

THE ISLAMIC MEDICINE ORGANIZATION
PUBLICATION SERIES

THE ISLAMIC GUIDE TO MEDICAL JURISPRUDENCE

PART I

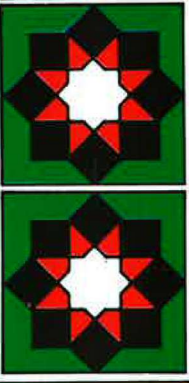
THE GASTRO-INTESTINAL TRACT

Prepared by
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Supervision and Introduction by
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Minister of Planning

Translated by
Dr. Mahmoud Abdel-Naby

1989



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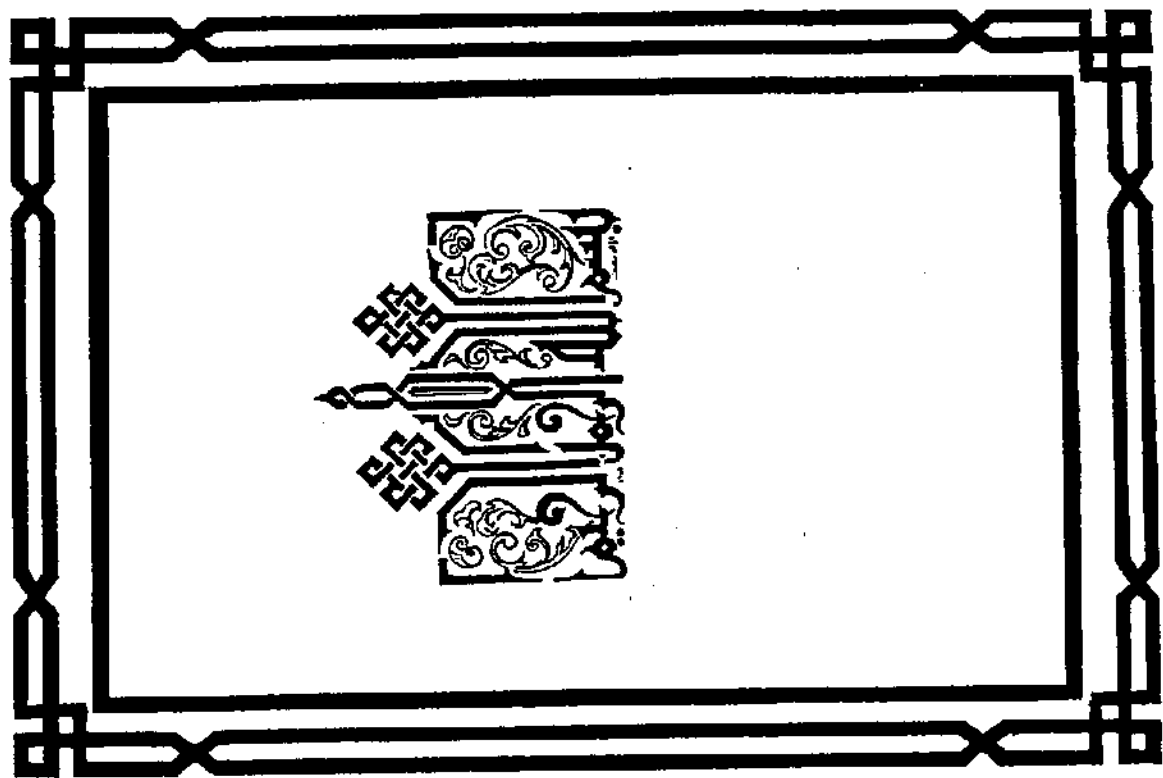
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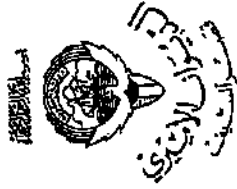




His Highness
SHEIKH JABER AL-AHMED AL-JABER AL-SABAH
Amir of the State of Kuwait



His Highness
SHEIKH SAAD AL-ABDULLA AL-SALEM AL-SABAH
Crown Prince & Prime Minister



On the directions of His Highness the Amir of the State of Kuwait, Sheikh Jaber Al-Ahmad Al-Sabah;

And out of His Highness's keen desire to disseminate culture which combines religion with science in its multifarious fields and to present it to the Islamic nation particularly to those concerned with the Islamic civilization;

And as part of Kuwait's contribution to enriching the Islamic library; Kuwait Foundation for The Advancement of Sciences in collaboration with the Islamic Organisation for Medical Sciences and the World Health Organisation, has completed the translation and printing of this series of books that deal equally well with both Islamic Jurisprudence and Medicine.



توجهتكم بكم بحمديت

حضرة صاحب السمو الشيخ في جابر الأحمد الصباح حفظه الله

أسير ذواتكم للتكريم

وإرشادكم بين سموم في نيتكم الرافعة الجامع بين
الدين والعالم في آفاقكم الطهارة وقدمكم
إلى الأمتكم للعلم والعبادة والعبادة
للعلم والعبادة في العالم ، وصاحبكم في الزمان الطهارة
للعلم والعبادة ، قائمتكم من نيتكم الرافعة الجامع
بالعالم بين العلم والعبادة في العالم ، وقدمكم الرافعة
العالم بين نيتكم وطهارة هذه السلسلة من الكتب
الجامع بين العلم والعبادة

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In the name of God,
the Compassionate, the Merciful

INTRODUCTION TO PART I

Praised be God Who has guided us to Islam and bestowed upon us the blessing of faith.

Peace be upon Prophet Muhammed, the honest messenger, who was sent by God in a show of mercy to guide the humankind to the way out of darkness and into the light.

Dear Muslim brother:

Our true Islamic religion has been characterized by its toleration and concern for the individual's spiritual as well as physical well-being. It is thus a truly comprehensive religion in which the strong believer ranks higher than the weak one, though neither is lacking in goodness. Hence, a remarkable feature of Islam is that the rules for the worshippers enjoined by God the Almighty are relaxed for the Muslim during his/her illness.

**ON NO SOUL DOTH GOD PLACE A BURDEN
GREATER THAN IT CAN BEAR.**

(S2:V286)

**AND MAKE NOT YOUR OWN HANDS CONTRIBUTE
TO (YOUR) DESTRUCTION.**

(S2:V195)

A person is liable to diseases at any point in his/her lifetime. It has been deemed necessary, therefore, to put forward this simplified guide to help Muslim patients understand the rules governing the performance of worships under the special circumstances of the various diseases. Despite the abundance of references on Islamic Jurisprudence in this field, they have turned out to be:

a) questions posed by patients and answered by Islamic jurists.

Or

b) general rules of Islamic jurisprudence.

So, it has become one of the objectives of the Islamic Medicine Organization to present Muslim readers with a series of publications that deal with the medical aspect of Islamic jurisprudence. The point of departure is the human body with its various organic systems, each of which will be dealt with in a separate publication. Each publication is to contain a simplified description of the relevant system, the diseases that may attack it, the symptoms of such diseases and the medicines prescribed for them: whether oral, anal or by injection. This is followed by the juridical rules pertinent to each specific case elucidated in a straightforward language which is uncluttered with legal terminology that may prove difficult to understand by the layman.

In Part I of these publications we start with the gastrointestinal tract and the types of diseases that may beset it. This will be followed by the rest of the other organic systems.

This guide is not meant to be an alternative for contacting our esteemed Islamic jurists for their most learned opinions. Rather, it is meant for readers who cannot, for

one reason or another, reach those distinguished men and consult them.

Wherever certain opinions expressed in this guide are at variance with those adopted by certain Islamic jurists, it should be taken kindly within the framework of Islamic toleration and Islamic manners that call for consultation and exchange of views:

*...AND ARGUE WITH THEM IN WAYS THAT ARE
BEST AND MOST GRACIOUS.*

(S27:V125)

Dear Muslim brother:

What you have now in your hands is the fruit of long hours of dedicated work that has been undertaken for the sake of God the Almighty. We have put in this guide the best that we could, hoping it will be a useful contribution to the Islamic medical library. It will have served its purpose if you can find in it satisfactory answers to the various queries in your mind relating to the subject of this Part.

Dr. Abdul Rahman Al-Awadi
Minister of Planning,
President of the Islamic
Medicine Organization

HEALTH AND ILLNESS FROM AN ISLAMIC PERSPECTIVE

Health is a blessing graciously bestowed by God, Glory be to Him, upon His servants. He, Blessed be His name, has prescribed what may preserve it and proscribed what-ever may endanger it, be that harmful foods, unwholesome drinks or over-exertion. Thus, alcoholic drinks and noxious edibles have been prohibited.

YE WHO BELIEVE! INTOXICANTS AND GAMBLING,
(DEDICATION) OF STONES, AND (DIVINATION BY)
ARROWS, ARE AN ABOMINATION OF SATAN'S
HANDIWORK: ESCHEW SUCH (ABOMINATION),
THAT YE MAY PROSPER.

(S5:V90)

O YE APOSTLES! ENJOY (ALL) THINGS GOOD
AND PURE, AND WORK RIGHTEOUSNESS.

(S23:V51)

HE ALLOWS THEM AS LAWFUL WHAT IS GOOD
(AND PURE), AND PROHIBITS THEM FROM WHAT
IS BAD (AND IMPURE).

(S7:V157)

Our Prophet, peace be upon him, has also urged us to make good use of our health. He said,

"Owing to misuse, a lot of people have only a little share in the two blessings: health and spare time"

(Related by Al-Termidhi and Ibn-Maja).

Islam has then pointed out that man has only a limited span of life during which he fluctuates between health and illness, well-being and affliction. In order for man to be happy and enjoy peace of mind, he is exhorted to live his life with a contented soul and promised to be rewarded profusely if he can bring himself to bear his afflictions with patience and composure. But patience should be coupled with seeking treatment and asking God for cure and well-being. Advising us to seek medical help, the Prophet said,

"God has sent down both malady and remedy; for each malady He has assigned a certain remedy. So, seek treatment, but not by prohibited means"

(A fairly verified Tradition,
Related by Abu Dawood).

According to Jabir Ben Abdulla, the Prophet said,

"For each malady there is a remedy; if the remedy used is the right one for it, cure is guaranteed by the will of God"

(Verified by Muslim).

The Prophet was once asked by a bedouin, "Shouldn't we seek treatment?", to which he answered,

"Yes, O servants of God, seek treatment as God hasn't set up a disease without assigning a cure of it, except one".

And the bedouin said,

"What could that be, Messenger of God?".

"Serenity"

the Prophet said.

According to Abu Hurayra, the Prophet said,

"God has never sent down a disease without the right cure of it"

(Verified by Al-Bukhari).

Therefore, forbearing the affliction and falling no prey to fear and anxiety while seeking the right means of treatment at the same time will greatly help a patient to be cured and to get over the crisis. Besides, he may revel in the knowledge that he will be abundantly rewarded in the Hereafter for bearing his pains with patience and resignation.

The following Traditions are cited just to give the enduring patient as indication of what lavish rewards lay in store for him:

(1) Narrated Abu Sa'id Al-Khudri and Abu Huraira: The Prophet said:

"No fatigue, nor disease, nor sorrow, nor sadness, nor hurt, nor distress befalls a muslim, even if it were the prick he receives from a thorn, but that Allah expiates some of his sins for that".

(Related by Al-Bukhari)

(2) Narrated Ka'b: The Prophet said:

"The example of a believer is that of a fresh tender plant which the wind bends sometimes and some other times it makes it straight; And the example of a hypocrite is that of a pine tree

which keeps straight till it is uprooted suddenly”.

(Related by Al-Bukhari).

(3) Narrated Abu Huraira: Allah's Apostle said:

“If Allah wants to do good to somebody, He afflicts him with trials”.

(Related by Al-Bukhari).

(4) Narrated Abdullah:

“I visited Allah's Apostle (peace and blessing be upon him) while he was suffering from a high fever”. I said, “O Allah's Apostle! You have a high fever”. He said, “Yes, I have as much fever as two men of you”. I said, “Is it because you will have a double reward?” He said, “Yes, it is so. No muslim is afflicted with any harm, even if it were the prick of a thorn, but that Allah expiates his sins because of that, as a tree sheds its leaves”.

(Related by Al-Bukhari).

(5) Narrated Anas bin Malik: I heard Allah's Apostle saying:

“Allah said, “If I deprive my slave of his two beloved things (ie. his eyes) and he remains patient, I will let him enter paradise in compensation for them”.

(Related by Al-Bukhari).

(6) Narrated 'Aisha, the wife of the Prophet: Allah's Apostle (PBUH) said:

"No calamity befalls a muslim but that Allah expiates some of his sins because of it, even though it were the prick he receives from a thorn".

(Related by Al-Bukhari).

JURIDICAL RULES CONCERNING THE PATIENT

Man, like any other living being, is liable to diseases. In his sickness he undergoes certain conditions to which specific Islamic rules apply because, unlike other living beings, he is a charged soul and must perform the worships enjoined by his Creator. In order for these worships to be right and accepted, they must be conducted in accordance with prescribed rites and rules. It is essential, therefore, to point out these rules and elucidate them for the Muslim patient as well as for the Muslim physician in charge of his treatment. This will make things easier for Muslims who can then rest assured that their religious duties are fulfilled in a sound way.

It takes a reliable doctor to make the right judgements about the extent to which the sickness of a patient would affect the performance of his worships. Knowledgeable of the right Islamic rule for the right condition of sickness, such a doctor would be in a position to advise his patient either to conduct his worships in a certain relaxed form or to totally or partially suspend the performance of these duties until he recovers. A patient thus needs to check with his doctor not only about the matters relating to treatment but also about ways of conducting his worships that are commensurate with the stages of his illness.

The Task of the Muslim Doctor

A Muslim doctor should be well-informed of the rules and principles of his religion concerning worships and general conduct so that he may fulfill the duties of his job as a doctor and as a Muslim inspired by his faith and guided by the special ethics of his profession. Giving a patient wrong instructions about worship performance as a result of little or no knowledge of Islamic teachings might lead to unnecessary disruption or faulty performance of the worships, responsibility for which would have to be borne by the doctor.

