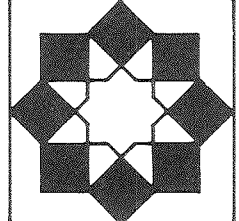
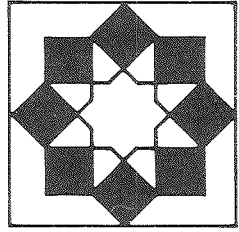
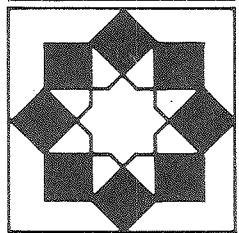
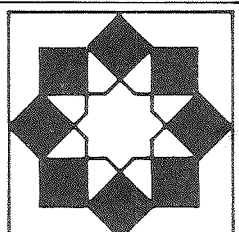
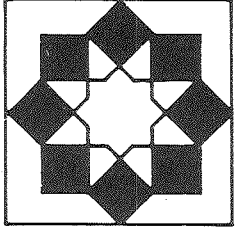
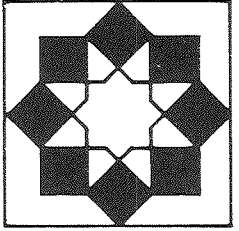
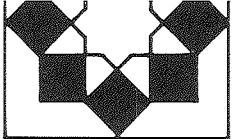
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CHAPTER IV

D - ISLAM AND PSYCHIATRY

1. REPORT ON THE SESSION
The Editors

MAIN LECTURE:

2. FIQH AL-SEHA (*Not available in English*)
Dr. Haitham Al-Khayat

PAPERS PRESENTED:

3. HUMAN HEALTH AND PSYCHOLOGY IN ISLAM (*Not available in English*)
Prof. Dr. Abdul Hadi Abu Reeda
4. THE MOTIVATION OF BEHAVIOUR IN HADITH (*Not available in English, but its Abstract included*)
Prof. Dr. Mohd. Osman Nagaty
5. PSYCHIATRIC HUMANISM IN ISLAM AND ITS CANONS OF PSYCHIATRIC JURISPRUDENCE
Prof. Dr. Ihsan A. Karaagac
6. SUMMARY OF DISCUSSION

REPORT ON THE SECOND SESSION

This session was chaired by H.E. Dr. Al Ahmadi Abu Al-Noor, co-chaired by Dr. F.U. Baqai and moderated by Dr. Ibrahim A.H. Al-Sayyad.

The main lecture was delivered by Dr. Haitham Al-Khayyat entitled "Fiqh Al-Seha". The other speakers were Prof. Dr. Abdul Hadi Abu Reeda, Prof. Dr. Mohd. Usman Nagaty and Prof. Dr. Ihsan A. Karaagac who respectively presented their papers on "Human health and psychology in Islam", "The motivation of behaviour in health" and "Psychiatric humanism in Islam and its canons of psychiatric jurisprudence".

Over 125 scholars attended the session. At the end of all the lectures, the Chairman invited questions, comments and remarks from the members of the audience.

— Editors

THE MOTIVATION OF BEHAVIOUR IN THE HADITH

Prof. Dr. Mohamed Osman Nagaty

SAUDI ARABIA

ABSTRACT

This study is dealing with concepts of the motivation of behaviour in the Prophet's (ﷺ) Hadith. It discusses what the Prophet (ﷺ) had said concerning the basic Physiological drives such as: Hunger, Thirst, Fatigue, Temperature, Breathing, Sex, Pain, Elimination of wastes from the body and maternal drive.

It is dealing also with Psychological motives such as: longing for worshiping God, competition and possession. Importance of motives in human life, as indicated in the Prophet's (ﷺ) Hadith, is explained and discussed.

This study is dealing also with the conflict between motives, and especially between religious and spiritual motives and physiological drives. Advice of the Prophet (ﷺ) concerning the best ways of solving this conflict is discussed. His advice concerning the ways of controlling drives, and especially the sexual drive and the motives for aggression and possession is discussed.

The study is dealing also with what had been mentioned in the Prophet's (ﷺ) Hadith concerning deviation of drives, and especially of the sexual drive.

An attempt is made to compare some of the concepts about the motivation of behaviour in the Prophet's (ﷺ) Hadith to recent scientific findings in this field.

PSYCHIATRIC HUMANISM IN ISLAM AND ITS CANONS OF PSYCHIATRIC JURISPRUDENCE

Prof. Dr. Ihsan A. Karaagac

U.S.A.

Author, in this presentation, outlines psychiatric humanism in Islam and its canons of psychiatric jurisprudence within the confines of the Sharia and Islamic medical scholarship.

This expose, therefore, mediates the essence of psychiatric humanism in Islam from radiant source of the Book (Qur'an) as divine guidance, through Sharia, Usul-al-Fiqh, Sunna and Hadiths into the doctrine of ijma in Islamic medicine for contemporary life in Islam.

Author, after a brief introductory remark on transcendental and conceptual ground of Dei verbum on one hand and on the other the processual authenticity of the pathogenesis of the involuntary in mental functioning, attempts to outline the universal boundaries of the essence of being, the canons of right thinking and of the purpose of right living for healthy and diseased man in Islam¹.

By a systematic survey, he prepares the ground to delineate the specific field of psychiatric humanism and to formulate the canons of psychiatric jurisprudence to elicit the significance of each biological, mental, moral and spiritual existentialia as Muslim man by nature lives through the process of life in its ontological entity².

Viewed as such the ultimate reality of man's mental life is intervoven, in this presentation, into the mode of understanding of faith as *modus vivendi* in Islam not as in abstracta but as man lives by, his individual and community life.

To the author Muslim mind means the source of mental life of a Muslim who has submitted himself (his organic and mental life by purpose or function) and surrendered his faith and autonomy of will to the will of Divine Providence (Allah)³. Law means therefore, in author's understanding (be it Divine Law, Moral Law or Natural Law) a divinely ordained system in the nature proceeding but not proceeded by, and controlling but not controlled by any anthropomorphic entities (such as man, state or community), and revealed in the ontology of man by Divine Will of God⁴.

According to this formal and traditional view, law is imposed from above (Qur'anic Code, Postulates, Divine Guidance) as universal a priori for justice, good will, freedom and truth to which the structure and function of an Islamic state and society must conform in order to provide a *corpus iudicium* in which psychiatric jurisprudence is an authentic component⁵.

Measured by this a priori and under compelling article of faith, the right conduct for psychiatric humanism in Islam and for its canons of psychiatric jurisprudence grounded in this presentation within the radius of Divine Ordinance ("The Book")⁶.

Accordingly it is the specific duty of Sharia, as expounded upon by the scholarship of classical jurists of Islam and doctrinal schools, to revise the medical jurisprudence under the light of the ideal doctrine of Qur'anic

world-view and in accordance with the contemporary understanding of the nosology of mind by present day medical scholarship⁷.

To this end, author — by a unique mode of understanding, (e.g. mode of encompassing⁸, mode of spirit as sui generis and the Divine Ordinance as adodictic — presents on Islamic medico legal theory as comprehensively delineating system of personal and public “Right Conduct” for purpose of benevolence of a Muslim individual suffering from an authentic disease of the mind⁹.

To achieve this specific objective, author conceptualizes (a) the psychopathological processes and nosological entities of mind as ontological verities¹⁰, and (b) the right conduct for man of sound mind or insane¹¹, (c) at the same time right conduct for establishing the fundamental tenets of psychiatric humanism and its canons of psychiatric jurisprudence¹², as subordinate to the ontological status of man whose very nature and his ultimate destiny is within Divine Providence.

By so conceptualizing, he attempts to achieve the Qur’anic view of understanding man’s alienation from his own will and responsibility — as a metamorphosis — from the mode of his personal conscience into the predestined mode of conscience morbid where process of involuntary dominates upon individual will and responsibility¹³.

This paper views *man* in Islamic realm as *homo moralis* and the Qur’anic truth as transcendental virtue which enters into man’s purpose of life as sanctity of humanism¹⁴. Truly this is the essence of psychiatric humanism from which author derives the canons of psychiatric jurisprudence pursuant to the historic archives of Sharia and medicine¹⁵. Author believes that scholasticism in Sharia requires authentic source, genuine insight and orthodoxy in the interpretation of Hadiths, and scholasticism of medicine provides specific procedure, and method to analyse the psychopathological processes. At the conjunctural context of Sharia with medicine that ontological predicament in psychiatric jurisprudence may be understandable, that is the innermost affinity of the autonomy of will with involuntary and the incomprehensibility of involuntary¹⁶.

Like the secret in the psalmist’s realm of sacred, this illustrates the mechanism of dissolution of right conduct of voluntary within the amorphous and irrational involuntary, and therefore the incomprehensibility of involuntary¹⁷.

Finally, author arrives, under Qur’anic postulates and by way of the hierarchy of values in ethical reasoning, to the reason d’etre of the primordial canon of psychiatric jurisprudence that man ought to act so that his will for right conduct in the sphere of voluntary should derive its essence from transcendental ground despite of its counterpart involuntary¹⁸.

In the end of the expose author provides definition of mentally diseased, *parsens patriae* provisions to mental treatment and rehabilitation, procedures governing the guardianship and conservatorship under Sharia. Additionally he presents a Model Islamic State Law on Civil Commitment of the Mentally Ill¹⁹.

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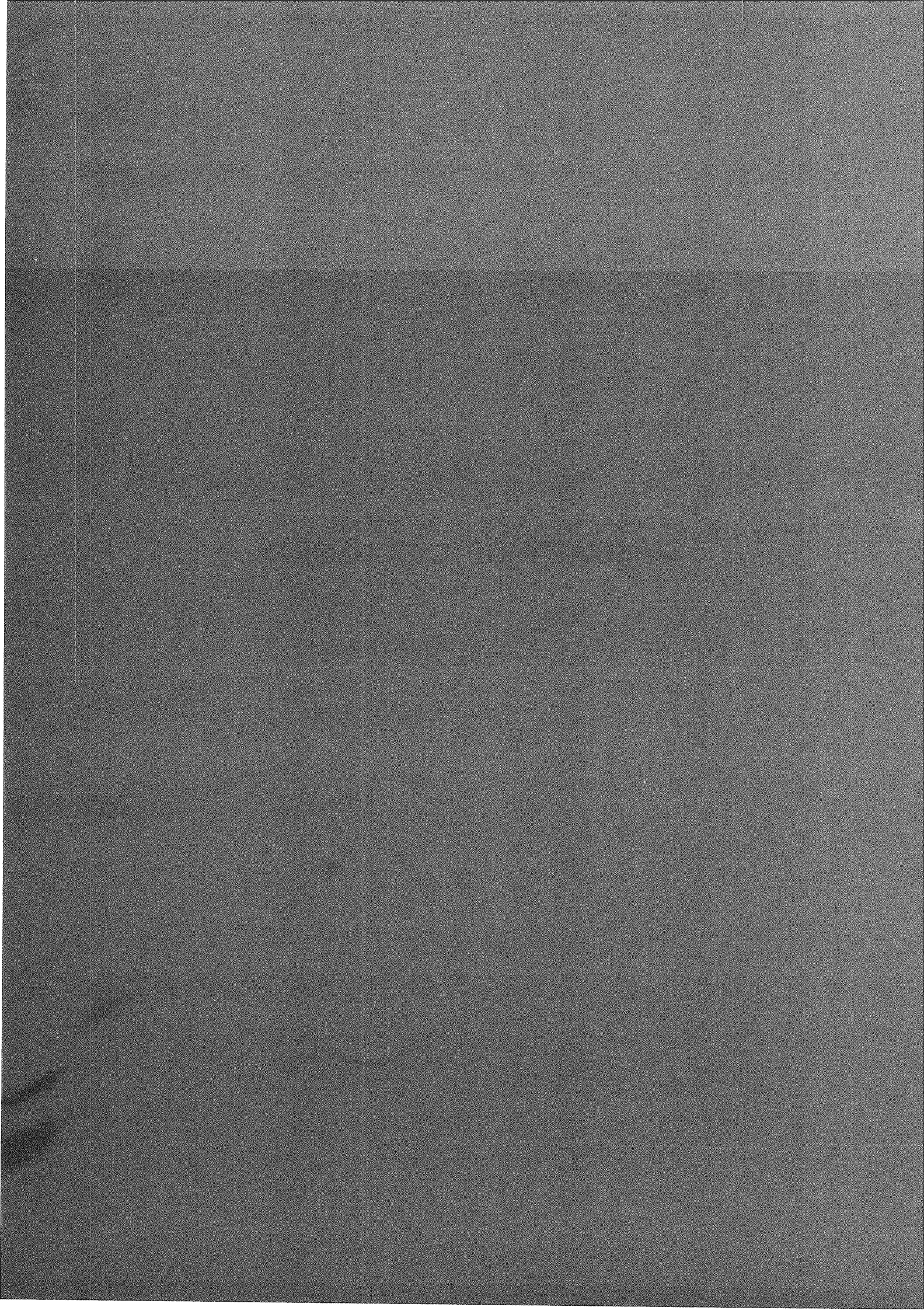
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SUMMARY OF DISCUSSION



Dr. M. Abdullah Syed Khalifa commented that we have heard with great interest about the Tibb-un-Nabawi which was indeed precise. The question is how we can involve the psychologists/psychiatrists particularly the Muslim scholars to evolve the pertinent theories. The Islamic Organization for Medical sciences should adopt a resolution for the psychological/psychiatric aspects and should prepare a syllabus for the medical students.