A patient may be in no condition to perform his worships, yet insists on doing so in good faith but out of ignorance of the moderated rules that suit his condition. This will naturally lead to a deterioration in his sickness. How can he be helped by a doctor who does not know what Islam has legislated for these special cases?

The opposite may also happen. A patient may well be able to perform all or some of his Islamic duties but stops doing so upon instructions from his doctor, who will then run the risk of sinning for causing this unnecessary disruption of the rituals.

Since the doctor is always in a situation where he is required to give advice or instruct others to follow a certain course of action, it is incumbent upon him to get informed of the juridical rules relevant to the various cases and conditions of sickness especially as many such rules abut cleanliness, impurity, fasting, etc. are closely related to his work. Let's now turn to some of these cases.

Cleanliness and Removal of Impurity

Impurity must be removed from the prayer's body, clothes and place of worship, except in cases where this cannot be done or where precaution against it is embarrassing. Details of these exceptional cases will be taken up later.

Removal of impurity from the prayer's clothes is stipulated in the Quran:

AND THY GARMENTS KEEP FREE FROM STAIN.

(S74:V4)

With all the more reasons, it must be removed from the body. About this, the Prophet said:

"God will not accept the prayer of anyone unless he is ritually clean"

which necessitates removal of legal impurity; the Tradition:

"Wash off you the blood then pray"

necessitates removal of factual impurity. As for the removal of impurity from the place of worship, the Quran is definitive:

THAT THEY SHOULD SANCTIFY MY HOUSE FOR THOSE WHO COMPASS IT ROUND, OR USE IT AS A RETREAT, OR BOW, OR PROSTRATE THEMSELVES (THEREIN IN PRAYER)

(S2:V125)

The importance of self-cleanliness is evidenced by many of the Prophet's Traditions, as for example:

"Most of the torture in the grave is due to (not washing off) the urine".

The obvious meaning of this is that cleaning oneself after urinating is a must, as failing to do so will incur torture.

The reason for this rigid insistence on the necessity to remove impurity is a hygienic one: a lot of impurities constitute the right habitat for the propagation of germs and most of them rapidly reach the state of degeneration or fermentation and emanate foul odours.

It should be pointed out here that not all sorts of impurities are so rigidly banned. There are cases where certain simple pollutants are not considered to be serious impurities. A muslim doing his daily work and having at the same time to perform his prayers or other worships at fixed times during the day may get frequently exposed to such simple pollutants because of the nature of his work. In such cases it may prove embarrassing or impracticable to have to remove them each time the worship is performed. So, the rules are relaxed; removal is still necessary, but it can be done later when it is convenient to do so.

Certain substances may have the appearance of cleanliness and, according to Islamic legislation, do not spoil the carrier's prayers. Yet, these may in fact contain dangerous germs that cause serious diseases. Their apparent cleanliness, however, does not justify ignoring them or getting exposed to their harmful effects. Precautions against such substances can be found in texts of a more general nature than those relating to worship performance; texts that call for avoiding whatever is suspected to be vile, malicious, spiteful, noxious, repulsive, or generally harmful. A Muslim should be keen to avoid any such substances although they may not be directly referred to in religious texts about worships. It is a basic princi-

ple in Islam that a man owes it to himself to keep healthy and preserve his body in a functional condition. So, whether for hygienic or religious considerations, one must take all sorts of precautionary measures against all types of impurities.

Means of Purification in Islamic Legislation

The consensus among Islamic jurists is that water, if non-spoiled and disinfected, is the right means of removing impurity. There is no such common agreement, however, concerning the use of other fluids and solids. According to Abu Haneifa, fluids obtained by squeezing such as vinegar and rose water are as good as water for purifying purposes. It is worth noting that the use of such means required by Islamic legislation as water and similar fluids is only the minimum necessary for cleanliness; for water is the commonest and most available liquid. But if water turns out to be insufficient for removing all traces of impurity, other more effective means should at once be applied. That is, hygienic considerations may require the use of such other means as soap or even disinfectants, in addition to water, when washing the hands after urinating or evacuating the bowels especially in cases where one is afflicted with an infectious disease. The same must be done if one touches something feared to be contaminated.

Purifying by incineration is an area where Islamic and medical opinions converge. Medically, it is considered to be the most effective means as it destroys not only apparent impurities but also unseen microbes and germs. In certain cases, however, it may not be the safest means. So, it should be used in certain limited cases where other means are not possible and where the things to be burned are of little value such as contaminated paper, rags, and, if necessary, animal sheds and enclosures.

The use of flames is good only for purifying things made of metal, glass or similar substances that do not get damaged in the process. It should be mentioned here that the Hanefites hold that burning is an effective means of purifying things, which shows that Islam concurs with medicine in this matter. The fact that other Islamic jurists are not of the same opinion should not stand in the way of a non-Hanefite Muslim to disregard this difference of opinion and adopt the Hanefite doctrine in cases where burning for purification is a medical necessity. Otherwise, it would be better to do what is agreed by all or most jurists, always taking medical necessities into account.

Later in this book we will be talking about a number of internal diseases that result in certain excretions and physiological conditions that call for special rules of purification and worship performance in such rituals as praying, fasting and pilgrimage. Under each of these diseases, all the rules pertaining to it will be mentioned. This might unfortunately lead to some repetition as some of the rules may turn out to be similar to those mentioned under another disease. But the risk is worth taking so that the reader may not get confused or mixed up when cases seem to be similar but are in fact, though slightly, different.

Ablution

Ablution is the key to proper prayer. Without it, there would be no purification, and so no accepted prayer. Therefore, one should know exactly how to perform ablution under the changing conditions of health and sickness. Each case of sickness has its own special rules. There are, for instance, cases where the patient is bed-stricken and cannot use water for ablution. In other cases, the use

of water might be detrimental to his condition. There are also cases where a disease results in such symptoms as vomiting, diarrhoea, flatulence or bleeding. A Muslim should know which of these would spoil his ablution, especially as some of them may stay long with the patient.

Although Islam is keen on purification and proper performance of the worships, its rules are eased in proportion to the varying possibilities of application. This will clearly be seen when we come to the special rules governing the exceptional cases of the various diseases. For example, there will be special rules for cases of vomiting when we talk about appendicitis and similar diseases, others about diarrhoea when we talk about bowel movement, and still others pertaining to bleeding when we talk about mouth and stomach diseases, and so on.

Inability to perform self-cleansing

With regard to self-cleansing, required by certain worships, it should be performed as prescribed by the Quran. In ablution, for instance, certain parts of the body are to be washed, others are to be wiped only. The Quran says:

*BELIEVERS, WHEN YOU RISE TO PRAY WASH
YOUR FACES AND YOUR HANDS AS FAR AS THE
ELBOW, AND WIPE YOUR HEADS AND YOUR
FEET TO THE ANKLE.*

(S5:V6)

The ablution ritual performed by our Prophet sets an example for each Muslim to follow.

In cases where water is not available, cannot be used because of sickness, or feared to cause harm, one is allowed to take some clean sand and rub one's hands

and face with it. This is called "*Tayammum*" in Islam. *Tayammum* can also be practised if parts of the body involved in ablution are injured or in splints. Some Islamic jurists hold that what remains of these parts without injury or splints should still be washed.

As for a bed-stricken patient, he should perform ablution if water can be brought up to him and he is helped out with the performance by someone. Otherwise, he may practise *Tayammum*. If even he cannot get someone to bring him some clean sand for this purpose, the rules are eased further and he is allowed to make two beats with the palms of his hands on a wall beside him for whatever little clean sand that might be there: one beat for wiping his hands, the other for wiping his face. If that is not available, then he is utterly left without any means of self-cleansing. Islamic jurisprudence offers six solutions to this problem, three of which are held in more favour than the others. These are:

1. He should pray without self-cleansing, and compensate for that by doing the same prayers again after recovery. This is the view held by Ibn-Qassim.
2. He is neither to pray, nor to do these prayers after recovery as inability to perform is the reason for missing them. This is the view given by Ibn-Malik.
3. He should pray without self-cleansing, with no need to repeat the prayers after recovery. (This is the solution we prefer) This view is ascribed to Al-Shafei and Abu-Haneifa based on the following Tradition:

"If I enjoin you to do something, do of it that which you can afford".

Each of these three solutions seems to be quite reasonable and easy to follow; none of them is really demanding.

A patient who is polluted with the major impurity (because of intercourse with women) may adopt any one of the above solutions if he can use neither water nor *Tayammum*. The same applies to women under menstruation or in post-parturition.

Prayer Rituals for the Excusable Cases

There are certain situations in which a person may not be able to perform his prayers according to the normal rituals. Such situations include the state of being sick, on a journey, afraid, etc. The fundamental thing in the rules set for these situations is relaxation in proportion to the degree of difficulty. This is based on the following Tradition (related by Al-Bukhari):

“Pray standing up. If you can't then sitting. If you still can't, then pray lying on your side”.

It is also based on the above-mentioned saying of the Prophet.

The normal ritual of performing the Islamic duty of praying is the standing position, even if one has to lean on something like a wall for instance. If this position proves to be hard for the patient or detrimental to his condition, he is allowed to pray in a sitting position in whatever fashion he may find convenient. If that turns out to be similarly difficult, then he can pray lying on his side, preferably on the right side, according to what All reported:

“A patient should pray in a standing position. If he can't, then in a sitting position. If he can't prostrate, he may just nod; with the nod representing prostration lower than the one repre-

sending the bow. If he can't take the sitting posture, then he may pray lying on this right side and turning his face towards the direction of the Holy Mosque; if not, then lying with his legs just away from the direction of the Holy Mosque".

But if the patient finds it hard or embarrassing to pray lying on his right side, then he may lie on whatever side he finds more convenient. If both sides are painful, then he may lie on his back even if his legs are turned towards the direction of the Holy Mosque. In all cases, he has to nod as an alternative for bowing and prostrating. If he can't use his head for nodding, then he may use his eyelids, closing them once for bowing and another for prostrating with his mind thinking of the two acts. This is based on the reported Tradition:

"If he can't, then he may just blink".

The rules are further relaxed. If a patient can't as much as do any of the above, then he may pray in his heart, just thinking of the words. This, in fact, is the bottom line; for if the patient can't even do this, then, and only then, he can be exempted from performing this duty. The point is, no Muslim is exempted from the Islamic duty of praying as long as life still flickers in his brain, no matter how faintly. All this is borne out by the following verses from the Holy Quran:

... AND HAS IMPOSED NO DIFFICULTIES ON YOU
IN RELIGION

(S22:V78)

And:

ON NO SOUL DOETH GOD PLACE A BURDEN
GREATER THAN IT CAN BEAR.

(S2:V286)

A group of Muslim scholars draw the bottom line at the point where a patient cannot pray while lying on his back. They hold that in this case, a patient will be exempted and forgiven by God.

On the other hand, if a patient has the choice of either praying individually in the standing position or with other people but in the sitting position, the former should be given priority. Patients suffering from incontinence of urine may pray in the sitting position. Those who cannot bend their backs for bowing may just bend their necks; those with cases of arched backs may bend just a little more when bowing. Resting the forehead on a pillow when prostrating is also allowed for those who cannot rest it on the hard floor. Such relaxed forms of prayer are patterned on practices reported about Um-Salama, Ibn Abbas, among others. Other jurists go as far as exempting such cases from bowing or prostrating and hold that nodding is quite sufficient.

The patient who has to perform his prayers according to any or all of the above relaxed forms should have no fear of being less rewarded than those who are healthy enough to pray properly in the normal way. Abu Mousa was reported as saying:

"if a God's servant gets sick or goes on a journey, he will be as much rewarded for his curtailed worships as he is for the full ones performed under normal circumstances".

A patient praying in the sitting position should shift at once to the standing position, even during the same prayer, if he feels able to do so. This is in compliance with what God has said in the Quran:

AND STAND UP WITH ALL DEVOTION BEFORE
ALLAH

(S2:V238)

The same should be applied with each relaxed form. That is, one should move from one level of relaxation up to a higher level as the cause for permission diminishes until full rituals are reached with the end of such a cause. Movement in the opposite direction is also true; that is, one can move from one level of relaxation down to a lower level if a cause justifying this shift occurs.

A traveller may pray while riding his camel (or whatever other beast he is using) if the land is wet because of rain, mud, snow, frost, etc. This is based on an incident, reported by Ali Ibn Umayya, that:

"The Prophet did the same under similar circumstances while he was travelling with a number of his companions. In this report, the Prophet nodded instead of bowing and prostrating, with the nod for the latter a little lower than the nod for the former".

A patient may also perform his prayers while lying on his bed if praying on the floor is feared to cause him any harm such as getting his clothes contaminated. If possible, he should then turn his face towards the direction of the Holy Mosque.

WHICHEVER MAY YOU DEPART FACE TOWARDS
THE HOLY MOSQUE: AND WHEREVER YOU ARE
FACE TOWARDS IT.

(S2:V150)

But in cases where he cannot do so, because of the nature of his illness or because, for instance, he is strapped

to his bed or has an arm or a leg put in a cast, then he may pray facing whatever direction he may find convenient:

WHICHEVER WAY YOU TURN THERE IS THE FACE OF ALLAH.

(S2:V115)

In all cases, prayers performed in these ways will not have to be repeated after recovery.

Combining Prayer Times for the Patient

A patient's condition may warrant the performance of a prayer earlier or later than the time fixed for it so that it can be done together with another prayer. Thus, he may either set his afternoon (*Asr*) prayer forward to the time fixed for the noon (*Zuhr*) prayer and perform it immediately AFTER that prayer, or set his noon prayer backward to the time fixed for the afternoon prayer and do it immediately BEFORE that one. The same holds true for the sunset (*Maghreb*) and night (*Isha*) prayers. The patient may either set his Isha prayer forward to be done immediately AFTER performing the *Maghreb* prayer, or he may set the *Maghreb* prayer backward to be done immediately BEFORE the *Isha* prayer.