Dr. Ibrahim Sayyad, Dr. Al-Bar and Dr. Al-Habeeb Al-Khoja also took part in discussion and gave comments.

Dr. Ahmed Shawki Ibrahim remarked that we should be clear in theory. In muslims, there is no theory but the guidance. At times, the theory can be mistaken.

PART FIVE

AL-FIQH AL-TIBBI

CHAPTER I

THE ROLE OF THE MOSLEM PHYSICIAN AND HIS RESPONSIBILITY

1. REPORT ON THE SESSION

The Editors

PAPERS PRESENTED:

2. THE ROLE OF THE MOSLEM PHYSICIAN IN PROPAGATING THE ISLAMIC TEACHINGS (*Not available in English*)

Dr. Hamadi Massoud

3. THE ROLE OF THE PHYSICIAN TO MAINTAIN AND CONSOLIDATE ISLAMIC VALUES DURING MEDICAL PRACTICE IN TUNISIA

Prof. Dr. Sleim Ammar

4. THE ROLE OF PHYSICIAN IN MUSLIM UMMA TODAY

Dr. Anwar-ul-Haque

5. THE MOSLEM PHYSICIAN BETWEEN JURISPRUDENCE AND LAW (*Not available in English*)

Prof. Dr. Mohd. Abdul Jawad Mohammad

6. THE DURATION OF PREGNANCY IN MEDICINE, LAW AND SHARIAH

Dr. Mohammed Ali Al-Bar

7. SUMMARY OF DISCUSSION

REPORT ON THE FIRST SESSION

This session was chaired by Dr. Naim Ahmed Khan, co-chaired by Dr. Mohd. Haitham Al-Khayyat and moderated by Dr. Saleh Al-Jaraiwi.

The speakers were Prof. Dr. Sleim Ammar, Dr. Anwarul Haque, Prof. Dr. Mohd. Abdul Jawad Mohamad and Dr. Mohd. Ali Al-Bar who respectively spoke on "The role of the physician to maintain and propagate Islamic values during medical practice in Tunisia", "The role of Muslim physicians in Muslim Umma today", "The Moslem physician between jurisprudence and law" and "The duration of pregnancy in medicine, law and Shariah".

Over 125 scholars attended the session. At the end of all the lectures, the Chairman invited comments, remarks and questions from the audience.

— Editors

THE ROLE OF THE PHYSICIAN TO MAINTAIN AND TO CONSOLIDATE ISLAMIC VALUES DURING MEDICAL PRACTICE IN TUNISIA

Prof. Sleim Ammar

TUNIS

INTRODUCTION

The Muslim countries — which are generally in the process of development — have a number of demographic, economic, social, cultural and sanitary problems considered to be much more acute and, therefore, more worrying than in the West. Pull here and there by all sorts of imported ideologies, these countries find themselves, since the beginning of their Renaissance (“*Nahdha*”), in search of a renewal. In almost every aspect, especially in the religious and cultural fields, the traditional values of Islam are undergoing some strong pressures from the modern values of the West and, as a result, tensions, conflicts, contradictions and even compromises often occur in different spheres. This includes the field of medicine.

In Public Health and in contrast to developed countries: infant mortality rate is higher, life span is shorter, the number of practising physicians is inadequate and such problems as diet, hygiene, or health-care issues are more serious and relatively specific to their different causes and consequences in the Arab and Muslim World.

But the physician who must solve all these problems is educated in his own country with some training abroad or more often completely foreign educated. This type of education hardly includes any moral values and no Islamic values related to medicine and this state of affairs exist generally in almost all the Islamic countries and particularly in Tunisia.

The physician is usually compelled to rely on sophisticated and sometimes inappropriate techniques or approaches according to his country of training and his education does not necessarily reflect any actual consideration for any moral values, any spirit of solidarity with his fellow man, and also any deontology. Thus, the physician-patient relationship is limited to only a handful of individuals and the privileged few.

The technical education given to the Muslim physician is within the aspirations of the West where a number of ambivalent social values are undergoing a deep moral and ideological crisis. The search for material gain, backed by a competitive spirit for success at all costs, is being reflected by the abundance of physicians in some regions and the lack of them in other parts thus causing a disequilibrium in the geographic distribution of practitioners within the country.

In his own country - like in Tunisia - the Muslim physician is confronted with some grave problems such as:

a) Mass ignorance or wide misunderstanding of elementary health principles or hygiene and lack of basic education in the field of Public Health.

b) General lack of basic knowledge regarding the relevant Islamic precepts, deliberately overlooking them, deforming them or else their total rejection by those concerned at the unconscious level.

c) The loosening of fellowship ties due largely to urbanisation, industrialisation and the breakdown of the traditional family set-up.

d) Uncritical acceptance of some Western social and cultural values by certain sections of the population which in the course of time has brought a general weakening of some fundamental religious concepts, such as group solidarity, leading to self-centred individualism.

Nevertheless, one must insist that the basic cultural and religious values of the people remain latent in the collective consciousness despite the fact that they are in need of being reminded, reactivated, purified and reinforced in almost every relevant situation.

This need seems to impose itself nowadays by the sheer force of circumstances and more in the Maghreb which has been not only under the strong impact of colonialism during the recent past but also at present under the continued influence of Westernisation.

In fact, in the course of more than 30 years' experience in Tunisia - especially in the domain of psychiatry which by its very nature interacts with other fields of medicine - it has appeared very clearly to us that a dual necessity is gradually becoming of paramount importance:

(1) **The need to also rely in practice on some basic religious precepts** which are more or less known to the people in matters of Public Health and inter-personal relationships by using them and revitalising them in relevant cases. Experience has proved the fact that this approach is very efficient in therapy and preventive measures as well as in such relationships like "doctor-patient", "doctor patient's relatives or family", "patients-parents", "patients-employers", etc..

(2) **The need for the physician to be himself an example of righteousness and of devotion** by following the above concepts so as to harmonise one's general outlook with the teachings of Islam.

Within this framework, the professional behaviour and academic works of the great Arab and Muslim physicians of the glorious past could be taken as inspiring and guiding examples.

In this way - directly or indirectly - the contemporary physician could be reminded to increase around himself the true principles of faith, to purify them, to reactivate them, to consolidate them and to spread them in an appropriate form acceptable by society in general.

MAIN SITUATIONS BEING CONFRONTED BY THE PHYSICIAN

In practice, the physician could be faced with the following situations:

1) In the preventive field:

a) Ignorance of the basic principles of hygiene - Thus, he has not only to explain the dangers of contamination by microbes, by dirt and by means of promiscuity, but also to fight against pollution. In both areas of concern, the general rules of hygiene and diet prescribed by Prophet Muhamad (ﷺ) and Al-Hadith ("Sayings") constitute a source of inspiration and guidance.

Not all the sayings of the Prophet (ﷺ) can be mentioned here except those selected on the hygiene of food, drinks and utensils; hygiene with regard to clothing, the environment, sexual relations, etc...while others exhort us to protect oneself from all possible damage and from everything which is generally harmful.¹

The Prophet (ﷺ) said:

"Guard against the three following curses regarding the passing of impurities: shade, places of running water, and the middle of a public path";²

and also

“God is clean and loves cleanliness; God is generous and loves generosity; and keep your halls and courtyards clean”³

In Tunisia, one may recall the following well-known hadith:

“Cleanliness is an act of faith and dirt is an attribute of Satan”.

Concerning the general preservation of the body and mind, the other sayings are:

“God has some rights over you and your soul has also certain rights over you”; “Your body has some rights over you”

(According to Al Bukhari and Muslim)⁴;

“There shall be no harming, injury or hurting of one person by another”⁵,

and finally

“See what is harmful and try to avoid it”⁶

All the above sayings could have a general impact or a specific one according to relevant cases. It is therefore upto the physician to recall - on the basis of his prescription - to the patient and to his entourage all the things which by nature need to be avoided, be it self-evident dirt or a non-apparent nuisance, a contagious disease, or any other danger or accident which could be the result of ignorance on the part of the masses in preventive hygiene in all the spheres of life.

b) Ignorance or flouting of the basic principles of mental hygiene - In practice, the psychiatrist with adequate experience realises that many psychic disturbances arise from or are worsened by the following types of behaviour:

- Narcissism, egoism and individualism which determine the inability to face frustrations at one time with aggression, hate or rancour, and at another time with ideas of persecution and prejudice.
- Inferiority complex and guilt with reactions of escapism, lying, the fabrication of unfounded stories, or otherwise the loss of will power and the situation of despair or panic.
- Anger, violent reaction and the lack of emotional control, fear, suffering, self-doubt and obsessions which amount to aggression which could appear in some violent forms. It follows that hostility, hatred or repressive marginal or deviant behaviour could generally take place toward near relatives or one's surroundings.

Thus, one can understand, within the framework of a well-guided and well-adapted psychotherapeutic relationship, the extent to which the application of the following rules of mental hygiene appear beneficial - from evidence and in concordance with experience - though in varying degrees in the fields of treatment and prevention.

Experience has it that these rules are valuable in the treatment of neurosis as well as psychosis. Whatever the nature of these illnesses - psychogenic, endogenous, or a mixture of both - all such “states” could in fact benefit in various ways and at all times, especially at the level of prevention, not only from the worsening of their situations but also from their actual appearance and their evolutive development.

In fact, it seems that the psychotherapist - who should be in a position to formulate the rules of the art - ought also promote in his patient altruism, generosity, self-awareness, a sense of conscience, optimism, temperance, patience, endurance, sobriety, moderation, sincerity in verbal communication, the purity of intention and actions, the debunking of guilt through salvation and the determination to overcome one's mistakes and sins, moral conscience, feelings of humanism and the avoidance of ego-centric instincts, modesty and emotional control, while at the same time and according to the need of each case or situation the

psychotherapist must also take the initiative, with zeal and courage, in order to promote the patient's harmony with the self and with others.

c) The necessity to reinforce the use of Islamic principles - Several verses from the Qur'an could be mentioned regarding the failings of the soul and the means of avoiding them through self-reform, such as those of Surah 114 ("Nas" or "Mankind") Surah 113 ("Falaq" or "Dawn"), Surah 104 ("Humaza" or the "Scandal-monger")... and Surah 103 ("Asr" or "Time through the Ages").