The above view was given by Ataa, Malik and Ahmad bin-Hanbal. But the Hanefites and Shafeites argued against it, saying that the timings of the five prayers are prescribed and so should not be changed. Their evidence comes from the Holy Quran:

FOR PRAYER IS A DUTY INCUMBENT ON THE FAITHFUL, TO BE CONDUCTED AT APPOINTED HOURS.

(S4:V103)

They also based their argument on the established Traditions on the timing of prayers.

Those who permit the combining of prayer times base their opinion on the evidence of a report by Ibn-Abbas when he said:

The Prophet, peace be upon him, combined the noon and afternoon prayers together, and he also combined the sunset and night prayers together, without there being reasons of fear or rain”.

In another version:

“Without there being reasons of fear or travel”.

(Both versions were related by Muslim and Ahmad).

The only other possible excuse besides these is sickness. Ahmad bin-Hanbal considered that in what was reported by Ibn Abbas there was a clear permission for the patient and breast-feeding mother.

Combining prayers has also been established for women suffering from a trickling discharge of menses after menstrual let-up, which is a kind of disorder. Ibn-Hanbal argues that if journeying is an excuse for combining prayers, then sickness is more entitled to be so as it is a greater hardship.

A breast-feeding pregnant mother is permitted to combine prayers because she may find it difficult to cleanse herself from the frequent impurity caused by the pregnancy. Once the pregnancy is over, she ceases to have an excuse for the practise.

Evidence for allowing women with menstrual disorder explained above to combine prayers is found in the advice given by the Prophet to Husna and Sahla Bint Suhail who were suffering from that disorder. He said:

“If you have strength enough to delay Zuhr and set forward Asr, wash up and combine them; then to delay Maghreb and set forward Isha, wash up and combine them, do so”.

Cases that can be considered analogous to this are urine incontinence, diarrhoea, uncontrollable flatulence, wounds with blood that does not cease to flow, and cases of catheterization. In all such cases it is difficult to control the source of impurity, and a lot of cleansing is required each time a prayer is due; hence, the relaxed rule.

Conclusion

After reviewing these several opinions we may come to the conclusion that a patient who finds it unusually difficult to perform each prayer on time may safely combine prayer times as explained above. As for the patient who suffers from urine incontinence, diarrhoea, uncontrollable flatulence, etc., he may either perform ablution for each prayer time and follow the relaxed rules of praying, suitable for such cases, that will be explained below, or he may combine prayers as shown above.

Ritual Impurity during Prayer Performance

While a patient is performing his prayer, something might uncontrollably pass out through any of his body's openings and undo both his ablution and, consequently, his prayer.

Let's first see what should be done if the occurrence of such a thing is not covered by the rules for the excusable prayer that will be pointed out below.

If, while praying, a person suddenly lets out something through the anus or genitals, he/she must immediately interrupt the ritual, go to remove the impurity, perform ablution, and then either resume the prayer from where he left off or start a new prayer. Islamic jurists are unanimous in this concern.

Similarly, if while praying a person suddenly has a bleeding nose or a fit of vomiting, he/she likewise must interrupt the prayer, cleanse, and then either resume from where he left off or begin anew. This is based on what Aisha, quoting the Prophet, said:

"Whoever vomits or nosebleeds during his prayer must stop at once, go to perform ablution, and then resume his prayer from where he left off".

This is what the Prophet's companions did. Once, Ali was praying behind Othman when he suddenly nosebled. So, he immediately went to perform ablution, came back, and resumed the prayer from where he left off, thus establishing this course of conduct.

Now we turn to the excusable cases. A patient may be suffering from a continual flow of materials out of his body. Examples are cases of severe diarrhoea, vomiting, nosebleeding or urine incontinence. People having these symptoms are not left with much time between fits to remove the impurity, perform ablution and then pray. Therefore, such people are not in normal conditions and are permitted to perform what is called "the prayer of the excusable". The procedures of performance are as follows:

The patient performs ablution only at the time fixed for each of the daily five prayers. His ablution remains valid in between these fixed hours despite anything that might pass out of his body. So he is permitted to perform whatever obligatory and supererogatory prayers he wants in the intervals. For example, when the noon prayer (*Zuhr*) is called for, he must perform ablution. He remains ritually clean for any prayers he might wish to do up till it is time for the afternoon prayer (*Asr*) despite intervening fits of diarrhoea, nosebleeding or vomiting. His ablution is undone only when the call is made for this "Asr" prayer, at which he must perform the ablution again. This remains valid up till the hour for the sunset prayer (*Maghreb*), and so on.

If his clothes get soiled he must change them if he has other clean ones. Otherwise, he may pray in the same clothes as praying naked is out of the question.

If praying in the standing position proves hard for him or cause the flow of impurities out of his body, he may sit, lie on either of his two sides, or even on his back.

Fasting

Fasting in the month of Ramadan is obligatory. The Quran says:

IN THE MONTH OF RAMADAN THE QURAN WAS REVEALED, A BOOK OF GUIDANCE WITH PROOFS OF GUIDANCE DISTINGUISHING RIGHT FROM WRONG. THEREFORE WHOEVER OF YOU IS PRESENT IN THAT MONTH LET HIM FAST.

(S2:V185)

Fast breaking in Ramadan is allowed for the sick and the travellers:

*BUT HE WHO IS ILL OR ON A JOURNEY SHALL
FAST A SIMILAR NUMBER OF DAYS LATER ON.*

(S2:V185)

Excuses for Fast Breaking

I. Fast breaking is permitted for ageing men and women, people with incurable diseases that preclude fasting, and people with no alternative for earning a living except doing extremely exhausting work that renders fasting quite unbearable any time of the year. For all these categories, there is no need to fast a similar number of days later on. Instead, for each day of Ramadan they must feed a poor man, either in kind (two meals a day: dinner and supper), or in cash (one dinar a day) as the Hanefites say. According to the Quran:

*AND FOR THOSE THAT CAN AFFORD IT THERE IS
A RANSOM: THE FEEDING OF A POOR MAN.*

(S2:V184)

II. Other categories of people are exempted from fasting all or parts of Ramadan, but must make up for it later on. These include the following:

a) A person with a serious illness, especially when fasting is feared to worsen his case or delay his recovery. The extent to which the case warrants fast breaking is determined either by the patient himself when he experiences real danger in the act, or on instructions by a reliable doctor.

In "Al-Mughni" by Ibn Qudama we read: "Some predecessors are reported as saying that fast breaking was permitted for any kind of illness, even if it was a sore finger or a toothache, as the Qura-

nic verse in this concern generalizes and does not specify”.

On the other hand, since fast breaking is permitted for the traveller, even if he does not need it, a person who is ill should be more entitled to it. This is the view held by Al-Bukhari, Ataa, and the Zaherites.

- b) People on a journey.
- c) A person who is not ill, but fears to be so if he fasts. Again, the decision not to fast is either made by the person himself out of his own experience, or by a reliable doctor.
- d) A person who, half way through fasting, feels overwhelmed with hunger or thirst to the extent of fearing to drop in utter exhaustion. In this case, it is incumbent upon him to break his fasting. God has said in the Quran:

**AND MAKE NOT YOUR OWN HANDS CONTRIBUTE
TO (YOUR) DESTRUCTION.**

(S2:V195)

For all the above categories, ransom by feeding the poor is not allowed as they must fast later on a number of days similar to those during which they did not fast in the month of Ramadan.

If a patient insists on fasting in spite of the hardship, his fasting is correct. But he is prohibited from fasting if the act proves detrimental to his health.

III. Two categories of people are unanimously prohibited from fasting, but must make up for it later on: the menstruating woman, and the woman confined to

childbed following parturition. If they fast, their fasting is established to be null and futile. This is based on what Aisha was reported, by Al-Bukhari and Muslim, as saying:

"We used to menstruate during the life of the Prophet, peace be upon him, and we were then directed to make up for the non-fasting days but not for the unperformed prayers".

Oral Administration of Drugs

Oral administration of drugs nullifies fasting if the drug intake reaches the abdomen. If the patient is in no serious condition requiring doses at closely spaced points of time, and providing he can stand fasting, the doctor had better arrange for him to take the prescribed medicine during the period from sunset to dawn. This way, the doctor helps the patient fulfil this Islamic duty, especially if it is the obligatory one of fasting in Ramadan.

Administering Injection to a Fasting Patient

A fasting patient may be injected through the anal, penile or vaginal canals. He/she may also receive intramuscular or intravenous injection.

Anal Injection

Anal injection nullifies fasting according to the four major sects: the Maliki, Hanafi, Shafei and Hanbali. The patient will then have to make up for it after Ramadan. Evidence for this is in the following incident reported by Aisha, the Prophet's wife. She said:

"The Prophet, peace be upon him, once came up to me and said, 'Get me a slice of bread,

Aisha' When I did, he just put it in his mouth and said, 'Has any part of it reached by abdomen? So is the kiss of a fasting person. What breaks the fasting is what gets in, not what gets out'".

In "Fathul Bari" by Ibn-Hajar, the Prophet was reported as saying:

"What breaks the fasting is what gets in, not what gets out".

So, anal injection breaks the fasting because the intake of the injected material reaches the abdomen. In this, it is very much like the intake of food, especially as both lead to the betterment of the body and both are taken by consent of the taker.

According to an opinion voiced by one of the Shafeites, Judge Hussein, and adopted by Ibn Teimiyah, anal injection administered to a fasting person does not nullify his/her fasting; there is no evidence that it does.

We choose to adopt the view agreed upon by the four major sects and followed by the majority of our predecessors. So, our conclusion on this point is that whoever is ill and has to receive anal injection has got a rightful excuse to break his fasting, but must make up for it after recovery.

Injection through Penile or Vaginal Canals

The majority of Islamic jurists agree that this method of injection does not nullify the fasting if the drug DOES NOT reach the bladder. However, the Shafeites hold that it does nullify the fasting.

The rule concerning anal injection applies to injection through the vaginal canal. As for penile injection, there are two views covering the case when the drug reaches the bladder:

1. According to the Haneifites, Malikites, Hanbalites and Shafeites it does not nullify the fasting.
2. Abu Yousuf, a Haneifite, together with some followers of the Shafeite and Hanbalite sects argue that it nullifies the fasting as it constitutes something reaching the interior of the body.

In our view, a person in need of this method of injection has the choice of either adopting the second view (in this case, he will discontinue his fasting and make up for it later on after recovery), or completing his fasting day on the strength of the first view, especially as it is the one approved by the four sects.

Intramuscular and Intravenous Injection

According to the three sects of Haneifites, Shafeites and Hanbalites, if a fasting person takes a medicine that gets into the interior of his body, his fasting will be nullified. Therefore, this kind of injection breaks the fasting according to this opinion. The Prophet, though advising women to wear antimony at bed time, warned against its use during fasting, as it gets into the women's interior by her own consent.

The Malikites, supported by some followers of the Shafeite and Hanbalite sects, have the opposing view that this kind of injection does not nullify the fasting as the medicine does not get into the body through one of the normal openings.

Endoscopy

Endoscopy of the stomach through the mouth conducted during Ramadan will certainly nullify the fasting. Therefore, a patient had better have it conducted after sunset if there is no urgent need for it; that is, if it is only part of a general check-up. Otherwise, he will have to discontinue his fasting and make up for it later on.

Anal Endoscopy

According to the Malikites, anal endoscopy does not break the fasting because they hold that only fluids getting into the body through the anus do. This view is supported by some Shafeites as well as by Ibn Taimiyyah.

The Shafeites, Hanbalites and Haneifites give the opposite view that it nullifies the fasting.

Consequently, the patient may lean on the first opinion and continue his fasting.

If endoscopy is not essential for his condition, he may safely wait until after sunset; otherwise, he may, if he so chooses, adopt the second view and make up for that day later on.

Bladder Endoscopy

There are two opinions on this matter, the more preferable one denies that bladder endoscopy nullifies fasting. So, a patient may either follow it or put off the endoscopy to a later time if there is no harm in doing so.

Things Taken out of the Body

Sometimes doctors have to take things out of the human body such as a catheter from the bladder, urine,

marrow, living tissues, blood for analysis or transfusion, pus, etc. All such things do not break the fasting. However, if any of these operations lead to a feeling of weakness and exhaustion on the part of the patient, he should discontinue his fasting because of the state of illness itself and not on account of the operation. In this case, the patient will have to fast a similar number of days later on.

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Pilgrimage (Hajj)

Pilgrimage is an Islamic duty that must be fulfilled by every Muslim adult in full possession of his/her mental faculties as long as he can afford it. This is established in the Quran:

PILGRIMAGE THERETO IS A DUTY MEN OWE TO GOD, — THOSE WHO CAN AFFORD THE JOURNEY; BUT IF ANY DENY FAITH, GOD STANDS NOT IN NEED OF ANY OF HIS CREATURES.

(S3:V97)

In what was related by Abu-Hurayra, the Prophet was once asked which of man's acts he considered the best. The answer was:

"Faith in God and His Messenger".

Upon which he was again asked, "Then which?" He said:

"Jihad (fighting) for the cause of God".

Upon which he was asked for the third time, "Then which?". And he said:

"Accepted pilgrimage".

The Prophet was also quoted by Al-Bukhaari, as saying:

"Whoever performs the Hajj rites without committing any act of obscenity or wickedness will come back as free of his sins as the day on which he was born".

In another saying the Prophet said:

"Those who perform Hajj and Umra are God's delegation: if they supplicate Him, He will

oblige; if they ask Him for forgiveness, He will forgive them”

(Narrated by Al-Nisaei).

The Prophet also said:

“From one Umra to another there is atonement (for intervening evil deeds); for an accepted Hajj, there is no less reward than Paradise itself”.

The duty of pilgrimage must be fulfilled by whoever can afford it. One aspect of this is being in good health and having a sound body. If a person cannot afford the pilgrimage because of old age or incurable illness, he/she must bear the expenses of the journey to Makkah that can be made for him/her by someone else, if there is enough money for that. But if a person is beset with a disease that can be cured in time, then he/she should defer the journey until recovery is gained. If, during pilgrimage, a person becomes ill the following applies:

Case One: Before Station on Mount Arafat

If the pilgrim becomes too ill to be able to stand on the Mount of Arafat, he is then said to have missed the Hajj ritual. To avoid this, the rites of Hajj are relaxed for the sick person. He/she can, if possible, be carried to Arafat or brought there in a car, then pass the night at Muzdalifah. As for lapidation and immolation, they can be done by proxy. Immolation, in particular, can be done by proxy whether a person is performing Hajj and Umra at the same time or separately. The ritual sevenfold circumambulation and the running through the hills between Safa and Marwa can be postponed till after recovery. A sick pil-

grim, however, may choose to perform these two rites while borne on a sedan or stretcher, if he/she feels up to it. He/she will then be excused for failing to perform the rite of farewell circumambulation. In this way, a sick pilgrim is made able to complete all the rites necessary for the pilgrimage duty.

Case Two: Women in Menstruation and Post-parturition

Of all the pilgrimage rites, only circumambulation requires ritual purity. So, for a menstruating woman or for a woman in post-parturition, circumambulation, whether initial at coming to Makkah or basic after station at Arafat (Ifada), cannot be performed unless there is a total menses let-up. As for the other rites, such as standing on the Mount, lapidation, running between Safa and Marwa, and passing at Muzdalifa, they can be performed by women undergoing these two states.

Nothing then prevents a menstruating woman from fulfilling the duty of pilgrimage. The only thing is that she should put off the ritual circumambulation until she is free from the menses. But there may be a situation where she cannot postpone this any longer, as when she is due to depart. In this case, she can apply a sanitary towel, or anything like it, after cleansing herself and then perform the "ifada" circumambulation. Following this, she should then sacrifice a camel as ruled by Imam Abu Haneifa Al-No'maan, thus completing her pilgrimage. If the days of her period are over, but blood still trickles out, she can do the same: cleanse, apply a towel and then circumambulate. But she will have to perform ablation at each prayer service. If the trickling blood occurs at long intervals, she can take advantage of this and perform her circumambulation during one of these intervals.

These same procedures apply to cases of urine incontinnence, uncontrollable flatulence, or bleeding of any kind.

Later in the book, we will deal with the specific rules pertinent to each disease when we talk about its symptoms, diagnosis and methods of treatment. The purpose is to put in the hands of the Muslim doctor a full account of how to handle each case taking into consideration the Islamic duties of his patients.

Medical Treatment for Women In Islam

Islamic Sharia has legislated special rules for the safety of the Muslim woman as well as for upholding her pride and dignity. These rules organize the relationship between her and any man who is marriageable to her. Such a man is prohibited from looking at any part of her body except her face and, most probably, her hands. On her part, she is required to cover up these prohibited parts of her body. She is likewise prohibited from looking at the body of a man marriageable to her, especially the part from his knee up to his navel. The Quran covers this point:

AND SAY TO THE BELIEVING WOMEN THAT THEY SHOULD LOWER THEIR GAZE AND GUARD THEIR MODESTY; THAT THEY SHOULD NOT DISPLAY THEIR BEAUTY AND ORNAMENTS EXCEPT WHAT (MUST ORDINARILY) APPEAR THEREOF.

(S24:V31)

Aisha, the Prophet's wife, related that Asmaa, Abu Bakr's daughter, once appeared before the Prophet, peace be upon him, in flimsy clothes. He turned his face away from her and said,

"O Asmaa! When a woman reaches the age of menstruation, nothing should be seen of her ex-

cept 'this and this'; (indicating his face and hands)".

A Muslim woman is also prohibited from being alone with a man marriageable to her. Al-Bukhari quoted the Prophet saying:

"Beware of entering women's quarters".

In another Tradition, the Prophet said,

"A man marriageable to a woman should not be alone with her, except in the presence of a consanguinous relative unmarriageable to her".

Islam also prohibits touching a woman's body, including face and hands, by a stranger. The Tradition on this says:

"Whoever illicitly touches the hand of a woman, shall have a live coal put in his hand on the day of resurrection .

Islam, however, permits the doctor in charge of a Muslim woman's treatment to look at her, especially at the diseased part(s) of her body, including the genitals. The doctor is also allowed to touch these parts for necessities of examination, diagnosis, and treatment.

Since women were known to have tended men injured in the war during the time of the Prophet, a female doctor in charge of men's treatment has the same allowance given to a male doctor treating women.

Ablution and Touching the Opposite Sex

If a male doctor touches a woman's body, or a female doctor a man's body, ablution will not be undone according to the Hanefites, but will be undone according to the other three sects: Malikites, Shafeites and Hanbalites.

The view upheld here is that a doctor may adopt the Hanefite opinion in cases where it would be embarrassing or impracticable to perform ablutio again. Otherwise, he will be well-advised to heed this difference in opinions and conduct another ablutio. The same goes for the patient, male and female alike.

NAUSEA AND VOMITING

In reviewing the gastro-intestinal tract we will be dealing with all sorts of disorders that occur to each part of it, from the mouth down to the anus. For a start, let's talk about nausea and vomiting.

Nausea is that disagreeable feeling that arises somewhere between the ribs accompanied with secretory increase in the mouth, paleness and perspiration. There is also increase in the movement of the whole digestive system, particularly the duodenum.

Vomiting, on the other hand, is symptomatic of several disorders; either for local reasons or as a result of direct stimulation of the vomiting centre in the brain. It may be in the form of:

1. irritation in the mucous membranes or inner walls of the digestive systems;
2. inflammation in the intestines and the digestive system.
3. a mechanical malfunction in any part of the intestines or any part of the whole gastro-intestinal tract

Nausea and vomiting can be narrowed down to two types according to the condition of the patient:

First: The Mild Type

It may be caused by:

1. a nutritional defect.

2. sea-sickness.
3. first period of pregnancy.

Vomiting and nausea of this type occur during a specific period such as the time of being on board a ship, the initial months of pregnancy, during or immediately after eating a certain kind of food.

The contents of the vomit vary: it could be mixed with food, digested or undigested. It could be solid and tinged with blood; or there may not be traces of food in it. Variation is also in its quantity and frequency, according to the cause.

This mild case of vomiting requires nothing more than regulating the kinds and intake of food, taking necessary precautionary measures when travelling by sea, and tending the pregnant during the initial months. In case of persistence, treatment is in order. This usually ranges between oral doses of sedatives and antispasmodics, and the use of suppositories through the anus or vagina. Intravenous injection with various solutions may be necessary to make up for the lost fluids and salts and to stop the vomiting fits.

Second: The Severe and Persistent Type

A person suffering from a severe and persistent case of nausea and vomiting is usually too feeble to carry out his daily functions or move about in a normal way. This case is often accompanied by disturbance in the patient's physiological systems such as respiration, urinating, etc. A patient with this case must be hospitalized to be put under observation. In particular, the vomit must be carefully observed with regard to its quantity and quality. The patient must be compensated for the lost fluids and salts as

these are instrumental in extricating him/her from the state of inertia and fatigue. There may also be a need for drugs such as suppositories through the anus. If necessary, psychiatric help should also be provided to look for any background factors.

Juridical Rules

Vomit is defined by Islamic jurists as whatever is ejected from the stomach, be it food or otherwise. There are provisions concerning the vomit itself, and others pertaining to the patient.

As for the substance of the vomit, the consensus is that whatever is ejected by the stomach is considered to constitute an impurity, whether it is food, water, blood, or a mixture of all these substances. If the vomit falls on one's body or clothes, it must be washed off like any other impurity. A vomiting patient must wash his/her mouth carefully after the fit before he can swallow his saliva. If the mouth is not washed, the traces of the vomit might be purified by the saliva itself. Any matter discharged by the stomach is considered just as impure as the vomit.

Rules pertaining to the patient with a case of nausea and vomiting are concerned with ablution, prayer, fasting, pilgrimage including the ritual circumambulation.

Ablution

There are two different rulings:

First:

Vomiting will undo the ablution if the ejected matter is estimated to be a mouthful or a handful coming out either at one go or intermittently in the same fit or for the same

reason. This ruling, given by the Haneefites, Hanbalites and Hadawites, is based on a story told by Abul-Dardaa. He said:

"The Prophet, peace be upon him, once vomited and then performed ablution".

When Abul Dardaa met a man called Thawbaan at the Damascus Mosque, he told him about the incident. Thawbaan said,

"This is true. It was I who poured the water for him".

Second:

Vomiting does NOT undo ablution whether the vomit is mouthful or less. This is the opinion held by the Malikites and Shafaites. They say that ablution from vomiting is done by just washing the mouth. Their evidence is another incident reported about the Prophet:

"He (PBUH) once vomited and then washed his mouth". When he was asked: "Won't you perform ablution as that performed for prayer?", and he said, "This is how to conduct ablution from vomiting".

Our Conclusion

If the patient finds it hard or embarrassing to perform ablution after vomiting, there is no harm in adopting the second ruling. If not, that is, if he is in a good condition and can easily perform ablution, then he had better follow the first ruling in order to be on the safe side.

Ablution with regard to Taking Medicine

If medicine is taken orally, no harm is done to the ablution. But if the medicine reaches the patient's stomach then gets ejected, it becomes vomit by definition and affects ablution in the two ways explained above. If the medicine is administered through anal injection, it will undo the ablution for the following two reasons:

1. The nozzle of the clyster, getting in through the anus, will be taken out after the injection is completed, constituting material getting out through anal, penile or vaginal outlets which is judged by the majority of jurists to undo the ablution.
2. Part of the injected material might come out, whether polluted or not; and this is considered the same as excrement coming out through the anal outlet, again undoing the ablution.

Use of Suppositories

For most jurists, the use of suppositories does not undo the ablution unless the suppository, once in, comes out again. Ablution is not necessary when edibles, potables or drugs get in through the mouth. By analogy, it is not necessary if a suppository gets in through the anus.

By the same token, intravenous or intramuscular injection does not undo the ablution. If, however, blood comes out as a result, it will undo the ablution according to the Hanafites when it flows on the body, and also according to Ibn Hanbal when it is estimated to be a handful. As for the Malikites and Shafaites, they see no harm done to ablution even if much blood flows out.

We tend to think that a profuse outflow of blood justifies

performing ablution if that does not cause any hardship or embarrassment to the patient. If it does, he can comfortably lean on the opinion given by the Shafeites and Malikites.

Vomiting During Prayer

If a patient vomits while praying, he should discontinue the ritual at once, perform ablution, then resume from where he left off or start anew. The Prophet was reported as saying:

"Whoever vomits or nosebleeds while praying should get off, perform ablution and resume from where he left off unless he has talked to someone".

This line of action has been firmly established after the Prophet's closest companions, Abu Bakr, Omar Ibnul Khattab and Ali Ibn Abi Talib, were reported to have put it into effect.

Fasting

Vomiting against one's will in Ramadan daytime does not break the fasting. This is based on the Tradition:

"Three things do not nullify the fasting: vomiting, cupping and sexual dreaming".

But if a person forces himself to vomit and succeeds in the attempt, he breaks his fasting and will have to make up for it after Ramadan. The Prophet says:

"Whoever vomits against his will does not need to make up for the day, but whoever vomits deliberately must do so"

(Related by Al-Termidhi).

There is no reported difference of opinion on this point among the Islamic jurists, according to Al-Khatabi.

A patient with a case of severe and persistent vomiting should not fast so that he can take the necessary medication. He can fast a similar number of days after recovery to make up for the defaulting days in Ramadan.

The Effect of Taking Medication on Fasting

Medication is administered to the patient in three ways:

1. Through the mouth. In this case, if the medicine reaches the stomach the fasting is broken, whether the medicine is liquid or solid, nutritious or not.
2. Through the anus. Whatever gets into the body through the anus, whether in the form of a fluid or in the solid form of a suppository, will nullify the fasting. The same ruling applies to other things getting into the interior of the body such as a finger, an endoscope, or the like. No one has opposed this except Ibn Taimiyya. The Malikiites, supported by the majority of jurists, uphold the ruling that the fasting will be nullified.

3. Through intravenous or intramuscular injection. According to the Shafaites, Hanefites and Hanbalites, this will break the fasting as the injected material gets into the body and mixes with the blood. This makes it nearest to a nullifying factor because what is in the stomach ultimately gets to the blood and mixes with it. The evidence also comes from the Prophet's saying:

"It is what gets in that breaks the fasting".

We may also recall here that the Prophet advised women to wear antimony at bedtime but warned against it during fasting.

In spite of the fact that some jurists, like Ibn Taimiyya together with some followers of Maliki, Shafei and Ibn Hanbal, hold that injection in this way does not break the fasting, we believe a patient is well-advised to adopt the view of the majority of jurists; but if any hardship is involved there will be no harm in following this second ruling.

Pilgrimage

If a person has a severe case of vomiting, whether persistent or intermittent, then he is considered to be physically unfit for the long and onerous journey to Makkah. In this case, he'd better wait until he regains his health.

However, if the disorder occurs during the pilgrimage, the patient can go ahead with all the rites except the sevenfold ritual circumambulation for which purity is a must.

If vomiting suddenly occurs while circumambulating, the pilgrim should then leave at once, perform ablution and then resume the ritual from where he left off, as is followed in prayer, because circumambulation is considered to be the same as praying by the majority of jurists with the only difference that talking to others is permitted in the former and prohibited in the latter.

References

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HICCOUGH

Hiccough is a phenomenon, or rather a reflection of several diseases. It could be a passing phenomenon, usually benign, when accompanying the following diseases:

1. Disorders in the nervous system.
2. Disorders in the respiratory system and heart diseases.
3. Disorders in the gastro-intestinal tract, especially acidic esophagitis.
4. Nephrosis
5. Infectious diseases.