The following verses are some examples:

HAVE PATIENCE, ALLAH LOSETH NOT THE WAYS OF THE GOOD"
(S11:V115)

O MANKIND! THERE HATH COME INTO YOU AN EXHORTATION FROM YOUR LORD, A BALM FOR THAT WHICH IS IN THE BREASTS, A GUIDANCE AND A MERCY FOR BELIEVERS"
(S10:V57)*

and

OH! BUT MAN IS A TELLING WITNESS AGAINST HIMSELF
(S75:V14).

The Qur'an is also full of quotations of God's forgiveness for his repentant creatures. Other relevant sayings are in the following Hadiths:

"Every human being sins and the best of sinners are those who repent"

(Cited by Ibn Majjah),

*"Who is sorry for having done something wrong is equal to somebody who has not erred". "God is merciful to anyone whose words are beneficial and whose silence is a positive act"*⁷, *"Anyone who is silent preserve himself"*⁸, *"To say the good word or to stay quiet as an act of belief in God and in the Last Day"*⁹

and on the control of one's emotions there is this famous Hadith which says

*"Avoid passion"*¹⁰

On temperance the Prophet (ﷺ) said:

*"Sobriety is an act of faith"*¹¹,

and on doubt, obsession and rituals

*"leave out anything which gives you doubt so that it causes no doubt"*¹²

On the subject of pernicious paranoia, which may have the most dangerous delirium for a patient and his entourage, the Prophet (ﷺ) said to one of his Companions:

*"Could I warn you against the worst of all ills: "It is polytheism and the handicapping of one's parents"*¹³

this was repeated twice, after a pause, so as to emphasize the importance of the words. On virtue and vice the Prophet (ﷺ) said:

*"Virtue is a kind disposition and vice is a sore in your mind and you therefore disapprove of it being known to others"*¹⁴

Regarding rancour and hatred, he (ﷺ) said:

*"Neither nurse mutual hatred, nor jealousy, nor enmity, and behave as fellow brothers"*¹⁴

All these and other sayings contain some highly ethical and spiritual values in addition to such virtues as prayer and fasting within the context of psychotherapy and physiotherapy.¹⁵ Other verses and sayings may also provide a sort of spiritual remedy to help the patient to deal with and to overcome a number of painful

situations. These include some grave psychic disorders such as alcoholism and suicidal behaviour, bewitchment, the state of being in a state of excessive mourning at the death of a close relative, and other types of depression and despair which follow some trials and catastrophes of life which a Muslim must also learn to overcome by the sheer power of faith.

d) Some constraints shown by experience - We have so far been able to create and to develop a step by step situation in which we are better understood and therefore followed by a wide range of people and this in turn has enabled us to refer more and more to the basic principles of faith and also to make use of religious conviction in our work. As a result, the psychotherapeutic impact of faith has become apparent and the relevant principles now constitute a more powerful and effective means of treatment than other approaches.

Gradually over the years we manage to deal with all types of constraints within a sort of phenomenal framework as well as coping with certain problems posed by the masses. As a matter of fact and without any value judgement, our major task was to talk the "same language" of the patient and his local environment. We realise that the "Word" and its transcendental messages have, quite extraordinarily, a powerful effect which falls within the "supernatural".

In psychiatry, we have been able to save many a situation through the use of some guiding principles from both the Qur'an and Al Hadith such as

*"The alcoholic and bewitcher cannot go to paradise"*¹⁶

AND MAKE NOT YOUR OWN HANDS CONTRIBUTE TO YOUR DESTRUCTION

(S2:V195)

*NOR KILL OR DESTROY YOURSELVES FOR VERILY GOD HAS BEEN TO YOU
MOST MERCIFUL*

(S4:V29)

and more generally and within the underlying dynamics of the psychological mechanisms promoting both senerity and optimism, we have the following Hadith:

*"Let there be no superstition but good deed and good omen"*¹⁷,

It has been found that all those verses about life in the hereafter or about accepting the inevitable have actually helped many individuals to avoid mental break-downs and situations of despair. As mentioned in the Quran:

*SAY NAUGHT BEFALLETH US SAVE THAT WHICH ALLAH HAS DECREED UPON
US*

(S9:V51).

Regarding mourning, Islam states that it should last only three days and therefore it should not be a "long period of resignation and grief" which psychoanalysts seem to work upon far too long nowadays in order to alleviate this problem.

The above verses and sayings contribute by their overall impact to the psychosomatic equilibrium of individuals and they have their universal values while at the same time remain some specific teachings of Islam. Within this scope, our long standing experience in the field of psychiatry has enabled us to formulate and to put forward in psychotherapy the main precepts in a set of 25 mental health principles which have been printed and distributed so as to record at each consultation the relevant information about the patient, his family, etc.

These principles aim at promoting patience, self-control, forgiveness and sobriety but with the patient's own efforts to better oneself and to be in increasing harmony with others. The patient is being asked to avoid idle or violent discussion, to avoid either stormy or immoral TV films, to listen to the Qur'an and soft and relaxing music without any word background. Such actions help to promote courage in the patient, determination to those needing them, calm and temperance to violent individuals, and understanding and solidarity among all of us.

We have even added the listening of the Qur'an in the patients' waiting room and it has been observed that this has created an atmosphere of soothing calmness and also a high level of discipline. In fact, this experiment which started about two years ago has been very conclusive. Its result has been spectacular in many cases. Families are seen to photocopy and to distribute these therapeutic guidelines based essentially on Islamic values. Newspapers have also printed them such as "Essabah" in Tunisia¹⁸ and "Arrai Al Am" in Kuwait¹⁹. The overall impact of our practical action is considered to be very rewarding as reflected by public opinion and by many patients and their families in mental hygiene. However, the physician has still to face and to deal with other situations in giving treatment.

2) Some problems relating to treatment itself :

It has been found that in frequent cases the lack of family care to patients makes the task of the physician much more difficult as a practitioner and in this situation he greatly needs the use of Islamic teachings in order to maintain and to consolidate his role in the local health-care system.

a) In the family — God and parent's forgiveness are often being used in Tunisia and other countries of the Maghreb in order to compel many people to take care of their old parents. In many cases, these two verses have helped to improve the situation :

*THY LORD HATH DECREED THAT IF WORSHIP NONE SAVE HIM AND THAT YE
SHOW KINDNESS TO PARENTS*

(S17:V23)

AND WE HAVE COMMENDED INTO MAN KINDNESS TOWARDS PARENTS

(S46:V15)

Some Hadiths are also helpful to a grown-up in overcoming a lack of care for a sick mother or father. About a mother, one is told

*"Then keep near her, because paradise is at her feet"*²⁰

and

*"Mother has most rights over her son"*²¹

Regarding a father, it is said:

*"The pleasure of the Lord is in the pleasure of the father, and the displeasure of the Lord is in the displeasure of the father"*²²

In the case of an infant or an elderly needing care, there is the following Hadith :

*"Those who are not compassionate to the young and do not respect our elders, do not belong to us"*²³

On the relationship between man and woman, Al Hadith opines :

*"The best Muslim is the one who has refined faith and the best among you are those who behaved most excellently towards women"*²⁴

b) Outside the family — Generally speaking, within the community and according to the well-known verse

AND WARN, FOR WARNING PROFITETH BELIEVERS

(S51:V55)

one is being constantly reminded of the need for a sense of group solidarity.

i) The paramount importance of solidarity and mutual cooperation is evoked in a number of verses such as:

THE BELIEVERS ARE NAUGHT ELSE THAN BROTHERS, THEREFORE MAKE PEACE BETWEEN YOUR BROTHERS

(S49:V10)

and

BUT HELP YE ONE ANOTHER UNTO GOOD DEEDS AND PIOUS DUTY : HELP NOT ONE ANOTHER UNTO SIN AND TRANSGRESSION

(S5:V2).

In fact, the Prophet (ﷺ) has said:

“One Muslim is inviolable to another fellow Muslim with respect to life, property and family honour”

A similar attitude exists with regard to the neighbourhood. It is said that the Prophet (ﷺ) has recommended the next-door neighbour as a first step towards solidarity and even “The neighbour before the house”! This recommendation is still very relevant in Tunisia for group solidarity at the neighbourhood level is a key to a healthy environment.

The seal for social and spiritual solidarity could be summed up in the following wisdom

“Want for others what you want for yourself”²⁶ “Muslims are towards one another tied together like a compact building which is well-unified in all its constituent parts”²⁴,

and of course the five duties elaborated by the Prophet (ﷺ) which include

“the obligation to visit the sick

(According to Al Bukhari and Muslim).

ii) Necessity to relieve people from suffering is one of the Muslim most sacred duties. It is said that whoever relieved any Muslim for distress in this world will be similarly relieved by God on the Day of Judgement. In fact, the Prophet (ﷺ) said :

“The heaviest thing which will be placed in the balance of a believer on Resurrection Day will be good conduct”²⁸.

The following Hadith appears very relevant in every day medical practice

“Spread the good word”²⁹

because this is what the psychotherapist tries to do all the time. For the Muslim physician or psychiatrist, Islamic teachings therefore provide a rich body of words which have a great deal of therapeutic values. In fact, these values have a universal appeal.

In conformity with the universalism of Islam, the Prophet (ﷺ) said :

“Compassion is not for a man to show mercy only to his people and he must also be compassionate to all mankind”³⁰

and

“The true Muslim is one who ensures the safety of others through his good thoughts and good deeds”³¹

It is also written in the Qur'an :

AND DO GOOD FOR ALLAH LOVETH THE BENEFICIENT
(S2:V195)

and

ALLAH ENJOINET JUSTICE AND KINDNESS
(S16:V90).

All these and other words of wisdom constitute the universal ethics of Islam.

iii) The other moral qualities — First of all, these values can be taken from the Prophet (ﷺ) himself for he (ﷺ) said that

“Good guidance, good manners and moderation are among the 25 attributes of Prophethood”³²

The Prophet (ﷺ) was a living example of these qualities. During his lifetime, he (ﷺ) made a number of statements on moral issues such as

“ Good word which is an act of charity³³

and also chastity :

“There is a characteristic of every religion and the main characteristic of Islam is human decency”³⁴

on compassion :

“God shows compassion only to those of his servants who are compassionate”³⁵

on kindness :

“No Muslim is allowed to frighten another Muslim in any way”;

on modesty :

THE TRUE SERVANTS OF GOD THE BENEFICIENT ARE THOSE WHO ALONG THE RIGHT PATH

(S95:V63)

on good manners :

“The best natured is the best believer among you”³⁴

and

“I have been sent to promote good manners”³⁸

and last but not least, the Prophet (ﷺ) said:

“Bad character perverts the thoughts and actions of man like vinegar degenerates honey from its naturalistic state and turns it sour”³⁹.

More importantly, the Prophet (ﷺ) made a number of recommendations on how good character could be achieved. The moral qualities needed include patience, endurance discretion, honesty, good intentions, socialibility, good companionship and human worthiness itself for they also judged the merit of his followers by saying that

“The most useful of men is the best”⁴⁰.

All the above-mentioned qualities provide the ways and means for the Muslim to prepare himself for his moral worth in life as well as the physician in his professional life because a knowledge of the moral values of Islam could help him not only to consolidate his role in medical practice but also to achieve excellence and satisfaction in his work.

iv) Necessity for the patient to comfort himself during treatment. Moreover, regarding actual treatment. Allah encourages His followers to take care of themselves and the Sacred Book is essentially for those who believe

THE WAY TO SALVATION AND RECOVERY

(S41:V44).

The Qur'an says that

THERE IS NO FAULT IN ONE AFFLICTED WITH ILLNESS

(S24:V61)

and

VERILY IN THE REMEMBRANCE OF ALLAH DO HEARTS FIND REST

(S13:V28)

This verse is famous for cooling down both body and mind.