When the hiccough is a passing phenomenon which does not affect the daily routine of one's life or ability to do one's work, it may gradually abate until it is completely gone without medication.

But when it persists and greatly affects a person's mental concentration, it becomes symptomatic of some disease that must be found out and promptly treated as the main cause. Treatment usually comprises local anaesthesia, antispasmodics, syrups taken orally, suppositories through the anus, or intravenous injection. Hiccough may come to an end in a short time. Yet it might stay for a whole hour, a whole day or even longer depending on the cause behind it and the extent of success in treating it when it reaches the stage of becoming chronic. The longer it persists, the greater its adverse effect will be on the

patient's capacity for doing his job as a result of disturbance in his physical systems.

Juridical Rules Relating to Hiccough

There are only a few rules in Islamic Sharia dealing with this phenomenon. These are concerned with its effect on the prayer ritual, which involves loud recitation, as well as on fasting as it leads to inhalation of dioxide.

Concerning the prayer ritual, the person suffering from these fits of hiccough may not be able to articulate the Quranic verses and words of praise for God involved in praying. Therefore, the patient should, if possible, delay the performance until the fit abates. But if too much delay could lead to missing the prayer, which must be performed within a certain period of time, then he has to pray before it is too late, albeit in this imperfect fashion.

*ON NO SOUL DOETH GOD PLACE A BURDEN
GREATER THAN IT CAN BEAR.*

(S2:V286)

But if the patient wants to recite the Quran outside the prayer ritual, he'd better refrain from doing so if the hiccough is on for fear that he commits solecism. In case the hiccough persists and he needs to recite, then he should read silently and will be rewarded for it just the same, Insha Allah.

Concerning fasting, no harm is done if the patient inhales dioxide while fasting as it is not a solid or fluid nutritious substance, but merely gas. Besides, he cannot be blamed for this involuntary inhalation under his special circumstance.

If the hiccough is of the severe type that calls for

medication, and if the treating doctor determines that fasting will be detrimental to the case, then it will be quite all right for the patient to discontinue his fasting and make up for the defaulting days later on.

CONSTIPATION

When a person cannot evacuate his bowels through the normal outlet, the anus, at certain times and in the normal quantity and quality, for external reasons or internal ones relating to either the colon or the anus itself, he is then said to be suffering from a case of constipation.

Constipation may be caused by:

- Deficient metabolism.
- Psychological factors.
- Organic factors, which occur suddenly.
- Excess in drinking fluids and neglect of foods containing cellulose components.
- Lying in bed for a long period due to illness or other reasons.
- Use of certain pharmaceutical products such as belladonna-based drugs, sedatives, diuretics and drugs containing bismuth salts, calcium, iron and aluminium.

A patient having a case of constipation often complains of failing to evacuate for a day or two, or even longer.

Naturally, human excrement is toxic as it is the refuse matter left by the digestive and metabolic processes. So, the body must get rid of it.

If this does not happen, it will be re-absorbed causing lethargy, headache, abdominal pains and flatulence. Evacuation for a constipated patient is a painful experience as

the stool becomes dried out, hard, and almost petrified. This may lead to anal fissures or habitual constipation.

A patient may go to his doctor with a complaint of constipation, then finds out that he has got hemorrhoids or fissured anus. The patient's condition depends on what has caused constipation in the first place. His work, daily routines, and physical systems may or may not be affected depending on how severe the case is. Prevention can be achieved in the following ways:

1. Don't take any medicine except as prescribed by a doctor.
2. Eat the right kind of food in the right amount at the right time.
3. Consult a doctor at the least suspicion of symptoms like hemorrhoids or anal fissure.

We should also check with a psychiatrist if we feel strained or psychologically disturbed as such feelings could lead to serious physical diseases.

Treatment of constipation is through the use of evacuants either in the form of syrups taken orally or suppositories taken anally. Use may also be made of anal injection. If constipation is caused by narrowness in the anus, hemorrhoids or anal fissures, surgical treatment must be resorted to. In cases where it is caused by dietary factors, care must be taken that one's meals should contain a lot of fruits, vegetables, cereals and the sufficient amount of liquids. It is also important that one should go to the toilet without much delay at the first feeling of the desire to evacuate.

Juridical Rules Relating to Constipation

Concerning purification, the use of anal injection will

undo the ablution. As for the use of suppositories through the anus, they will not undo the ablution if nothing of suppository comes out after it gets in.

Concerning fasting, the use of anal injection as well as suppositories will nullify the fasting. The view that intravenous or intramuscular injection nullifies the fasting outweighs the one that it does not. (Refer to full explanation of this point in the section about vomiting).

If time for pilgrimage comes, when a person is constipated for certain reasons which render him unable to cope with the hardships involved in the journey and rites of pilgrimage, then he should postpone the fulfillment of this duty to the following year as he is considered physically unfit for it. Constipation occurring during the pilgrimage will not delay any of its rites except, perhaps, that the patient may not feel up to circumambulating and running between Safa and Marwa. In this case, there is nothing wrong with having the patient borne on a sedan or the like for these two rites.

In cases where constipation is due to psychological factors such as stresses and anxieties, it is all the more reason why the patient should go ahead with his pilgrimage plans. Pilgrimage, like prayer, has a soothing effect on the mind and heart. So, the patient is most likely to return from the journey to Makkah quite relieved from all his cares and worries. This means that, in effect, cure from his constipation might lie in the ritual itself.

DIARRHOEA

Any change in bowel rhythm, quantity or quality of the stool, is diagnosed as either a case of constipation or diarrhoea. It is diarrhoea when the frequency rises to three or more times a day; when the stool changes into liquid, semi-liquid or soft excrement; and when the quantity exceeds the normal level. Diarrhoea may be the result of:

- Psychological reasons
- Intestinal causes: viral, bacterial, parasitic, amoebic, toxic or ulcerous.
- Misabsorption
- Some disorders in the pancreas.
- Some disorders in the gall bladder.
- Allergy to certain foods.
- Malnutrition
- Other unknown reasons.

Clinically, diarrhoea is approached as a symptom of a disease rather than a disease in its own right.

In the case of psychoneurotic diarrhoea, treatment crucially depends on pinpointing the culprit in the psychological and environmental background of the patient. Information about the history of the case will also help the doctor to determine the real cause hiding behind diarrhoea. What is important here is that a case of diarrhoea may be mild, severe or intermittent.

If it is a mild case, it can be cured in a short time. Besides, it will not greatly affect the daily routine or functions of the patient who can go about his life quite normally.

A severe case, on the other hand, will lead to a sharp drop in the patient's capacity for work as well as in the capacity of his physical systems due to increasing loss of the body fluids and salts and imbalance in the minerals and other vital substances. Any delay in treatment will precipitate dehydration which can seriously affect the patient's vital organs such as the kidneys, the liver, the heart and the whole respiratory system. It is crucial that the body gets compensated for the lost substances. The patient would also need complete rest besides intravenous injection with the necessary fluids. Drugs prescribed for this case usually include antidiarrheals and antispasmodics.

Juridical Rules Relating to Diarrhoea

By common agreement among the jurists, whatever gets out of man's anus, be it fluid or solid stool, blood or impure mucus, must be washed off, if estimated to be as large as a circle of 5-centimetre diameter, until it is completely removed leaving no traces of colour or odour. If the colour stays after washing for three times, the place is considered adequately cleansed in spite of this.

Ablution and Prayer

It is established that anything emerging from the anus will undo the ablution. A case of diarrhoea could be one of two:

- a) a mild, unpersistent case giving the patient a breathing spell inbetween one fit and another during which he can cleanse himself, perform ablution and pray

b) a severe, persistent case leaving the patient with no time for these procedures. In this case, he is considered by the jurists "an excusable case" and must do the following:

He must cleanse himself and perform ablution only at the time fixed for each prayer service. His ablution remains valid in between these fixed hours despite anything flowing out of the anus. So he can perform whatever obligatory or supererogatory prayers he wants in the intervals. For example, when the noon (*Zuhr*) prayer is called for, he must cleanse and perform ablution. He remains ritually clean for any prayers he might wish to do up till it is time for the afternoon (*Asr*) prayer despite intervening fits of diarrhoea. His ablution is undone only when the call is made for the *Asr* prayer, at which he must cleanse and perform ablution again. This remains valid up till the time fixed for the sunset prayer (*Maghreb*), and so on.

If his clothes get soiled, he must change them for clean ones if he has any; otherwise he may pray in the same clothes as praying naked is absolutely prohibited.

If praying in the standing posture proves hard for him or cause the outflow of impurities, he may assume the sitting posture or he may even pray while lying on his side or his back, whatever is more convenient to him.

Fasting

Diarrhoea per se does not nullify the fasting. But it drains the patient's strength and requires medication either through the mouth or by intravenous or anal injection. It is because of this that the patient is licensed to

stay without fasting whether in Ramadan or at any other time. If the case of diarrhoea occurs in Ramadan, the patient must then make up for the defaulting days at any other time of the year when he has been completely cured.

Pilgrimage

Pilgrimage must be put off for another year if it is in the best judgement of the doctor that a patient suffering from diarrhoea is unready physically for the ritual or, at best, can do so at the expense of progress in his condition.

If diarrhoea attacks during the pilgrimage, all the rites can still be performed except circumambulation. This can be postponed until such a time when there is a temporary letup allowing the patient to cleanse for that rite. If such a chance is very slim, the patient may be carried in a sitting or lying posture if this will prevent the fit of the disease. If even that is not possible, for lack of someone to carry him around or inability to pay for one, he should then cleanse as best as he can, perform ablution at the call for one of the prayer services and start circumambulating before the time of the next prayer is due. He will be considered ritually clean for that performance despite the outflow of any impurities. Care must be taken, however, that nothing coming out of his body should pollute the people around him.

Touching and Reciting the Holy Quran

As mentioned before, a person with a case of severe and persistent diarrhoea is considered "excusable". Therefore, the same rules relevant to his performance of the prayer rituals apply here. That is, in between one prayer time and another he may touch the Holy Book and

recite whatever he feels up to despite the uncontrollable outflow of impurities as long as he cleanses and performs ablution at each hour fixed for the five daily prayers.

References

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FLATULENCE

When you eat in a hurry, especially when you are at the peak of your nervous tension you swallow a sizable amount of air with the food. Flatulence may also be due to the kind of food one eats, or to defects in the gastrointestinal tract caused by certain diseases. When the flatus accumulates in the upper part of this tract, one tries to release it through the mouth by belching. Release is often through the anus if accumulation is in the lower part of the intestine and colon. Controlling the release of flatus is normally possible unless there are defects in the muscles of the anus caused by fissures, sagging, fistula or hemorrhoids.

Prolonged attempts to suppress the release of flatus may lead to intestinal disturbance and pain which may in turn lead to defects in the plain muscles of the intestines and colon, colonic sluggishness, or chronic constipation necessitating frequent or permanent resort to laxatives to enhance bowel activity. If a patient's condition actually reaches this stage, his case worsens giving rise to a troubled state of mind that in turn adversely reflects on his condition, and the patient is thus caught up in a vicious circle. Characteristically, such a patient suffers from sleeplessness, becomes easily irritable and mostly keeps to himself. He is terrified, when in company, that people may hear the unpleasant sounds made by the noisy disturbance in his bowels due to the flatus build-up. One can im-

agine what havoc this state of affairs can make of such a patient's life.

Treatment of such a case requires a thorough study of the patient's psychological background and present state of mind. The causes must also be determined. They could be physiological, relating to defects somewhere in the gastro-intestinal tract, or dietary, relating to the kind of food the patient eats. The patient himself must be educated about the right way of going about his meals: he should not eat when under tension or in a hurry, and should stay away from certain kinds of food.

Medication usually includes syrups, suppositories and intravenous injection.

How flatulence would affect the performance of worship depends on how the accumulated flatus is released. When the accumulation is in the upper part of the intestine, it will be released through the mouth by belching. Now, this would have no effect whatsoever on any of the worships as it does not result into any impurity. The only thing is that a person should never belch when people are around as it would be a very unpleasant thing to do in public.

If the flatus is accumulated in the lower part of the intestine, it will be released through the anus. The rules applying to this are:

1. Anal release of flatus does not pollute one's body or clothes and so does not require washing off.
2. This released flatus will undo the abluition, except in cases where the person is considered an "Excusable case" (see below).
3. It will also nullify the prayer, except the "excusable cases".

4. It is reprehensible for one to pray while holding back accumulating flatus. As the effort required for suppressing flatus obstructs clear thinking, it is in fact equally reprehensible for any one to do a job of vital importance to people while under this strain.

Cases where the escape of flatus from the anus is persistent and uncontrollable, or where holding it back will be harmful, are to be considered "excusable cases". All the juridical rules concerned with ablution, prayer, fasting and pilgrimage in the excusable cases that were explained before (refer to the section on Diarrhoea) apply here, too. With regard to fasting, escape of flatus in itself does not obstruct the worship. But if the patient's condition is bad enough to require medication, incompatible with fasting, then the patient may break his fast and make up for it later on.

MOUTH DISEASES

The mouth is the first part of the gastro-intestinal tract that gets into contact with the food. Through it, the food gets into the body, and inside it the food is torn into small bits through the process of mastication.

In the mouth, saliva is secreted in response to the received food, to its smell and taste, as well as to the chewing process itself. The salivary secretion has a wide range of functions. It facilitates the articulation of language, moistens the masticated food and helps in getting it melted and washed down. In addition to water and mucus, it contains ptyalin which changes a polysaccharide into a disaccharide. The mouth comprises the teeth, the tongue and the salivary glands.

Teeth

Teeth serve to break morsels of food down to small pieces as a preliminary to digestion. Therefore, teeth must always be kept in good shape. They must also be used properly. Thorough chewing of food is recommended not only as a civilized way of eating, but also as an essential initial step in the long process of digestion.

It is well known that stomatitis and defective teeth lead to the absorption of bacteria that cause myocarditis and diseases of the respiratory system. That is why antibiotics are administered before and after a tooth is extracted. All

patients, in fact, should be advised to see a dentist for the protection of their teeth as well as for treating the suppurative spots in the mouth or in the gums resulting from stomatitis.

Stomatitis

Stomatitis may be in the form of gingivitis, labio-gingivitis or angular stomatitis.

The mouth naturally contains a lot of bacteria. In order to keep them at the safe and normal level, hygienic care of the mouth and its contents must be maintained at a certain level below which these bacteria will proliferate beyond the safe limit causing inflammations of many types, such as:

1. Stomatitis resulting from deficiency in vitamin B-complex group.
2. Vincent's angina.
3. *Candida albicans*.
4. Aphthous stomatitis.
5. Sensitive stomatitis.
6. Stomatitis resulting from bismuth, mercury, gold, zinc and lead.
7. Skin diseases.

The Tongue

- Acute and chronic glossitis.
- Mild ulcerous glossitis.
- Syphilitic tongue.
- The tongue may get covered with a wax-like layer, such as leukoplakia, which causes fissures in the tongue that increase the feeling of pain.

Salivary Glands

- Salivation.
- Under-secretion of saliva by the parotid salivary gland; parotitis, and parotidian lithiasis and tumors.

Diseases attacking the mouth, or any part of it, are often accompanied by pathological symptoms such as pain, salivation, under-secretion of saliva, dryness in the mouth and throat, toothache, glossodynia, leukoplakia, taste-blindness, etc. All such symptoms throw the patient out of balance and make him unable to live normally.

Medication in these cases include local application of ointments, syrups, intravenous and intramuscular injections. The patient may reach the stage when he needs venoclysis to make up for lost amounts as access through the mouth is no longer possible.

If mouth diseases cause difficulty in articulation, sup-puration or bleeding, certain rules in Islamic jurisprudence will apply.

Juridical Rules

Undoubtedly, any blood or pus emanating from a patient's mouth is considered an impurity and must be immediately washed off the body, clothes or linen.

Ablution

The Haneifites and Hanbalites rule that blood and pus, coming out of the mouth, will undo the ablution. This is given by Ibn Abbas, Ibn Omar, Saeid Ibnu'l-Mussayab, Al-qamah, Ataa, and Al-Thawri.

According to the Haneifites, the ablution will certainly be undone if there is more blood or pus than saliva in the

sputum. If the opposite occurs; that is, if there is more saliva than blood or pus in the sputum, then the ablu-tion will not be undone.

As for the Shafeites and Malikites, they rule that in either case the ablu-tion will not be undone. All the patient can do is just to rinse his mouth before praying.

The Shafeites account for their view by saying that in such cases the blood or pus does not emerge from a normal outlet. They also give as evidence reports that the Prophet's companions used to pray despite injuries they received in the war, and that Ibn Abi Awfaa once spat blood but went on with his prayer without performing ablu-tion again.

Based on this, there is no harm in performing ablu-tion again if the spitting of blood or pus is a single occurrence. But if it is a persistent case that would make the frequent performance of ablu-tion embarrassing, hard, or impractic-able, then the view that it does not undo the ablu-tion should be adopted.

Prayer Performance

When the patient loses the ability to articulate the Qura-nic and ritual words used in worships like praying, reciting and pilgrimage, it is quite accepted of him just to move his tongue or murmur with these words. The Malikites make it even easier when they accept the mere thinking of such words.

Apart from this, lack of articulation must be replaced by writing when it comes to business dealings such as trade agreements and business contracts. If a party to these agreements and contracts is illiterate, besides being un-

able to speak clearly, understandable sign language must then be resorted to if the deal cannot wait his recovery.

Fasting

If the patient's condition worsens and jeopardizes his health, then he is permitted to break his fast especially if he is scheduled to take medication at regular times, or if he is taking antiseptic drugs that might be swallowed with the saliva into the abdomen.

If, however, the patient is using antiseptics in the form of liquids for gargling or electuaries for the gums or the like, he may not fear for his fasting if he delays swallowing his saliva for a while then rinses his mouth until all traces of the medicine are gone. Yet, if this proves difficult for him to do, he may break his fast and make up for it after recovery.

BLEEDING FROM THE UPPER PARTS OF GASTRO-INTESTINAL TRACT

Incidents of acute bleeding in the upper parts of the gastro-intestinal tract are considered to be serious and so warrant extreme care and prompt medical treatment. An incident of this sort may take the form of vomiting where blood may or may not be mixed with the contents of the stomach. Sometimes the blood flows out of the anus mixed with the stool. The blood may be of a light red colour if the bleeding initiates from the anal colon. The reason for such bleeding must be sought in one of the following sources:

- Acidic ulcers in the stomach and/or the duodenum.
- Oesophageal varices.
- Tumors in the stomach.
- Diaphragmatic hernia (hiatus hernia)
- Oesophagitis.
- Other causes of rare occurrence (at the rate of 5%).

If the patient loses 40% of his blood, he is said to be in a shock and must receive transfused blood at once. In the meantime, the cause of bleeding must be pinpointed and the right medication must be administered in order to save the patient's life; for cases like these are fatal at the rate of 10-15%.

In the hospital, the patient must be put under close observation by an internist and a surgeon. In particular,

the patient's blood circulation, quantity and frequency of bleeding must be carefully observed and recorded. The patient's bed-side chart must also show the information about any fluids he receives, his urine, temperature, time and way of bleeding, amount and frequency of vomits prior to bleeding. It should also be determined whether the patient is an alcoholic and whether he has taken drugs, such as salicylates, etc., which have side effects on the mucous membranes of the digestive system especially the stomach and the duodenum. The patient must be fitted with a drainage tube for the nose in addition to a catheter. For emergency blood transfusion, the patient's blood group and rhesus factor must be known. He must also be put on a certain diet and given antacids.

Thus we can see that a case of haemorrhage requires hospitalization, complete rest and medication under close observation and care. The case is so serious that the patient is rendered unable to carry out the normal daily functions of urinating and evacuation, let alone his daily life routines. He may even have to be fed intravenously as his God-given systems for receiving nutrition are seriously impaired. It may also take long to properly diagnose the case and start the patient on the right course of treatment.

Juridical Rules

There are rules about impurities, ablution, fasting, praying and pilgrimage which apply to a patient with a case of acute bleeding.

Bleeding Impurity

It is established by common agreement among the Islamic jurists that vomited blood constitutes an impurity,

whether or not it is mixed with other things. If it pollutes clothes, body or place it must be washed off, at most three times to remove its odour if not the colour as well. If traces of colour remain after washing for three times, no harm is done. This is evidenced by the Prophet's answer to a question about washing off the menses:

"Wash it off; you will not be harmed by its (colour) traces".

This is meant to make things easier; but it would naturally be better if some detergent was used to remove the colour traces.

Ablution

There are two opinions on the effect of haematemesis (blood vomiting) on ablution:

1. According to the Hanefites and Hanbalites, it invalidates the ablution. If a patient vomits a mouthful of blood, estimated to fill a middle-sized hand, while he is ritually clean (abluted), he will have to perform ablution once again before praying.
2. According to the Shafeites and Malikites, it does not invalidate the ablution, no matter what quantity is vomited.

The way we see it:

If the patient is in no condition to move around easily, or if frequent cleansing proves painful, embarrassing, or harmful to his progress, it will be quite all right if he follows the second opinion mentioned above. Thus, if he has already performed ablution he may go ahead with the prayers he intends to do despite vomiting fits intervening between the ablution and the prayer.

Effect of Haematemesis on Praying

As vomited blood has been established to be impure, a fit of haematemesis during a prayer will certainly nullify it. So, if this occurs, the patient must stop at once, go to perform ablution, and come back to resume the ritual from where he left off or to start anew. This line of conduct was recommended by the Prophet, peace be upon him, and actually put into effect by his close companions, as mentioned before.

Effect of Haematemesis on Fasting

If a patient goes into a sudden fit of blood vomiting during the daylight of Ramadan, his fasting will not be nullified as evidenced by the Tradition: "Vomiting, cupping and sexual dreaming will not break fasting".

However, a patient in this ordeal should discontinue his fasting as he will need to receive medication and may sort of solutions. The defaulting days can then be made up for after speedy recovery Insha Allah.

Effect of Haematemesis on Pilgrimage

A victim of haematemesis is naturally in no condition to perform the demanding rites of pilgrimage. So, he should not start on this duty unless he is cured.

If, however, the case occurs during pilgrimage, the patient might have to miss the station on Mount Arafat, rendering the whole ritual incomplete and invalid as Arafat is the pivotal rite. The problem is that it cannot be put off to another day.

Yet, if the patient can be carried or driven to Arafat at any point of time, day or night, on the appointed day of

station, he can put off the other rites: the lapidation, for instance, can be done by proxy, providing he gets the ritual sheep-sacrifice done. As for the post-Arafat circumambulation (*ffada*), he can be carried for it. If a fit of vomiting comes up during circumambulation, he should discontinue, perform ablution again, then come back to continue from where he left off. But if he is considered an "excusable case", there is no harm in going on with the ritual without having to interrupt it for a fresh ablution as long as his present ablution was done at the time fixed for one of the prayer services (see the section on Nausea & Vomiting). In certain cases of blood vomiting, the patient has to be catheterized. For the rules pertaining to this case, refer back to the section on: Prayer Rituals for the Excusable Cases.

DYSPHAGIA

The only function of the oesophagus is to conduct food from the mouth down to the stomach. So, any disorder in that organ or around it will make eating and swallowing a difficult experience. Disorders in the oesophagus can be ascribed to:

1. Painful oesophageal and mouth diseases.
2. Defects in the nerve cells of the oesophagus.
3. External causes (that is, external to the oesophagus itself but affecting it).
4. Internal causes:
 - congenital.
 - ulcerous.
 - tumours.
5. Other factors.

DISEASES OF THE OESOPHAGUS

1. Spasmo-oesophageal Stricture (the cardiac aperture)

It results from changes in the musculo-nervous links in the oesophagus. This leads to uncontracted gullet dilatation which makes swallowing very difficult and painful. This usually occurs between 20 and 40 years of age.

The patient is given soft foods or fluids until the case is finally cured, perhaps through a surgical operation for widening the cardiac aperture.

2. Acidic Ulceration of the Oesophagus

This happens when acids from the stomach regress to the lower part of the oesophagus. Factors leading to this are:

- a. a short oesophagus (congenital).
- b. blocking of the aperture leading to the duodenum.
- c. diaphragmatic hernia.
- d. persistent and severe vomiting.

These ulcerations require a special dietary and therapeutic system like that used for stomach ulcers such as prolonged administration of antacids. The patient is usually instructed to sleep with the upper part of his body raised a little higher to prevent the retrogression of acids from the stomach to the gullet. When oesophageal ulcers are accompanied with diaphragmatic hernia, surgical treatment of the hernia becomes essential. In cases when

these ulcers are caused by hernia or shortness of the gullet, widening should be attempted surgically before treating the ulcers.

3. Benign Oesophageal Stricture

It results from swallowing caustics. It may also be caused by acute oesophagitis or acidic oesophageal ulcers, etc. All this leads to stricture in the gullet that requires widening besides a certain diet (liquids and soft foods). If neglected, there can be serious complications and imbalance in the body fluids.

4. Diaphragmatic Hernia (Hiatus Hernia)

This is described as a protrusion through the diaphragm involving part of the stomach or intestine at the oesophageal opening. A person could be born with it, in which case it is congenital. There are certain factors that help to bring about this condition, such as: obesity, chronic cough, increased pressure on the diaphragmatic muscle when playing tough sports like weight-lifting.

The patient complains of pain on the left side of the lower part of his chest just above the abdomen. He also suffers from acidity and pyrosis especially with a stomach brimful of food. The patient feels comfortable only when he is hungry, as excessive eating helps the retrogression of acids and pepsin to the lower part of the oesophagus causing irritation followed by inflammation of the mucous membrane lining the oesophagus, which ultimately leads to acidic ulcer.

The patient would be required to lose weight and eat less quantities of food staggered over several small meals. Medication is in the form of physical and psycholo-

gical tranquilizers, taken orally or by injection, in addition to anal suppositories. It might be necessary to give the patient a narcotic at bed time to prevent the retrogression of food to the oesophagus. Ultimately, surgical operation might have to be resorted to.

Juridical Rules

No such rules apply here except for praying, fasting and pilgrimage. As for praying, the special situation is that the patient needs to sleep in a certain posture, with the head raised, to prevent food from going back to the gullet. This is also needed in the case of hiatus hernia. In this posture, bowing and prostration would not be possible. So, the rules are relaxed for such a patient, who may pray in whatever posture is deemed by the treating doctor to be most suitable for him.

Tayammum

The question now is: how can this patient get ritually clean for the prayer? Well, it is established that "tayammum" (the use of clean sand) is allowed for those who cannot use water in performing ablution. This may be the case of those who are bed-stricken, fear the use of water would worsen their conditions, cannot get water to be brought up to them in the bed, etc.

In the Quran we read:

IF YOU ARE ILL OR ON A JOURNEY, OR ONE OF YOU COMETH FROM OFFICES OF NATURE, OR YE HAVE BEEN IN CONTACT WITH WOMEN, AND YET FIND NO WATER, THEN TAKE FOR YOURSELVES CLEAN SAND OR EARTH, AND RUB THEREWITH YOUR FACES AND HANDS. FOR GOD DOTH BLOT OUT SINS AND FORGIVE AGAIN AND AGAIN.

(S4:V43)

There is also the story told by Jaber, blessed be his soul. He said: "We were on a journey when one of us was hit by a stone which bashed in his skull. Then he had a sexual dream. So, he asked his companions: 'Do you find me excusable for not using water in cleansing myself and so licensed for using clean sand?'; upon which his companions said he was not, 'You are in a condition for the use of water', they said. So, he did, which led to his death. When we came to the Prophet, peace be upon him, we told him what had happened. He said,

"They've killed him; may God punish them. Shouldn't they have asked since they didn't know? There is no cure for ignorance except by asking. The poor man could have just used clean sand; at best, he could have bandaged his wound and just wiped the bandage with his wet hand, then cleansed the rest of his body with water".