Another source of comfort are the popular aphorisms in Tunisia such as

“God created illnesses as well as their relevant treatment” because there is a remedy to every disease, “The physician treats but God cures”, “O servants of God ! seek the medical treatment ! God the Exalted and the Glorious has put for every malady”⁴² and “When you visit a patient, impress upon him that he will live a long time, this will not change matters but it will soothe him”⁴³

Our deduction so far is that the powerful impact of the above verses and sayings represent on one hand a sound support for medical prescriptions and a shared responsibility by patients and their entourage to contribute to recovery, and on the other hand the above knowledge helps to maintain and to consolidate as well as to disseminate some fundamental Islamic precepts around the practitioner.

3) The physician's Exemplary Conduct:

It is evident that the modern physician is not able to appreciate all the relevant precepts and has therefore no chance of disseminating them around unless he himself thoroughly masters them in all sincerity, faith, and righteousness. In contrast, the Muslim physician is traditionally committed to not only apply all the ethics which are contained in the centuries — old Medical Oath but also to harmonize all its moral principles with the precepts of the Islamic faith. His best guide on the subject is the writings and the excellent conduct of the leading Arab and Muslim medical scientists of the past.

In fact, these medical scientists of Islam have actually traced the right way of professional conduct in both a dignified and an admirable approach. In the scientific field as well as in the domain of deontology and moreover, by their piety, these great scholars have left a rich legacy for the medical art and for mankind as a whole.

The Teachings of the great Masters of Islamic medicine

The contemporary Muslim physician could refer to Yacoub Al Kindy who in the 3rd century of the Hegira exhorted “the doctor to fear God in such a way that he would attribute the recovery to the patient himself and not to his actual sickness⁴⁴” and the great Abu Bakr Al Razi later on in the 4th century H. in his epistle on the moral qualities of the physician compelled, among other things, the obligation of the practitioner to know both secular and sublime science, to give oneself to God, and not to be too confident in his own knowledge.⁴⁵

Abu Kacem Al Zahrawi (251-313 H), the famous surgeon of Al Andalus, constantly advised the physician to fear God and never to operate on profit⁴⁶ Shaykh Abu Ali Ibn Sina said that “The best activity is prayer, the best abstention is fasting, and that wisdom — which is the matrix of all virtues — lies in the knowledge of God as the first source of all things”⁴⁷.

What could one say about the Dean of Physicians during the time of the Fatimids, the very pious Ali Ibn

Radwan Al Masri whose writings on the physician's honour, the righteousness of his conduct, the rigorous formation of which remains the most famous of the deontological literature of Arab medicine, so much so that constant references were made to the Hippocratic model and the precepts of Islam.⁴⁸

As for Rachid Eddine Ibn Khalifa (5th cen. H.), he recommended that we ceaselessly restart our effort to be on the path of God even if our objectives are not being attained⁴⁹. And Ibn Rushd "The Subtle Physician" (6th cen. H.), whose degree of piety has been discussed at length, said that "whomsoever knows anatomy shall see his faith being increased in God"⁵⁰.

As to the medical writer Abdul-Latif Al Baghdadi (6th cen. H.), who rectified the anatomy of Galen, he never ceased to recommend the physician to follow during the course of his duty the conduct of the Prophet (ﷺ) and the path of God⁵¹

Al Kalkachandy (7th cen.H.), on his part, recommended the physician to arm himself with faith, piety⁵² a sense of reserve or caution, and to preserve, above all, the human soul which God has entrusted in his hand⁵³

Taj Eddine Essebki, about the same century, recommended the physician to avoid arrogance and self-sufficiency, and to favour charity and to be conscious of the limits of his capacities due to destiny and providence.⁵⁴

Then, in the 8th century H. Al Abderi, after having produced a model profile of the physician, hoped that "he would be sincere in his actions and conduct so that his deeds would appear among the greatest acts of piety and faith !⁵⁵

The author of "Al Khawarizm Shah" — the first medical encyclopaedia written in the Persian language — was well-known for his views on perishable things in this world, for his deep piety, and for his simplicity and nobleness⁵⁶

At least one of the last, most famous Arabo-Islamic physicians Daoud Al Antaki (10th cen. H.) had advised physicians to remain moderate, upright, honest, circumspect, free from passions, to consider all people equal and to be stronger thanks to a solid faith in God and His Prophet⁵⁷.

All these physicians have not been the only ones to honour humanity by their science, behaviour and duty. Their sayings and their aphorisms are derived from medical practice but we have also emphasized those who are religious and ethical to show that knowledge cannot be dissociated from conscience or from faith.

Their sayings and their instructions about high medical and religious values are in fact contributing to justify the excellence of this Hadith :

*"If a Muslim only has Islam and Health this will be quite sufficient."*⁵⁸

CONCLUSION

It follows from all this, that it is vital for the Muslim physician working in Islamic countries to orientate more and more his actual medical and technical knowledge on the basic cultural heritage of the population, especially on the fundamental religious values through the essence and quintessence of the Islamic Message. In his way, he could expect to be better understood by the masses, undertake a useful programme of action and become effective in the use of the powerful resources of religion as a fulcrum and at the same time to arise by virtue of his own example and conduct, his own self to the level of the noble mission of medicine.

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THE ROLE OF PHYSICIAN IN MUSLIM UMMA TODAY

Dr. Anwar-ul-Haque

PAKISTAN

INTRODUCTION

Allah (Subhanahu wa Ta'ala) has made man His viceroy on earth only after bestowing upon him the knowledge¹. It was subsequently shown that man is quite vulnerable to evil temptations and it is only Allah's (Subhanahu wa Ta'ala) guidance which can keep him on the path of felicity and success.² A social set up of any society acts as an **informal** teaching institute for upcoming generations while schools, colleges and universities play the role of **formal** teaching institutes. Both these institutes have a highly significant contribution in evolution and progress of the society. In order to progress and compete, first clear-cut long term and short term goals must be defined, mechanism to attain these objectives need careful planning and then society could be rolled on this path with lot of hard work and energy. Unfortunately, in most of the Muslim countries, same social values and norms exist which were sowed by their formal colonial masters. Even the curriculum of schools are the same, fulfilling the aim of the former master, i.e., to have "most obedient servants". Generations of the such servants are still being produced. These suffer from profound inferiority complex, lack of confidence, dwarf personalities, frustrations, confusions, and slave master's mentality.³

OBJECTIVES OF RECTIFICATION

As an intellectual and educated Muslim, a physician shares the heavy responsibility of trying to rectify this situation. The objectives for rectification could be divided in two broad categories: (A) Social Set-up; and (B) Educational System.

A. **Social Set-up:** The biggest single factor for backwardness in Muslim countries is dichotomy of religion and science.⁴ This has resulted in priesthood and clergy class one hand and common people, having little working knowledge of Islam. This has done two severe damages:

- (i) Reducing religion to mere performance of some rituals and clergy class takes command in such performance.
- (ii) There is an expulsion of religion from daily life, i.e., manners, rights, civic sense, etc.⁵

Only ignored and deprived people usually go to the *Deeni Madrasa* — ritual training centres or philosophical schools fighting over minor differences. Nowhere you find the true spirit and understanding of Islam.

The specific objectives for which a Muslim physician should strive for, include the following:-

- (1) Unification of Educational System.

Of course there will be scholars in various specific fields of Islam⁶ — but there should not be a separate clergy class doing rituals. A judge, a doctor, or an engineer with good knowledge of *Deen* would be a better *Imam* for *Salah* and will deliver better *khutba* and will command more respect; the *Deen* will become more important for common people in this way.

- (2) All non-Islamic customs must be abolished as these are causing tremendous problems especially for the poor and deprived people, e.g., high dowry, especial ceremonies at death (e.g., on 3rd day, on 40th day).
- (3) People shall be provided with fundamental knowledge of hygiene in all aspects of life may that be physical, mental or social.⁷
- (4) People should recognise their and other people's rights. They must be taught civic sense.⁸
- (5) Teachings of Quran and Sunna should be part of everyday life.⁹
- (6) All un-Islamic written and electronic communication and "entertainment" must be totally prohibited. Special noteworthy are those magazines wherein evil thoughts are suggested in sublime manners. These do immense damage to vulnerable immature minds and destroy the social fabric of the society.
- (7) All anti-Islamic activities must be totally prohibited.

B. Educational System:

The specific objectives here include the following:-

- (1) The high school education must be compulsory for every one in the country.
- (2) Entire Quran must be taught in 12 years of education. The student must understand the meaning and application of Quran in practical life.
- (3) Authentic *Ahadith* must be taught and the principles of Prophet's (ﷺ) teaching must be inculcated.
- (4) Every student must be trained *Mujahid*¹⁰ and ready to defend Islam and Muslims at any time. Students should be brave and courageous and must not be intimidated.
- (5) Good office management, conversation and other basic skills must be taught to the students.
- (6) Research projects including trials of herbal medicine, uses of honey as medicine, production of medicinal honey by bee-halving on various herbal forms should be launched in medical fields. Efforts should also be made to get rid of alcoholic and other narcotic drugs. Their replacement must be actively sought.
- (7) The doors of *Ijtihad* must be opened. A proper *Ijtihad* could only be made by a person who possesses the knowledge of all spheres of the problem which is not possible by the people who are sole products of dichotomized educational system. Physicians well versed in Islamic knowledge could perform *Ijtihad* in various aspects of medical science, e.g., Autopsy service, Organ transplant and *in vitro* fertilisation by husband's semen.
- (8) Islamic values need to be inculcated in every sphere be it nursing, patient care, educational/ institutional environment, etc.
- (9) Students must be taught to choose the right companion of life (husband or wife) and they should be allowed to do so with proper guidance of parents.
- (10) Students must be taught good parenthood.
- (11) Students must develop good writing and speaking capabilities so that they can effectively use various medias for improvement of society.

MECHANISMS OF ACCOMPLISHING THESE GOALS

A Muslim physician must first excell in his *Deeni* knowledge as well and in profession and must develop *Taqwa*. Through various media, societies and in collaboration with other intellectuals he/she must put up suggestions and recommendation to the appropriate authorities. A lobbying may be needed to convince Members of Parliament, relevant Ministries and so on. In order to produce *Ulemas* with knowledge of both *Deen* and profession, one must act very carefully and with utmost wisdom not to unnecessarily offend existing clergy class. The best solution would include teaching clergy class some profession — so that their dependence on performances of rituals could be eliminated. All schools should have good *Deeni* education so that students of *Deeni madrasas* could be easily absorbed in those schools. He/she should serve on school boards and in various societies meant for improving the prevailing conditions. He/she must use communication media for public information and teaching.

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THE DURATION OF PREGNANCY IN MEDICINE, LAW AND SHARI-AH

Dr Mohammed Ali Albar

SAUDI ARABIA

The average period of normal pregnancy is 280 days computed from the first day of the last menstrual period, or 266 days from ovulation.^{1,2} The expected date of delivery can be estimated by adding seven days to the date of the last menstrual period (L.M.P.) and adding nine calendar (Gregorian) months or subtracting three calendar months.

Considered in lunar (Hegri) months, which are either 29 or 30 days, the period of pregnancy is nine months, viz: $29.5 \times 9 = 265.5$ days. The expected date of delivery is estimated by adding 14 days to the date of LMP and adding nine or subtracting three Hegri months.

Whether computed in Gregorian or Hegri months, there is only a 5 per cent chance that delivery will occur on the exact estimated date. This ratio rises to 25 per cent if a margin of four days before or after the estimated date, is allowed. There is a 95 per cent chance that the baby will be born within plus or minus 14 days of the estimated date of delivery.

THE MINIMUM PERIOD OF VIABLE PREGNANCY

Until quite recently, the minimum period of viable pregnancy was considered as 28 weeks (from LMP). Sir Stanley Clayton in his book "A Pocket Obstetrics" (1976)³ states that "babies born before 28 weeks, with an expected weight of less than 1,100 g are regarded as non-viable."

However, with recent means of resuscitation,⁴ infants as small as 22 weeks and weighing more than 500 g, were rescued. Al Bilad newspaper⁵ reported the delivery of a viable 6 months infant at the Maternity Hospital, Jeddah, in 1978.

Delivery between 20 weeks and 38 weeks of gestation, is considered as premature birth, which may be viable with modern intensive medical care⁴.

Islamic jurists (*Fuqaha*) are almost unanimous that the minimum period of pregnancy is 6 months computed from the last day of cohabitation.

The legitimacy of the newly born baby begins to run from the time of consummation. However, the *Hanafi* School computes the six months from the time of the contract of marriage^{6,13}.

Ibn Qudama in Al Mughni⁷ (the reference text of *Hanbali* School) stated that the minimum period of pregnancy is six months. A husband complained to Omar ibn AlKhattab (the second Caliph) that his wife delivered a viable baby after a 6 month period of marriage. Omar accused her of premarital fornication. Ali ibin Abi Talib objected. He deduced from the following Quranic ayas (verses) that the minimum period of pregnancy is six months.

MOTHERS SHALL SUCKLE THEIR BABIES FOR TWO FULL YEARS. FOR THOSE WHO DESIRE TO COMPLETE THE FULL PERIOD OF SUCKLING.

(S2:V233)

HIS BEARING AND HIS WEANING ARE THIRTY MONTHS.

(S46:V15)

Omar, then exonerated the lady who was reported to have had another 6 months viable pregnancy.

Al Qurtubi⁸ and Ibn Kathir⁹ in their *Tafsir* (Exegesis) of the Holy Quran reported the previous incident to have occurred at the reign of Othman ibn Affan (the third Caliph).

Ibn Qutaiba has also mentioned that the Omayyad Caliph Abdul Malik bin Marwan, was also delivered at 6 months pregnancy⁷.

Ibn Al Qayyim¹⁰ in his book "Al Tibyan Fi Aghsam Al Quran" (Exposition of Oaths in the Holy Quran) said: "The *Shari'ah* as well as nature have shown that the minimum period of gestation is six (lunar) months."

Although, the consensus of opinion among Islamic jurists is that the minimum viable period of pregnancy is six months, some *Hanbali* jurists recognise nine months as the normal minimum^{6,11}. Therefore, a child born less than six months of marriage is presumed illegitimate. However, some jurists would acknowledge its legitimacy, provided the child's father acknowledges it, on condition that he does not state that it was the product of fornication⁶.

A child born at six months pregnancy or more is presumed legitimate unless the father disclaims it through the process of *Lian* (imprecation, or Oath of Condemnation).

The child in such a case will be lawfully related to his mother, even if she admits fornication. However, in *Shii Jafari* law, such a child is not lawfully related to her⁶.

In the English law, there is a presumption that a child born or conceived in wedlock is legitimate until the contrary is proved. If the father acknowledges the child, then it is legitimate whatever may be the length of pregnancy.

Under the Norwegian Law of 1915, the illegitimate child has the same relationship to the father as to the mother⁶. In Soviet Union, the law equates an illegitimate with the legitimate child. However, the French Law, considers the minimum period of gestation as six months (similar to Islamic law)⁶.

The Egyptian Law considers the minimum period of viable gestation as nine months. AlBerri¹¹ in his book "Alahkam Alassasia Lil Mawarith Wa-Al Wasiyya" states that the Egyptian Law has endorsed the minimum period of pregnancy as nine months which is fixed as 270 days to avoid variations in court judgement. A child born prior to this period is not entitled to inherit his deceased father (article 43). He can be considered illegitimate if the father does not acknowledge it.

This is contradictory to the consensus of opinion of Islamic jurists. It is also in non-accordance with medical knowledge.

The Alexandria Court of First Instance, case No. 128, session 18.11.1956, held that if a man acknowledges a child as his, the child will be considered legitimate even if it was born less than six months pregnancy, and even though the conception has taken place during the *idda* of the divorced woman¹⁶. Such a marriage would be considered void (*fasid*) in *Shari-ah* Law and the child would be attributed to the first husband and not the second.

The law in India and Pakistan considers the child as legitimate if it is born in wedlock, even if marriage was consummated only few weeks or months prior to the child's delivery⁶. Pakistan's *Shariat* Act (1951), Section 2, has reactivated the application of Islamic Law as it states that legitimacy or bastardy is henceforth to be governed by the *Shariah* Law.

THE MAXIMUM PERIOD OF PREGNANCY

Some women have prolonged menstrual cycles. As the duration of pregnancy is usually computed from the First day of L.M.P., this may lead to a prolonged period of pregnancy.

A woman may have a separate uterus. Theoretically, a foetus could begin to develop in one compartment

and die without miscarriage, and then she gets pregnant in the other compartment, and finally delivers normally. This will lead to a prolonged period of pregnancy.

Similarly, some women who are eager to be pregnant, fall prey to the notion of pregnancy, the so called pseudocystis. The periods stop and the abdomen swells with gases. Such a lady, may become pregnant, and hence would consider her pregnancy to extend for years.

A dead fetus may calcify and remain in uterus for many years without being expelled.

Obstetricians, however, refute the claim of prolonged pregnancies that exceed one month or so from the scheduled time of pregnancy unless there is one of the above mentioned reasons.

Sir Stanly Clayton² described the court's decision of accepting 346 days of pregnancy, as being "beyond scientific belief."

The Legal Decision is variable from country to country and even in the same country. One court in the state of New York has accepted a pregnancy of 355 days as legitimate¹. British courts have recognised 331 and 346 days as legitimate. The legal decision is extremely variable in Muslim countries, at the moment.

In the Kingdom of Saudi Arabia where the *Hanbali* Law (*Fiqh*) is in force, the maximum acceptable period of pregnancy is four years. Chief Qadi of Makkah Mustafa bin Abdul Qadir Al Alawi ruled that Khadija, who delivered a baby four years after her divorce, to be legitimate⁶. The ex-husband who disclaimed the child was forced by Shariah Law to accept it, and to pay recompense for his divorced wife for the whole period of the assumed pregnancy as she would be in *idda* (the period during which a divorced or widowed woman is not allowed to remarry.)

In Iraq, where *Hanafi* Law is in force, Qadi A. Kharufa of Basra *Sunni* Court ruled that a child born two years after divorce as legitimate⁶.

In Egypt, the legislation of 1920 and 1929 (Law No. 25, articles 15 and 17) set the maximum period of pregnancy as one solar year (365 days)⁶.

With some variations, the Sudanese (March 1935 — Judicial Circular No. 41), Syrian (1953), Tunisian (1957), Moroccan (1958), South Yemen (1974), all followed suit. In all these countries the maximum period of gestation is fixed at one solar year⁶.

The Jordanian Law of 1951 and the Iraqi Law of 1959, do not prescribe any maximum period of pregnancy. Nevertheless, the *Shariah* courts take two years as the maximum period of pregnancy according to the *Hanafi* Law.⁽⁶⁾

In India and Pakistan, a child born 280 days after the termination of marriage will not be presumed legitimate, unless the court finds some other binding evidence. The claim of paternity may be rebutted by proof of non-access⁶.

The period of maximum pregnancy is a matter of conjecture in the *Shari-ah* Law.

The *Shafi*, *Hanbali* and *Zaidi* (*Shii* Sect of Yemen) recognise four years as the maximum of pregnancy. The *Maliki* considers five and *Al Zuhri* considers seven years as the appropriate maximum duration of pregnancy. The *Hanafi* think it is only two years, and Abu-Obaid sets no limit. The *Shii Jafari* (mostly in Iran) and the *Zahyria* (Da'ood and Ibn Hazm, an extinct sect) refute any length of time beyond nine months^{6,12}.

Ibn Rushud,¹³ the famous philosopher, physician and jurist, in his book: *Bidayat Al Mujtahid* — supported the opinion of Ibn Abdul Hakam (another *Maliki* jurist) who claims that the maximum period of pregnancy should be one lunar year.

The Egyptian Law of 1929, took sides with this view and extended the maximum period to be one solar year,¹¹.

There is no mention of the maximum period of pregnancy in the Holy Quran or Sunnah. This explains the extreme divergence of opinion amongst the various Islamic scholars, as each tried his best to reach a decision according to occurrences.

The *Hanafi* and *Al Thouri* limit the maximum duration of pregnancy to two years. This view is based on a saying attributed to Lady Aisha (the youngest wife of the Prophet (ﷺ)). The authenticity of such saying was doubted by many scholars as the narrator Jamila was unknown and hence the *sanad* was considered undependable.

The *Maliki* School took the view that Five years as the maximum period of pregnancy because a lady neighbour to Imam Malik delivered her baby after five years of pregnancy.

The wife of Mohammed bin Ajjan gave birth to three children over a period of twelve years, each pregnancy lasting four years. Imam Ahmed bin Hanbal said: "The women of the tribe of Bani Ajjan carry for a period of four years."⁷ Abu Al Khattab said that Mohammed bin Abdullah, (a descendant of Ali ibn Talib) and Najeeh Al-Ogaili were each delivered after four years of pregnancy. Omar bin Al Khattab set a period of a missing husband (*mafqud*) at four years, after which his wife may remarry if no sign of his existence is found.^{6,7,13}

The Hanbali, Shafi and Zaidi Schools took the view of four years as the maximum period of pregnancy. Al-Laith bin Sa'ad limited the maximum period of pregnancy to three years as a concubine of Omar bin Abdulla delivered at three years.⁷

Al Dahhak bin Muzahim and Harem bin Hayyan were each delivered after two years of pregnancy.^{6,7}

The marked discrepancy of setting a maximum limit for pregnancy is due to what the jurists called the actual occurrences.

Ibn Hazem in *Al Muhala*¹² said that the period of pregnancy can not be more than nine months nor less than six months because the Holy Quran stated that

HIS BEARING AND HIS WEANING ARE THIRTY MONTHS

(S46:V15)

and in other sura, stated that:

MOTHERS SHALL SUCKLE THEIR BABIES FOR TWO FULL YEARS FOR THOSE WHO DESIRE TO COMPLETE THE FULL PERIOD OF SUCKLING.

(S2:V233)

Therefore Ibn Hazem says "Whoever claims a period of pregnancy and suckling to be more than thirty months is uttering falsehood and rebutting the word of Allah."

Ibn Hazem referred to various reports of prolonged pregnancies as false and incredible. "No ruling in the Divine Religion is possible on the basis of such baseless and incredible stories."¹²

It is easy for us to explain such prolonged periods of pregnancies. A woman may be eager to be pregnant especially so, if she is threatened by her husband to divorce her or remarry if she does not become pregnant. Under such circumstances her periods (menses) are lost and her abdomen swells with gases. The whole family becomes happy with the expected pregnancy which may last for years. It may happen that actual pregnancy occurs, and when she delivers her baby, the period of pregnancy would be computed in two, three, four or even seven years.

Pseudocycosis is a well known phenomenon in gynecology, which is rampant in North and South Yemen. I personally saw many women who were under the effect of this illusion. Matters become more complicated

when the newly born is noticed to be already having teeth (false teeth). If such a thing occurs, the people will firmly believe in the accuracy of their assumption of prolonged period of pregnancy.

The subject becomes really problematic when a woman delivers, some years after divorce or death of her husband. If she does not proclaim that her *idda* is over, she is not able to remarry, but she will be entitled for full recompense during the whole period of *idda* — (The *idda* will only end after delivery of the presumed prolonged pregnancy).

The baby born after such prolonged gestation will be considered legitimate and is entitled to have the name and wealth of his presumed father. Similarly, if the husband of the divorced wife dies while she is still pregnant (even for years), then she is entitled for her share in his wealth, provided that the divorce was not irrevocable.

The legislation differs in Muslim countries. Some will regard four years as the maximum duration of conception, as in Saudi Arabia. Others will accept two years as in Iraq and Jordan, while in Egypt, Sudan, Tunisia and Morocco, one solar year is considered the maximum upper limit.

The present situation of the law in Muslim countries should be unified or at least made comprehensible.