Rules good for ablution are equally good for "tayammum". Furthermore, what invalidates ablution equally invalidates "tayammum". It is essential, though, that a patient licensed for "tayammum" should immediately shift to water once he gets over his illness.

What to perform "tayammum with"

Tayammum can be performed with clean sand or earth. In these days, however, a patient receiving treatment in a sparkling clean hospital or clinic has no access to either of these substances. So, the only way he can perform tayammum is to beat the wall nearest to him twice with his open hands, then wipe his face and arms. If he is in no condition to do so, he is then considered to be an excusable case and can pray without either ablution or

tayammum. He will not even have to repeat these prayers after recovery in the opinion of most jurists.

The occasion on which the verse on *tayammum* was revealed is given by Muslim. Reporting about Aisha, blessed be her soul, he said that once she borrowed a necklace from Asmaa (Abu Bakr's daughter). When the necklace was accidentally damaged, the Prophet, peace be upon him, sent a group of his companions for her. On their way to where Asmaa lived, the time for a prayer service became due. As they had no access to water, they had no other alternative than to pray without ablution. When they returned to the Prophet, they told him about their mishap. It was then that the verse on *tayammum* was revealed, upon which Usayd Bin Khudeir said:

"God bless you. For every crisis you run up against God provides the way out, in which muslims find much blessing".

Concerning those who cannot find either water or clean sand, Abu Haneifa, Thawri and Awzaaei ruled that they should wait until they can, then make up for the missed prayers, because the prayer ritual is the kind of Islamic duty that cannot be dropped except for death.

Malik has a different opinion on this. He said that in such a case, a person should not pray, since he is utterly unable to get ritually clean for the worship. What is more, he is not required to make up for the missed prayer services. In this, he is just like a menstruating woman who cannot pray and is exempted from making up for it when her period is over. The first one of these views mentioned above is the most entitled to be followed.

(Al-Mughni 1/29)

Performance of Prayers by a Patient

If a patient cannot pray in the standing posture, he can do so in the sitting posture where he may bow and prostrate. If bowing and prostration proves difficult, he may only nod.

If even the sitting posture is not possible, then a patient may pray and nod while lying, either on his side or on his back.

If praying still proves difficult, then the patient is exempted and will be forgiven Insha Allah. The Prophet, peace be upon him said:

“A patient should pray in the standing position; if he can't, then in the sitting posture; if he can't, then on his back and just nod; if he still can't, then God is more entitled to accept his excuse”.

The Prophet also said to Omran bin Husayn:

“Stand up for praying; if you can't, then sit; if you still can't, then recline”.

Anas related that the Prophet was once wounded in his side.

“When we went to pay him a patient-visit, a prayer service was called for, upon which he performed the prayer in the sitting posture. We prayed behind him in the same posture”.

God says in the Holy Quran:

**ON NO SOUL DOETH GOD PLACE A BURDEN
GREATER THAN IT CAN BEAR.**

(S2:V286)

And:

*... AND HAS IMPOSED NO DIFFICULTIES ON YOU
IN RELIGION.*

(S22:V78)

If a person stood up for praying and was suddenly overcome by a health condition while doing so, he may complete the service in the sitting posture or even lying on his side or back.

If a patient gets into a coma or loses his mind, he has to make up for the next five consecutive prayer services if the case goes on for that long. If it continues longer, then he does not have to make up for the missed prayers, no matter how many, according to Omar Ibnul-Khattab, Abdulla bin Omar, and Abu Saeid Al-Khidri.

Praying in Bed

A patient who cannot get down from his bed nor find someone to help him do so may pray in bed: in the standing posture if he can, or the sitting if he can't, even though it is one of the obligatory prayer services. For the supererogatory prayers, however, he may pray in the sitting posture if he likes even though he may afford the standing posture.

As for turning towards the direction of the Holy Mosque, a patient should do so if he can; otherwise, he may face whatever direction his condition makes possible. In the Holy Quran we read:

*TO GOD BELONG THE EAST AND WEST:
WHITHERSOEVER YE TURN, THERE IS THE PRE-
SENCE OF GOD*

(S2:V115)

And:

... AND (GOD) HAS IMPOSED NO DIFFICULTIES
ON YOU IN RELIGION.

(S22:178)

Fasting

It was mentioned above that a patient with a case of hiatus hernia needs to eat small meals following one another in close intervals. Besides, he has to take antacids every now and then. This state of affairs is incompatible with fasting. Therefore, such a patient has an accepted excuse for not fasting, providing of course that he makes up for the defaulting days.

Pilgrimage

If the hiatus hernia is congenital, and yet the person concerned can afford the demanding rites of pilgrimage, he should do so without any hesitation. But if he cannot, or if it is a case that can be treated medically or surgically, then he'd better wait until he is back to normal.

If, however, the case occurs during the pilgrimage, he can then be carried or driven to Arafat; do the lapidation by proxy, then wait until he is strong enough for the ritual circumambulation and running between Safa and Marwa. These last rites may also be performed while the patient is carried around.

PSYCHOGENIC DISORDERS OF THE DIGESTIVE SYSTEM

These disorders take a variety of forms, such as:

1. Nervous dyspepsia.
2. Functional acidity.
3. Duodenal spasms.
4. Colonic irritation and functional change of the colon.
5. Mucosa-membranous Colitis.

These psychogenic disorders of the digestive system may affect all or just a part of the colon. Basically, we should eliminate the probability of an organic disease in the digestive system before turning to the possibility that the disorder is of a neurotic origin.

A person suffering from such symptoms does not usually lead an orderly life (eats bad quality food lacking in variety, always uses laxatives and anal injection, always complains of burning in the stomach, flatulence, spasms, constipation, diarrhoea, and so on and so forth). Examination reveals if any relationship holds between the symptoms and such complaints. It may turn out that there is acute pain along the colon. Radiology may show a contraction in the duodenal valve.

From what is said above, we see that the patient may come to the doctor with any of the following symptoms:

— Dyspepsia (constipation, diarrhoea, flatulence, vomiting, nausea, pain, headache).

- Excessive acidity (burning, pain, etc.)
- Colonic irritation (severe pains, tenesmus, successive fits of constipation and diarrhoea).

All such symptoms may occur individually or collectively; mildly or severely; temporarily or persistently. The patient's condition, daily discharge of duties, ability to urinate and evacuate, and extent of ease with which to get his daily needs of calories, would all depend on how his particular symptoms occur.

A patient complaining of any of the above symptoms should eat properly; that is, the food he eats should be diversified, suitable and appealing. He should also closely observe hygienic rules, eat and sleep at regular times, do some exercises and refrain from smoking or drinking.

He may also need to take tranquilizers and antispasmodics. Furthermore, it might be necessary for him to see a psychiatrist who could look into the neurotic aspect of the symptoms.

Obviously, then, such symptoms would disturb a person's life and make it difficult for him to lead a normal life or go about his work easily. He would need psychological support no less than medical care.

The previously mentioned juridical rules would apply here, one way or another, depending on the particular case under consideration.

STOMACH DISEASES

ACUTE GASTRITIS

It is perhaps the best known type of stomach diseases and usually accompanies enteritis in what is medically called gastroenteritis. All age groups are liable to the disease which results from:

1. Chemical irritation such as alcohol and its compounds.
2. Inflammations caused by toxins or bacteria such as staphylococci which are responsible for certain infections like scarlet fever and bronchial catarrh.
3. Inflammations induced by viral infections such as enteritis, measles, hepatitis and influenza.

A patient with acute gastritis would complain of pains in the upper quadrant of the abdomen, nausea and vomiting, with a history of other symptoms that help to determine the cause. If, for instance, the gastritis is the result of scarlet fever or bronchial catarrh, there will be high temperature with a feeling of weariness and lethargy. In the case of measles, there will be the characteristic blotchy rash. In hepatitis, jaundice and other characteristic symptoms will appear. If the case is caused by allergy to shells, perhaps the patient mentions eating them; if he does not, he should be asked.

In general, it could be said that acute gastritis is an incidental case coinciding with enteritis. The symptoms are generally vomiting and nausea, abdominal pains, diarrhoea, lethargy amounting to complete weariness as a result of vomiting and diarrhoea which drain the body of its vital fluids. The patient would shun eating for fear of pains and vomiting.

In this case the patient is not fed orally until pain and nausea stop. Then he is given liquids first, followed by soft foods. He may need to take sedatives orally, anally or through intravenous injection. These symptoms may extend over a period ranging from one day to a whole week.

CHRONIC GASTRITIS

This cannot be clearly defined. It may accompany any dysfunction of the stomach, and may be accompanied by various kinds of anaemia. But the real cause is not known; and the results of gastroenteroscopy do not correspond well with the samples.

The symptoms of chronic gastritis are the same as those mentioned in connection with acute gastritis, but they occur intermittently over a long period especially when the patient drinks liquors or eats spicy foods. Again, medication is the same as that prescribed for the acute cases. The quantity, quality and duration of vomiting will differ in proportion to what the patient eats.

A patient of chronic gastritis does not have to be bed-stricken. He can move around and go to work. Unlike a normal person, however, he will occasionally suffer from sudden feelings of pain resulting from various spasms. He needs to eat certain kinds of food in specified quantities and at regular times. He also takes certain medicines regularly.

As such a patient is often prone to anaemia, weariness and a troubled state of mind that in turn augment his case. Going on a long journey would not be his best option whether by car, plane or any other means of transportation. He would also be affected by drastic changes in the weather from very low to very high temperatures.

His medicinal needs range from syrups, tablets, suppositories to injection depending on his condition and extent of response. He may also be provided with sedatives for the nerve conducting to the digestive tract, stomach and intestine. But these should not be habit-forming. The case, however, is not exactly incurable.

PEPTIC ULCER

It is a non-malignant ulcer in those parts of the digestive tract which are exposed to the gastric secretions; hence usually in the stomach or duodenum.

GASTRIC ULCER

It is caused by acidic gastric secretion. But decreased resistance by the mucous membrane lining the stomach plays a greater part than excessive gastric secretion. The ulcer usually occurs in the smaller curve of the stomach. Its occurrence in the pyloric part is more likely for men over 40.

A victim of gastric ulcer comes to the doctor with a long history of acidosis and burning extending over a month, a year, or even longer. He would also complain of severe pains in the epigastrium, often after eating certain kinds of food. The pain may extend to the area between the shoulder blades or beneath the chest. It does not occur at regular times and may be relieved by vomiting, antacids and complete rest in bed. It may also end within a day or two of its occurrence, or after a whole week, then recur, and so on. Often, no particular reason can be pinpointed for the recurrence of pain, nausea and vomiting, loss of appetite and weight. Vomiting is a characteristic symptom of a patient with gastric ulcer because the stomach is unable to dispose of its contents. After eating, the patient would suffer from a discomforting feeling of flatulence, or tympanism. Successive fits of constipation and diarrhoea have also been observed about patients with gastric ulcer.

From what is said above it becomes clear that in the case of gastric ulcer:

- Vomiting is an accompanying symptom, intermittent or persistent; and pain is removed after a fit of vomiting.
- The patient can afford walking and moving about, but not too much of that. He can also afford to do light work.
- The patient needs to eat small meals at close intervals so that he may not end up with a brimful stomach. He should also watch for what he eats: no spices, hot sauce, citrus. And no tension. Yet, he may often need to take antacids and other medicines.
- Travelling may be harmful to the patient, unless all means of comfort are made available: suitable food, toilets, comfortable seats, etc.
- Changing weather conditions from cold to hot or humid weather, can be detrimental and may lead to increased pains.
- The patient requires differently administered medicines such as syrups, fluids, tablets, suppositories and the like. He may sometimes have to take pain-killers, but these should not be taken at a frequency that may lead to habit formation or addiction. Before this stage is reached, surgical treatment must be considered, especially if the case deteriorates to the extent where further complications are feared to develop such as gastric perforation, haemorrhage, or malignant ulceration.

DUODENAL ULCER

Men are more liable to this disease than women. It is also more likely at the age of thirty, though not unusual in childhood and old age. Its occurrence is more frequent than gastric ulcer, with a ratio of 4 or 5 to 1.

A patient of duodenal ulcer will usually have a history of acidosis and pain felt in the intervals between meals and known as "hunger pain". It could be severe enough to wake the patient at night, between 2.00 and 4.00 a.m., and can only be alleviated or removed by eating and taking antacids.

Nausea and vomiting are known to accompany a case of duodenal ulcer, but not flatulence or loss of appetite and weight. The patient, however, would complain of successive fits of constipation and diarrhoea.

The patient is advised to stay away from spicy foods, fats, and hot sauce. He should eat at regular times. Meals should be small and at close intervals to avoid over-eating that leads to tympanism, belching and abdominal tension.

The patient would also need to regularly take syrups, suppositories and fluids to make up for the body fluids lost through vomiting and diarrhoea.

Juridical Rules

Concerning the performance of prayers, we have seen that patients of peptic ulcer, whether gastric or duodenal,

are still able to move and walk reasonably well despite fits of vomiting and diarrhoea that drain them of their strength. So, they can afford to do the rites of standing, bowing and prostration of the prayer services.

Fasting

Fasting would be incompatible in the case of these diseases as the patient has to be continuously supplied with fluids and medicines, besides having to eat more frequently than he would do if he was healthy. So, the treating doctor should dissuade his patient from fasting, whether it is the obligatory one of Ramadan or voluntary or in fulfilment of a vow. Defaulting days can then be made up for after recovery in the case of Ramadan fasting.

Pilgrimage

Pilgrimage is known to be a demanding duty in terms of movement and bodily exertion. Hence, its difficulty for ulcer patients who may jeopardize their health if too much movement and walking leads to haemorrhage or other complications. Therefore, such patients should put off the fulfilment of this duty until they are better up to it.