In some countries like Tunisia (1957) and South Yemen (1974), polygamy became punishable and unlawful, but having paramours is not.

In other countries like Tanganyika divorced wives who deliver a baby some two years after the dissolution of marriage often vehemently maintain that this child was a child of adultery, and therefore theirs alone, against their former husbands claim of paternity.⁶

This ambiguous situation has arisen because the law considers the maximum period of pregnancy to be four years (according to *Shafi* School) and at the same time takes the western laws which have no punishment for fornication.

The present situation in most Muslim countries need urgent amendment. The ambivalence in the present legislations should be corrected according to the rules of Islam.

Men of *Shari-ah*, law and medicine are called to form specialised committees to study the intricate situation and to try to put a unified non-contradictory law in these matters.

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SUMMARY OF DISCUSSION

Many people participated in the discussion. However, proceedings could not be recorded properly as the translation system did not function properly.

..... It was suggested that a basic code be formulated regarding the role of physicians in the observance of Islamic practices and principles and also there should be specified uniformity regarding the acceptance of the duration of pregnancy in jurisprudence and law.

There were many general comments on this topic.

CHAPTER II
SOME SELECTED PAPERS - NOT PRESENTED

1. FEMALE CIRCUMCISION
Dr. Najam Abdul Wahid
2. THE ROLE OF MOSLEM WOMEN IN MEDICINE AND NURSING
Dr. Said Al-Dewachi
3. ISLAMIC CONTRIBUTION TO MEDICINE AND OPHTHALMOLOGY
Prof. T.H. Kirmani

FEMALE CIRCUMCISION

Dr. Najim Abdulla Abdulwahid

KUWAIT

Naturally we will find women with intact hymen as a good evidence of their virginity. And naturally we will find men with absolute need for having circumcision. So we will find male circumcision not only without medical complications but on the contrary, protecting the male from cancer or inflammation of the prepuce. Also we will never find the male circumcision causing a reduction in the capabilities or potency of the male sex desire and never interfere with the process of reproduction nor reduce libido.

Female circumcision as we will see in this study is not natural and so we will find medical problems and complications. Also we will find female circumcision causing reduction in the capabilities and potency of the female sex desire and interfere with the process of reproduction as well as reduce libido which per se limit her Islamic rights to enjoy sex life if it is *halal*. Not only this but also female circumcision caused medical complications which might lead to loss of life or health of the circumcised women, or might jeopardise natural pregnancy or delivery.

So with the help of Allah, I address this study to whom they may be concerned of Muslim Scholars and *Fukaha* in order they determine the Islamic view points in this subject. I can say as a doctor, Muslim, Examiner and conscious that there is a clear cut evidence of a physical and psychological damage has been occurred because of female circumcision, and handle this *Amanah* (الإمانة) to them so they can take Allah's desire?

Types of Female Circumcision

1. Simple Type : Surgical removal of whole or part of the clitoris.
2. Moderate Type : Surgical removal of clitoris, Labia minora and little of Labia majora.
3. Complicated Type : Surgical removal of clitoris, Labia minora and most of Labia majora. We can say complete removal of the vulva.

Methods Used

In almost all these types surgery will be done in primitive methods with non-hygienic instruments.

Treatment of these cases after operation will also take place in primitive methods so as to stop bleeding and promote healing which in fact give a good chance for infection and increase the possibility of complications.

Furthermore epidemiological and statistical studies are not possible because of occurrence of these types in primitive methods and places.

Dimension of the Damage

We know from physiology and anatomy of the reproductive system in women¹ that the number of sensory nerve cells are more abundant in the clitoris than any other part of the women body. Hence clitoris is the most important sexual organ in sexual stimulation.

We know from the reproductive endocrinology¹ that clitoris has androgen receptors which respond to testosterone hormone. And this is the only hormone which causes the sex drive (libido) in both male and female.

We know from human sexual response² in phase 1 & 2 of sexual excitement that clitoris reaches twice in length because of erection as exactly as the penis in the male because of neural sensation and hormonal receptors which will respond to sexual stimulation.

When clitoris reaches its twice length it will play a key role in further sexual stimulation and excitement body contact during intercourse.

And when the women reach phase three² which is the orgasmic phase, the main reason and cause for this orgasm to occur by clitoral stimulation. And this orgasm might be repeated in women as much as the women has been sexually stimulated and excited so as much as clitoral stimulation in phase 1 & 2 which is not necessarily by hand as we can see also from Quran (S4:V43) which mean physical contact during intercourse.

And when the man reaches phase three² which is the orgasmic phase in the human sexual response, the main reason and cause for this orgasm by ejaculation. Hence orgasm in man is once and never repeated on the opposite of the women.

From this we can understand that female circumcision even in its simple type (Surgical removal of whole or part of clitoris) cause removal of the main and most important factor of:

1. Sexual stimulation **before** intercourse (phase 1)
2. Sexual stimulation **during** intercourse (Phase 2)
3. Orgasm (Phase 3)

Removal of these 3 factors or their absence is called in medicine sexual frigidity.

As for as Labia minora is concerned we know from physiology and anatomy of the reproductive system in women that the number and density of sensory nerve cells will come after the clitoris which also play a key role in sexual stimulation of the women.

Also there are erectile tissues and blood vessels in Labia minora and their functions as we know from human sexual response in phase 1 & 2² cause swelling and opening of Labia minora as well vaginal copious transudate where all these lead to easy penetration of the full size erected penis.

From this we understand that surgical removal of these erectile tissues and blood vessels by female circumcision of Labia minora will cause removal of two factors:

- (1) Feeling of pleasure during intercourse
- (2) Swelling and opening of Labia minora which will lead to easy penetration of the full erected penis.

Furthermore the healing of this wound and replacement of scar tissues instead of normal erectile tissues will lead to closure of the vaginal orifice either completely or partially which will obstruct penetration of the full erected penis. This obstruction might cause pain during intercourse because of the forceful penetration through the narrow or blocked vaginal orifice. Hence vaginal intercourse will be painful instead of pleasurable sexual act which might cause frigidity even if there was some neural sensation of pleasure left.

In the presence of this vaginal orifice obstruction due to scar tissue this will lead to difficulty in labour and natural delivery and necessitate surgical approach for dilatation of vaginal orifice during labour.

As for as Labia majora is concerned, we know from physiology and anatomy of the reproductive system in women¹ that there are muscles present in Labiamajora and their importance is to contract causing orgasm in phase three². This contraction is successive between 3-12 times and last for 3-15 seconds. This orgasm may be repeated several times according to the experience of the woman and to the amount of sexual stimulation and excitement in phase 1 & 2. These contractions cause orgasm which in feelings differ from one woman to the other.

From this we understand that removal of these muscles by circumcision cause failure of occurrence of sexual muscular contraction and therefore, might cause failure of orgasm and frigidity.

Damages from female circumcision

There are many damages and we can summarise them in 3 categories:

1. Frigidity and its damages.
2. Complications related to the woman's health and their damages.
3. Complications related to reproduction and their damages.

Frigidity and its damages

Frigidity can be defined as woman who complains that sex is not, and never has been a source of pleasure¹ and this happens in cases of rape. The common cause of frigidity is the absence of love and affection between couples specially seen in the western countries. In this regard the Quran says :

ومن آياته أن خلق لكم من أنفسكم أزواجا لتسكنوا إليها وجعل بينكم مودة ورحمةً (س ٣٠ : آية ٢١)

The main difference between frigidity in women and impotence in men is the fact that failure of intercourse in case of impotence because of the necessity of presence of erected penis where as intercourse can be done without pre-conditions with frigid women as we can see prostitute women have intercourse without feelings or orgasm with several men in very short time.

But the matter is different here because female circumcision causes 3 different damages, each or all lead to primary frigidity.

1. Psychological damage:

This, in my opinion, is considered as the worse damage resulted from all types of female circumcision. It is the psychological trauma which lead to internal conflict since the time of circumcision until death. This psychological conflict rises from the unconscious mind keep asking what is the crime to this punishment? This conflict vary according to the degree of understanding and the faith of each woman. Also vary with the extent of the physical trauma, which will be worse with the complicated type of circumcision. Also this conflict vary according to the epidemiological existence and this can be seen inversibly the rare the existence the high the conflict but with the common practice and existence in one area the less the conflict. So we can understand why women themselves practice this tradition with their own daughters and grand daughters.

The importance of this is the fact that internal conflict is present even the women succeed to regress it and might be strong causing frigidity or even hate of men and marriage.

2. Physical damage:

This occurs because of surgical removal of almost all anatomical perception of sexual stimulation and feelings as we detailed under the headings of Dimension of the Damage as the most important cause of frigidity.

3. Painful intercourse:

This damage may occur because of narrowing or blockage of the vaginal orifice, then intercourse will be painful instead of pleasurable which will make the women avoid sex and become frigid.

From all these 3 types of damages we will find frigidity is the most important result which itself leads to loss of Islamic Right of having and enjoying sex after legal marriage.

So we can say female circumcision causes frigidity even in its simple type. This frigidity causes loss of Islamic right of having and enjoying sex when it is *halal*. This indicates that female circumcision is not natural and causes harmful damage even in its simple type.

Complications related to the women's health and their damages :

These are of two types : acute and chronic .

Female circumcision may cause acute severe bleeding or infection which might cause loss of life. As there is no available epidemiological surveys and bio-statistics in this regard, so we cannot ignore the possibility of such complications.

Also the occurrence of bleeding or infection as a result from circumcision could endanger the health of the women specially in the presence of the primitive medical equipments and treatment.

The chronic complications also might endanger the health of the women such as chronic infection of the reproductive system (vulva, vagina, uterus) or urinary tract system (ureter, bladder, kidney) or any other part of the body.

Complications related to the reproduction and their damages:

These also are of two types: difficulty of pregnancy or delivery. The chronic infection of the reproductive system might cause fallopian tube blockage and infertility. The chronic infection might interfere with inner thin layering of the uterus (the endometrium) and prevent the implantation of the fertilized ovum and cause infertility or early abortion.

On the other hand the scar tissue which replaced the normal erectile tissue of Labia minora as well as the loss of the muscle in Labia majora due to female circumcision, all make natural delivery difficult or impossible unless surgical intervention should take place. The grave problem is if good medical care is not available to the women present in remote area what will be chance of her survival? Or chance of her child's survival?

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THE ROLE OF MOSLEM WOMEN IN MEDICINE AND NURSING

Dr. Said Al-Dewachi

IRAQ

Islam raised the status of the woman and liberated her from the boundaries of *Jahiliya* and gave her right in supervising her own business and wealth ('And woman shall have rights similar to the rights against them according').

The woman was the first to believe in the Prophet (ﷺ) of God and helped him in his message. The Prophet (ﷺ) selected certain days to teach women about their religion matters and their rights. He (ﷺ) urged the woman to learn.

Islam allowed woman to perform business outside her home like medicine and nursing, but that must be done within the limits of the religion provided that she retains her modesty and takes care of what Islam issued to her so that her dignity and character are not affected. Also her home duty of taking care of children and husband should not be affected, and with the permission of her husband.

Some of the affairs shared by the women are medicine and nursing during war and peace. This was during the life of the Prophet Mohamed (ﷺ) and the Caliphs after him followed.

Many women became famous in this good work and were known for their mercy on the injured and sick in the most difficult situations. During war they used to walk with the army and with them to have what the injured and sick needed including medicines, bandages and the first aid materials. She would transfer the injured to tents selected for emergency cases, treating them, bandaging the wounded, splinting fractures, giving medicine to the sick, taking care of patients and supporting them. Women used to prepare meals for army, carry water, walk after army when travelling, and when war becomes severe she goes into battle field stabilizing the hearts and encouraging the heroes and may even share in fighting and stabbing.

When the Prophet (ﷺ) went out to war he (ﷺ) used to call his wives² give them their arrows and go out with them. Some of the Prophet's wives shared in nursing with other Moslem women, like the battles shared by Ayesha (Um Al-Momeneen³) was the day of Ohod and when the battle became severe she carried water to the fighters with Om Salema. The departure of the woman with the army must be with agreement of the Prophet Mohamed (ﷺ), and with the permission of her husband or guardian and the leader of the army. There must be some one at her home to take care of her house conditions. She must be among a group of women and she is not allowed to be alone.

When Om Sinaan Al-Aslamia daughter of Hanthala asked permission from the Prophet Mohamed (ﷺ) to go out with the army to Khaibar, he (ﷺ) ordered her to be with Om Salma as with Om Salma there were other women⁴. Om Ziyad Al-Aslamia says that she left with the Prophet Mohamed (ﷺ) to Khaibar, being the sixth of other six women, so when the Prophet (ﷺ) heard he (ﷺ) sent for them and said (with whom did you leave and with whose permission), they told him that they went out to recite poetry, to help for god sake, carried medicines with them for the sick and handled arrows to the fighters so he (ﷺ) said it was alright.⁵

When God opened Khaibar, the Prophet (ﷺ) gave women, as he (ﷺ) gave men and that was dated. So

we see in one battle a group of women to share in nursing and serving the army. The same was seen in the battle Ohud and others.

Al-Rabee daughter of Maood Bin Afraa Al-Ansariya, plighted the Prophet (ﷺ) under a tree and said “we used to fight along with the Prophet (ﷺ), give water to the army, serve them, medicate the injured, and bring back the dead to town.”⁶

Om Atiya Al-Ansariya fought along with the Prophet (ﷺ) seven times, she walked after army during travelling, made their meals, helped the wounded, treated the sick. She lived until the time of the Caliph Ali Bin Abi Talib.

Om Ayman (Slave of the Prophet’s mother) used to carry water to the wounded during the battle of Ohud. She also attended Khaiber.

Omayya daughter of Kais Al-Ghaffaria said that she came to the Prophet (ﷺ) with other women from Bani Ghaffar and asked permission to go out with him to his heading (he was heading to Khaibar) to treat the wounded and to help Moslems by their maximum efforts. So, the Prophet (ﷺ) told them to go with the blessing of God, they left, and when Khaibar surrendered, he (ﷺ) gave them from booty. She said that she took a necklace and hung it on her neck and it stayed in her neck till her death, and that necklace was the most precious trophy given to any woman by the Prophet. (ﷺ)⁸.

From the women that shared in the war of Bani Kuraita are Saphia daughter of Abdul-Mutalib, Om Omara, Om Sulayt, Om Ala Al-Ansaria, Al-Sumayra daughter of Kais Al-Ansaria, Om Saad daughter of Muath and Om Kabsha daughter of Rafi Bin Ubaid Bin Thalaba, he (ﷺ) gave them from booty as he (ﷺ) gave to the men.⁹

The nurses had priority to other women in appreciation and prestige from *Sahaaba*.

Omar Bin Al-Kattab distributed scarfs among the women of Madina, one scarf was left, and some suggested to him to give it to the daughter of the Prophet Mohamed (ﷺ) who was with him (Om Kalthoom daughter of Ali) but Omar said that Om Saleet deserved it more because she sewed leather bottles for them during Ohud.¹⁰

Many women carried swords, and knives defending the army when the battle was severe as Om Omara, Nusayba Bint Kaab Al-Maziniya Al-Ansariya used to carry water in the days of Ohud and when some of the Moslems deserted from the battle she remained near the Prophet (ﷺ) and started fighting, defending him with her sword, and bow and arrow, and she ended with twelve wounds. When Bin Kumayaa came forward she faced him with her sword, so he hit her shoulder. The Prophet (ﷺ) commented on her:

“Wherever I looked right or left I saw her fighting.”

Om Saleem daughter of Mulhan Bin Khalid Al-Ansaria fought along with the Prophet (ﷺ) of God, took a knife in the day of Hunain and said: “if any of the ethiest comes near me I shall stab his belly”. There were many of the Ansar women with her, supplying water and treating the wounded.¹²

Asma daughter of Yazeed Bin Al-Sakan Al-Awsia Al-Ansariya, when plighted the Prophet (ﷺ) among group of women, she attended Al-Yarmook and killed nine of the Romans.¹³

This is what the woman was like during war.

During peace she worked in medicine, treating patients, nursing the injured, helping them to manage their conditions.

The first hospital in Islam was Rafida’s tent in the mosque of the Prophet (ﷺ). The woman who

established it was Rafida daughter of Saad Al-Aslamia Al-Ansaria who devoted herself to take care of patients and wounded, volunteering for god sake to serve his slaves. When son of Moath was hurt in the battle Al-Khandak, the Prophet (ﷺ) ordered to transfer him to Rafida's tent to be near him.¹⁴ Her sister Kuaiba who attended *Khaibar* helped her in nursing the army and serving it, so the Prophet (ﷺ) gave her a man share.¹⁵

It was said that Om Rafi the slave of the Prophet's mother used to treat the Prophet (ﷺ). She said that whenever the Prophet (ﷺ) had any ulcer he (ﷺ) asked her to put *Hanna* (Special dye) on it.¹⁶

Om Atiya Al-Ansari (Nusayba Bint Al-Harith) lived until the time of the Caliph Ali.¹⁷

Some women treated eye diseases and many people sought their treatment; as follows.

Zainab: Doctor of Bani Oad: who used special eye dyes for treating trachoma, and many people sought her to get benefit from her knowledge. From what has been said about her that she used to put a dye in the eye of a man and asked him to lie down for a while so that the medicine will circulate in his eyes and she told him a verse of poetry in which her name was mentioned. Then she asked him if he knew about whom was this poetry composed, he did not know, so she told him that it was about her and that she was Zainab his uncle (Abu Samak Al-Asadi) meant.¹⁸

Kharka Al-Amirya: She was famous in treating eyes. Many people went to her. One day Thu Al-Rima (who died at 127 H) came, so she medicated his eyes for trachoma and he was cured. He asked her: what she liked, so she told him that she had ten daughters not married yet and that she would like him to compose poetry about her mentioning that she is still young so people want to marry her daughters so he did.

So treatment of the injured person and patient, and nursing him, seeing for his comfort, relieving his pains are from the thing that the religion urged on. It was a duty for every one with knowledge of medicine and nursing whether man or woman. We know that many Islamic women performed nursing during peace and war since the time of the Prophet Mohamed (ﷺ) who praised them and was generous with them. Few of them treated the Prophet (ﷺ) and the *Sahaba* and who was after them.

So medicine in Islam was shared by women besides men. Moawiya Bin Abi-Sofyan says about them that there is no one to treat patients and to help for difficulties of life like women.²⁰

Ibn Hazm Al-Thahiri mentioned when he talked about professions of women in "Andulis" that there were from them teachers and doctors.²¹ Ibn Sina mentioned about a drop that he liked and used it in ophthalmology. He said that a woman doctor had special places for clinics, as men, for people to be seen and treated.²² From that it is what "Ibn Al-Tabari" mentioned in events of 290 H. He mentioned that Abu Al-Hassan that worked in Bab Al-Muhawil said that a woman came to him after Al-Kurmati and his group entered Baghdad. She told him that she wants to treat her wound and people suggested this place for her, and that she wants to treat something in her shoulder. So he told her that he is an eye doctor and that there is a woman and treats injuries, and to wait until her arrival, so she sat. Then when the doctor arrived he went with the woman and asked the doctor to see her, who treated her wound and gave her an ointment.²³

If we follow information, we find many women who took medicine and nursing as profession beside the men. From these: Abu Bakr Zahr Al-Hafeed is most famous doctor of his time. Many books from him as from his sister and her two daughters. They knew a great deal in treating women. They would come to the women of Al-Mansour Bin Abi-Amir and treat their families.²⁴

Um Al-Hassan daughter of Al-Kathi Ahmed Bin Abdullah Bin Abdul Munim Bin Abi Jafar Al-Tanjali who died at year 750 H used to recite the Quran, to share in many medicine fields and solve medical problems. She also composed poetry.²⁵

Few became chief of Medicine as it was said by Shihab Al-Deen Ahmed Bin Al-Saigh who died at 1036 H. He was chief of Medicine as it was said by Shihab Al-Deen Ahmed Bin Al-Saigh who died at 1036 H. He was chief of Medicine at Dar Al-Shifa Al-Mansouri.²⁶ He only had one daughter who learnt medicine from her father. She became chief of Medicine after him.

So the woman treated men and women, for the religion allows her to treat men when it is necessary provided no man doctor is available. It has been already mentioned how women shared in treating men in the battle field during war, and during peace at the time of the Prophet Mohamed (ﷺ).

Islam allowed the male doctor to treat women as a woman doctor would. He can look from her what is allowed for other women to see if there is a need and provided no woman doctor is available.

So taking care of health, and treating the illness, is what Islam insisted on and whoever neglects that, has committed a great sin, because he has neglected his body health which must be taken care of before anything else.

Fatima daughter of Kais said that the holy Prophet Mohamed (ﷺ) allowed the woman to look after the foreign man what is allowed to be seen by other men, and if the man developed a disease he can be treated by her as he would be treated by another man and vice versa.²⁷

It was mentioned in "Mughni Al-Muhtaj by Sharbini that as it is forbidden to look and to touch when there is no need for that, it has been allowed when there is necessity.

So the man is allowed to treat the woman and vice versa, but this must be in the presence of *Mahram* like brother, son and father or husband or another woman, this is some of what the religion allows. Necessities permit what has been forbidden²⁸, and the field of allowances is very wide.

Many *Fukahaa* (Religion Scientist) wrote wide chapters about this and they did not leave any subject without finding solution.

Islam is an easy religion (He has chosen you and has imposed no difficulties²⁹) and has come for the happiness of human being, in life and after death. It has ordered the person to function according to his ability and has eased many duties if it is difficult for any reason.

From things forbidden³⁰ (Forbidden for you "for food" are: dead meat, blood, the flesh of swine, and that on which have been invoked the name of other than God). But when it is necessary the religion allowed for human being to eat enough to maintain his life (But if any is forced by hunger with no inclination to transgression, God is indeed oft — forgiving most merciful³¹). This is another field of allowances in Islam. Alcohol is also forbidden in Islam, whether for drinking or medicine, but it has been allowed in special occasions. As if the patient's condition is threatening his life and there is no other substitute, and the doctor treating him is a Moslem who believes in his religion and himself does not drink alcohol. This must be confirmed by a committee of Moslem doctors who agree that it is necessary to take this alcohol as medicine.

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4. "Imtai Al-Asmai, Al-Maqrezy," 1: 326. Twenty Sahabi Female attended "Kaybar".
5. IBN HAJAR, "Al-Isaba fe Tamiez Al-Sahaba", 8: 235.
6. "Tahtheeb Al-Asma wa Al-Luqat, Al-Nowairy:" 2: 343-344, "Al-Isaba:" 8: 79-80, "Al-Baraqa fe Fazil Al-saiy wa Al-Haraqat:" 54.
7. "Al-Isaba:" 8: 212-213.
8. IBN AL-ATHER: "Isdo Al-Kaba Fi Akbar Al-Sahaba," 5:626.

- Al-Amwal, by Ibn Salam: 334.
9. "Imtai Al-Asmai:" 1: 250.
 10. "Al-Karmani Ala Al-Bukari:" 12: 153-154.
ABU NOAEEM AL-ASFAHANY: "Hilyat Al-Awli'a," 2: 63-64.
 11. "Serat Ibn Hisham": 1: 441, 466.
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"Hilvat Al-Awli'a". 2:64-65.
"Al-Isaba" 8: 198-199.
 12. "Serit Ibn Hisham": 2: 340, 446-447.
AL-THAHABY: "Al-Tub Al-Nabawy," 112.
"Osd Al-Kaba:" 5: 595.
"Al-Isaba:" 8: 343-244.
 13. "Al-Isaba": 8: 12-13.
 14. "Al-Isaba:" 8: 81
 15. "Osd Al-Kaba:" 5: 532-539.
"Al-Isaba:" 8:176.
 16. "Tahtheeb Al-Asm'a Wa Al-Lugat:" 347.
"Al-Isaba:" 8: 112.
 17. She invaded alongwith the Prophet (ﷺ) seven times.
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"Al-Isaba": 8: 259.
 18. ABEE AL-FARAJ AL-ASFAHANY: "Al-Akane," 12: 109.
 19. "Al-Akane:" 6 : 120.
 20. AL-BAYHAKY: "Al-Mahasin Wa Al-Masawee," 2: 119.
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 22. AS'AD DAKIR: "Hazarat Al-Arab," 174.
 23. AL-TABARY: "Tarek Al-Omam Wal Mulook," 11: 382-383.
 24. IBN ABY OSAYBI'A "Iyon Al-Anba'i Fe Tabakat Al-Atiba'i," 2: 70.
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 26. AHMED ISSA BEY: "Tarekh Al-Bimaristanat Fi Al-Islam," 164*
 27. AL-SHARBENY: "Moqnee Al-Mohtaj," 3: 133.
ABEE ABDILLAH AL-TILMISANY: "Konyato Al-Thakir," 267.
AL-THAHABY: "Al-Tob Al-Nabawe," 112-113.
AL-SOBKY: "Mo'ed Al-Ni'am," 172.
 28. The Prophet (ﷺ) said: "Facilitate and don't obstruct".
 29. "The Holy Qu'ran, S. Al-Haj: 78".
 - 30 & 31. "The Holy Qur'an, S. Al-Maida. 3."

ISLAMIC CONTRIBUTION TO MEDICINE AND OPHTHALMOLOGY

Professor T.H. Kirmani

PAKISTAN

Science of Ophthalmology is the oldest speciality of medicine and its origin like all sciences has been from superstition, necromancy and magic.

The first glimmer of reason and in diagnosis and treatment of eye diseases begun in ancient Babylonia — Assyria the code of Hammurabi — which dates back to 2250 B.C.

Hippocrates (500 B.C.) was the father of scientific medicine. He was more of a Scientist and Physician—later an Ophthalmologist.

Anulus Cornelius Celsus (A.D. 29) described further advances in treatment of ophthalmic disorders particularly ophthalmia and cataract. Couching was practiced freely in those days.

After the end of 2nd Century, Galen had already achieved great excellence in speculative knowledge of medicine and he developed ocular anatomy, physiology and optics of a high degree.

There was an abrupt cessation of knowledge and its development because of characteristic intolerance of knowledge by Christianity and Roman Empire who were antipathic to scientific enquiry.

Finally the moral, economic and physical decay of Rome to Tentanic Barbarious in 455 A.D. produced a period of Dark Ages in Western World from Vth to Xth Centuries.

Byzantine Empire of the East produced exceptional writers like Aetius of Amida (502—575 A.D) and Paulus of Aegina (625—690 A.D) both had education in Alexandria and wrote excellent account of ophthalmic disorders found in literature of antiquity. The birth of Islam with Prophet Mohammad (ﷺ) created a very different atmosphere — allowed more and more freedom to thinkers, scholars and scientists and from 630 A.D. onwards, they spread the boundaries of Islam from Pyrenues in the West to China in the East and the people embraced Islam with great fervour and also flourished the science and medicine with great enthusiasm and success.

Holaf-al-Tuluni (877 to 914 A.D.) was the first Muslim Arab scholar who wrote the first ever book devoted to diseases of the eye.

The Arab followers of Islam from the death of Prophet Mohammad (ﷺ) (632 A.D) within 5 years started propagating Islam and promoted science and education and during this period scientists and scholars found Islam more tolerant than christianity, and all these periods saw the revival of Greek Science and preserved it and advanced it.

Great centres appeared and these were nourished by Islamic rulers at Baghdad, Basra, Samarkand, Cairo, Tunis, Fez, Cordoba, Toledo, Sevilla and Granada. The Centre of civilization from IXth to XIIth Century was Baghdad in the East and Cordoba in Spain in the West. The splendour and luxury of Baghdad are

legendary, with House of wisdom in the centre with libraries and observatories where work of translation and research proceeded endlessly.

In the prosperous and enlightened city of Cordoba, Muslim learning attained the summit of its glory. Its streets were paved and illuminated whereas those of Paris and London remained muddy and dusty 700 years later. In the city of Cordoba, where there were 300 Public baths and 70 libraries, and here the children went to school when in other countries of Europe monks could not read nor kings sign their names. In the House of Wisdom in Baghdad, Hunain Ibn Ishaq 809-877 translated most of Galen's work as well as those of Hippocrates.

Ibn Sina (980-1038) a Persian born in Bokhara - the greatest of all Muslim physicians and scholars - gave his classic "The Canon of Medicine" in five volumes and his thoughts dominated the world for 5 centuries. Later, Western Caliphate at Cordoba replaced Baghdad as the place of learning. Albu Casis - Abdul Kasim ben Abbas Al-Zahrawi (936-1013 A.D) wrote Al-Tasrif — surgical parts of which constitute the greatest Arabian writings on the subject.

Hirschberg — a German Professor of Ophthalmology of Berlin (1899-1918 A.D) has written excellent volumes on history by compiling it in great detail. He spent his last twentyfive years in this compilation. A great scholar of Arabic, he discovered most of Arabic contribution and other Islamic people to ophthalmology and spent full five years in this pursuit. He unearthed that there was a very high standard of Ophthalmic science and practice in X and XIth centuries.

There was a rise of historical development of Ophthalmology during the Abbasid Caliph of the IXth century, during the reign of Al Mamun and Al Mutawakkil many learned physicians translated entire Greek science into Arabic. There were some Persian and Indian addition till 1000 A.D. Ibn-Abi- Usaibi'a's great classes of Physicians and other medical encyclopaedias were compiled by Rhazes, Avi Senna, Albu Casis and other famous Arabic, Persian and Moorish physicians.

Al Hawi's enormous Latin translations in Arabic have all the medical knowledge available in first half of Xth Century. Al-Razi contributed more than 200 books on elixir, life saving drugs, chemistry, medicine, philosophy and physical sciences, physics, mathematics and astronomy. The Greek, Iranian and Indian systems of learning by now had been totally merged into the Islamic sciences, permeated by the Islamic world view and articulated in Arabic and Persian, the chief vehicles of transmission of knowledge in the world.

Ibn Abi Usaibi'a a great medical historian collected Latin translations and leaned heavily on Hunain Ibn Ishaq's work the classic Ten Treaties on the Eye written in 870 A.D the same was elaborated by Ali Ibn Isa, Ammar, Persian Abu Ruh bin Mansoor known as Zarin Dost- the Spanish Moorish Al Ghafiqi- Khalifa bin Abi (Muhasin) Salahuddin al-Qaisi- Al Akfain and Ash Shadib- Egypt (14th Century) Ibn-al-Haitham- Egyptian Ophthalmologist of Xth Century (1030 A.D). Taimur Pasha's Library now secures best known manuscripts of the father of optics. He had formulated the most advanced theories of light, reflection and refraction. His study of the mechanism of the eye remains to this day unsurpassed in accuracy.

EARLY ARABIC/ISLAMIC CONTRIBUTIONS TO MEDICINE

- I. Dagh-al-Ain
Alterations of the Eye — by Aboo Zakarriyah Yuhamaa bin Masawih — a Christian court physician of Baghdad and teacher of Hunain Ibn Ishaq. This is the earliest Ophthalmology — Manuscript available in Taimur Pasha's Library and a copy in Leningrad.
- II. Ma'rifat Mihnat al Kahhalin is about ophthalmic method of examination and diagnosis.

- III. Al-Ashr Maqalat fil Ain: The Ten Treaties on the Eye: Hunain Ibn Ishaq (809-877 A.D): earliest systematic text book on eye diseases.
- IV. Kitab-al Masail fil Ain: Hunain wrote it for his two sons Dawood and Ishaq.
- V. Gawami's Kitab Galinus fil Amrad al Haditha fil Ain: Galen's work – 91 eye diseases described intermixed with many Greek terms.
- VI. Kitab al Basr wal Basira, Thabit bin Qurra of Harran (Mesopotamia, 836 – 901 A.D) – he died in 901 A.D.; book must have been composed in 930 A.D. by Ammar.
- VII. An Nihaya W'al Kifaya Tarkib al Ainain – Khalaf-Al-Tuluni, a Muslim oculist – composed this book in Egypt (877-914 A.D.).
- VIII. Fifrdous Al Hikma – Paradise of Wisdom – treaties in general medicine by Ali Ibn Rabban at Tabari – a pupil of Hunain – and one of teachers of Rhazi.
- IX. Al Hawi: Abu Bakr Mohammad Ibn Zakarya Al-Razi (923 A.D).
- X. Tadhkirat al Kahhalin – Ali Ibn Isa (1000 A.D): Most complete text book in Ophthalmology. Abul Kasim Ammar born in Mosul – practiced in Egypt – selection of eye diseases.
- XI. Al Muntakhib fi Ilag Amrad fil Ain: Ammar bin Ali al Mawasiti – 1000 A.D.
- XII. Tarkib – al-Ain a Ashkalha a Madawat Illaha: Ali bin Ibrahim Bakhtishu – 1067 A.D.
- XIII. Tib – al-Ain by Gibrael bin Ubaidullah bin Bakhtishu (1006 A.D), Christian
- XIV. Al Qanun fil Tib: Aby Ali Al Hussain Ibn Sina (Avi Cenna) 1037 A.D. Vast medical Encyclopaedia second only to Rhazi's Al-Hawi
- XV. Kamil – as – Sinaa: Ali Ibn Abbas 994 A.D. – Persian Muslim
- XVI. Al Mualaga – al-Buqratiya – Hippocratic treatment. Abul Hasan Ahmed bin Muhammad at-Tabari, Xth Century.
- XVII. At – Tasrif — The explanation – Abul Qasim b Khalaf – al Abbas az-Zahrawi (1013 A.D) All these volumes were translations of Greek knowledge and further elaboration of this during Islamic period.
- XVIII. Zamin Dost – (Abu Ruh) Persian of XI Century — light of eyes — 1088 — remained a text book in Persian for centuries.

Abu Guefit	– 998-1074 of Toledo
Rhazi	– first described the pupil reaction to light
Ammar	– cataract operation by hollow needle
Al Hazen	– Ibn-Al Haitham (965-1038 A.D); Optics' Angle of incidence is equal to angle of refraction.
Ibn Rushd	(Averroes) (1126-98 A.D); Retina was the layer of perception of vision
Mathematics	— Cipher
Mohammed Al Ghafiqi	– of Cordoba – XII Century — wrote text book on ophthalmology
As-Sammar Kandi of Persia	— wrote on Anatomy of the Eye.
Salahuddin	– Wrote extensively on anatomy of eye and optics.

Khalifa B Abul Mahasan of Aleppo "Book on Sufficiency in Ophthalmology"
As Sadili – in 2nd half of XIVth Century composed a system of anatomy
and physiology of eye in systematic manner.

Two excellent text books were completed in 1000 A.D.

- i) The Oculist, Note Book
by Ali Ibn – Essa, a christian of Baghdad
- ii) Select Book on Eye Diseases
by Amman b Ali of Mosul who practiced in Cairo.

Then there was a slow decline of science till XVth century when the Western science began to awaken to surpass in output the orient – whose best works were translated in Latin.

It is pointed out that in Ophthalmology even the latest Arabic treatises are very much superior to text books produced in Europe in 1700 A.D.

There are atleast 32 Arabic classics on eye diseases written in Arabic including those compiled by Rhazes, Avicenna, and Abu Guefit.

Treatises on eye diseases form the basis of Islamic Ophthalmological science. All these are preserved at Taimur Pasha private collection in Cairo.