If the disease attacks during pilgrimage, the patient does not have much to do after the station on Mount Arafat. After lapidation, which can be done by proxy, he can wait until he is in a condition to perform the ritual circumambulation, for which he can also be borne around. In his case, he would be exempted from the farewell circumambulation.

With regard to symptoms and juridical rules, gastric ulcer largely resembles duodenal ulcer in that it does not

hinder the performance of prayers. A patient of gastric ulcer can still do the ritual movements of standing, sitting, bowing and prostrating that are necessary for praying without great effort.

Gastric ulcer, however, may differ from duodenal ulcer in that it is usually accompanied with vomiting and nausea. In this case, the reader is referred to the rules pertaining to these two conditions expounded on pages 44-5.

Fasting

Gastric ulcer is greatly affected by the stomach acids. So, the patient must take a lot of fluids and several light meals in close intervals. This is incompatible with fasting as it is nullified by anything getting into the stomach. So, a patient of gastric ulcer has no choice in having to go without the obligatory fasting of Ramadan or the voluntary fasting in other months. The rule applying here is permission of non-fasting for those who fear that fasting may lead to illness or worsen an already existing case of illness:

*BUT HE WHO IS ILL OR ON A JOURNEY SHALL
FAST A SIMILAR NUMBER OF DAYS LATER ON*

(S2:V185)

If the patient recovers half way through Ramadan, he should fast in the remaining days and make up for the defaulting ones later on, provided that this does not cause him any harm or threatens a relapse of the case. Otherwise, the patient had better wait until he is completely recovered and then make up for the days missed.

Pilgrimage

As pilgrimage entails a lot of effort, good health is a

necessary condition for performing it. A severe case of gastric ulcer rendering the patient unable to bear the hardships of travelling to Makkah and performing the pilgrimage rituals would warrant delaying this Islamic duty until complete recovery.

If the ulcer is accompanied by vomiting, the previously explained rules are applicable with regard to its effect on cleanliness, ablution and fasting (see pages 44-5).

SMALL INTESTINE DISEASES

Before dealing with the diseases of the small intestine, we should say a few words about its functions:

- Absorbing fats, which takes place in the duodenum and the first part of the small intestine.
- Absorption of the carbohydrates.
- Absorption of protein.
- Absorption of Folate.
- Absorption of vitamin B 12.
- Absorption of other substances: calcium - which requires vitamin D, and iron in its ionized form and also as haem.

This main function of the small intestine as an absorbent organ is impaired for the following reasons:

1. Impairment of the digestive process inside the intestinal cavity for lack of the digestive enzyme or due to impurities in that cavity. So, absorption of carbohydrates, protein, Vitamin B 12, folic acid and iron is not affected as the lining mucous membrane is intact. Impairment is also ascribed to shortcoming in the pancrease and the acids supplied by the gall bladder.
2. Failure of cells to absorb well the product of digestion due to defects in the cellular membranes.
3. General impairment.

4. Special impairment due to absence of a certain enzyme. For instance, there may be difficulty in absorbing Vitamin B 12 if the intrinsic factor is absent.
5. Defects in conducting through the mucous membrane, which is rare.

Symptoms of Absorptive Dysfunction

In the severe cases the symptoms are those observed in cases of general malnutrition: loss of weight, decline in health, flatulence, diarrhoea, lethargy, acute anaemia. There may also be subcutaneous bleeding for absence of Vitamin K, angular stomatitis, glossitis, and gingival ulcers. Other symptoms are observed when there is a shortfall of certain food elements such as protein, carbohydrates, fats, vitamins, etc.

Mild cases of dyspepsia and absorptive dysfunction do not reveal apparent symptoms and cannot be diagnosed before certain blood and stool tests are conducted.

Juridical Rules

All cases of acute inflammation in the intestine are characterized by symptoms of vomiting and intermittent nausea. As mentioned before, the vomit is considered to be an impurity that must be removed by washing for at most three times, after which any colour traces left behind are within the accepted limits.

Ablution

Concerning the invalidating effect of vomit on ablution, two opinions have been mentioned before:

1. It will undo the ablution. This view should be followed

- in cases where re-ablution does not represent any hardship or embarrassment to the patient.
2. It does not undo the ablution; and so patients in critical conditions can benefit from this ruling.

Praying

If a patient vomits while praying, he should immediately discontinue the ritual, go and rinse his mouth or perform a fresh ablution (whatever is more convenient and suitable to his condition), then come back and resume from where he left off or start anew. If, however, he has talked to others while off the prayer, he must start anew.

Fasting

Rules applying to a case of enteritis are:

1. If vomiting is not deliberate, it will not nullify the fasting.
2. The patient is exempted from fasting in Ramadan, provided he makes up for it later on, if he cannot stay long without eating and compensating his body for the lost fluids. The Holy Quran covers this point:

*... BUT IF ANY ONE IS ILL, OR ON A JOURNEY,
THE PRESCRIBED PERIOD (SHOULD BE MADE
UP) BY DAYS LATER.*

(S2:V185)

3. The same license mentioned in (2) above is also given in cases where the patient has to regularly take such medicines as antacids, suppositories or injections to alleviate the case or remove the pains and tension.

Pilgrimage

As a patient of absorptive dysfunction is liable to symptoms similar to those mentioned in cases of peptic ulcers

(vomiting, diarrhoea, weariness, nausea, etc.) the same rules relevant to pilgrimage mentioned under that section will also apply here. That is, pilgrimage in this case must be delayed until the patient is completely recovered, especially if this duty was fulfilled once before.

If, however, the case attacks during the pilgrimage, the following rules apply:

If the patient has already performed the ritual station on Mount Arafat, the rites of lapidation, sheep-sacrifice and other similar matters can be done by proxy. Circumambulation and the running between Safa and Marwa can be delayed until the patient is better able to perform them. Otherwise, he can be carried around for the performance of these rites.

DISEASES OF INTESTINE

REGIONAL ILEITIS

Regional ileitis is a non-specific, chronic, recurrent and granulomatous disease affecting mainly young adults and characterized by a necrotizing, ulcerating, and inflammatory process. The inflammation may first hit the lower part of the intestine but could then extend to the duodenum or the colon. It could also be accompanied by an external or internal fistula. The disease begins with mild symptoms then develops severe ones that lead to various complications for reasons that are not known. We should differentiate here between:

1. Enteritis resulting from the existence of tuberculous foci in the intestine.
2. Bacillic and amoebic enteritis.

The disease has a long history of such symptoms as intermittent diarrhoea, abdominal spasms that do not cease except when the bowel is emptied, and acute inflammation resembling that of appendicitis in which case there are possible intermittent fits of nausea and vomiting.

The patient should be started on a dietetic course of high-calory foods that are rich in vitamins and protein, but not including fresh fruits and vegetables.

The anaemia and diarrhoea must be treated to avert loss of body fluids and lack of vitamins; and salphonamide

plays an important role here. But penicillin and tetracycline should never be prescribed as they may induce diarrhoea as a side effect. Cortisone and its compounds could be used in surgical treatment (abscesses, fistula, intestinal obstruction, haemorrhage).

Juridical Rules

Since the patient of regional ileitis suffers from diarrhoea, nausea and vomiting, abdominal spasms, and anaemia, the rules relevant to these symptoms and applicable to ablution, praying, fasting and pilgrimage are as follows:

All cases of acute inflammation in the intestine are characterized by symptoms of vomiting and intermittent nausea. As mentioned before, the vomit is considered to be an impurity that must be removed by washing for at most three times, after which any colour traces left behind are within the accepted limits.

Ablution

Concerning the invalidating effect of vomit on ablution, two opinions have been mentioned before:

1. It will undo the ablution. This view should be followed in cases where re-ablution does not represent any hardship or embarrassment to the patient.
2. It does not undo the ablution; and so patients in critical conditions can benefit from this ruling.

Praying

If a patient vomits while praying, he should immediately discontinue the ritual, go and rinse his mouth or perform a

fresh ablution (whatever is more convenient and suitable to his condition), then come back and resume from where he left off or start anew. If, however, he has talked to others while off the prayer, he must start anew.

Fasting

Rules applying to a case of enteritis are:

1. If vomiting is not deliberate, it will not nullify the fasting.
2. The patient is exempted from fasting in Ramadan, providing he makes up for it later on, if he cannot stay long without eating and compensating his body for the lost fluids. The Holy Quran covers this point:

... *BUT IF ANY ONE IS ILL, OR ON A JOURNEY, THE PRESCRIBED PERIOD (SHOULD BE MADE UP) BY DAYS LATER.*

(S2:V185)

3. The same license mentioned in (2) above is also given in cases where the patient has to regularly take such medicines as antacids, suppositories or injections to alleviate the case or remove the pains and tension.

Pilgrimage

As a patient of absorptive dysfunction is liable to symptoms similar to those mentioned in cases of peptic ulcers (vomiting, diarrhoea, weariness, nausea, etc.) the same rules relevant to pilgrimage mentioned under that section will also apply here. That is, pilgrimage in this case must be delayed until the patient is completely recovered, especially if this duty was fulfilled once before.

If, however, the case attacks during the pilgrimage, the following rules apply:

If the patient has already performed the ritual station on Mount Arafat, the rites of lapidation, sheep-sacrifice and other similar matters can be done by proxy. Circumambulation and the running between Safa and Marwa can be delayed until the patient is better able to perform them. Otherwise, he can be carried around for the performance of these rites.

ACUTE INTESTINAL OBSTRUCTION

This occurs in the small intestine, particularly at the terminal part. The most probable reason for it is external hernia or convulsion around a fibrous part. The least probable reasons are gall bladder lithiasis, malignant tumors, axial coiling of the intestine, and internal hernia.

The patient experiences several different symptoms starting with frequent nausea and vomiting in the case of upper intestinal obstruction and ending up with excruciating abdominal gastric pains and a feeling of utter weariness following the loss of body fluids.

Preventive measures must immediately be taken to redress the balance of these fluids. The patient might have to be directly fed with fluids through long tubes to his stomach or intestine. If medical treatment fails, surgical treatment should be considered at once.

In view of the fact that the victim of acute intestinal obstruction suffers from severe pains and goes through acute fits of vomiting that leave him with very little strength unless he is supplied with regular meals and special nursing, certain juridical rules apply to his case.

Juridical Rules

Cleanliness

The vomit that ejects out of the patient is an impurity

that must be washed off until all traces of it reaching his body, clothes, or bed are removed.

This vomit invalidates ablution if it is as much as a mouthful, according to some jurists. Other jurists hold that it does not. This latter opinion should be adopted if the case is severe causing hardships to the patient. Otherwise, the former opinion is preferable.

Praying

Vomiting during the prayer ritual nullifies it. So, the patient should discontinue the prayer, perform ablution again washing off traces of the vomit, then pick up the prayer from where he left off. But if he talks to others while performing the new ablution, then he will have to pray right from the beginning.

If the patient is fed through tubes connected to his body and preventing free movement, then he may assume whatever posture that proves convenient without having to repeat these prayers in the right postures later on.

Fasting

As the patient needs to be fed through tubes and must be continuously supplied with fluids to compensate for lost what the body loses, he has to go without fasting in Ramadan. So, he must be advised to abstain from fasting and make up for the defaulting days later on when he is recovered.

Pilgrimage

A patient of acute intestinal obstruction is in no condition to travel to Makkah for the pilgrimage rites. He must

be put under careful observation and his case might require surgical intervention at any moment to remove the obstruction. If the obstruction is removed before time for pilgrimage is due, there is no harm if he embarks on the sacred journey as he will then be able to perform all the necessary rites. If the operation is not done in time for him to catch up with the performance of this duty, then he will have no choice but to delay the journey for the following year or until he is completely recovered.

FUNCTIONAL INTESTINAL OBSTRUCTION

This comes as a result of deficiency in the nutrition of the nerve cells, which affects the motility of intestinal muscles and may lead to intestinal obstruction. It could be the result of the following:

1. Direct irritation of the intestine (during surgical operations)
2. Peritoneal irritation (abdominal serous membrane). (haemorrhage, a hole in the intestine, pancreatitis, peritonitis)
3. Deoxygenation.
4. Nephritis, vertebral fracture, spinal cord injuries, bronchial catarrh and severe inflammations, diabetic coma, and uremia.

A patient of functional intestinal obstruction complains of pains that begin as simple then increase progressively. He may also have fits of vomiting accompanied by stool. Intestinal sounds diminish gradually until they are completely unheard. There may also be symptoms of accompanying diseases: high temperature, decline in weight, weakness, flatulence, and perhaps, peritonitis with terrible pains.

Consequently, lost body fluids must immediately be replaced after thorough clinical and radiological examination.

The contents of the intestine must also be sucked away and nothing, in the meantime, should be allowed to get in through the mouth.

Factors causing and accompanying the functional intestinal obstruction, such as peritonitis, nephritis, uremia and diabetic coma, must also be treated.

It can be said, then, that a patient of functional intestinal obstruction is very likely to vomit; suffers from excruciating pains; needs to be put on a special dietary system; and requires special nursing.

In view of this, let's now turn to the juridical rules that apply to this case:

Juridical Rules

Ritual Cleanliness

The patient's vomit is an impurity that must be washed off three times at most.

Concerning ablution, it will be invalidated if the vomit is as much as a mouthful according to some jurists, whereas it will not, no matter how much, according to others. Depending on the condition of the patient, one or the other of these rulings should be adopted.

Praying

The previously explained rules about vomiting during praying apply here. In the case of this patient, who may be fed through tubes connected to his body and preventing free movement, he may pray in any posture he can afford, nodding instead of bowing and prostrating.

Fasting

As this patient is in perpetual need of fluid supplies to

make up for the lost amounts, he should refrain from fasting in Ramadan, or at any other time for that matter, and then make up for the defaulting days later on when he is completely cured.

Pilgrimage

A patient in this condition is physically unfit for the journey to Makkah and the effort required for the pilgrimage rites, especially because he must be put under close observation and may need to undergo an emergency operation to save his life.

If the obstruction is removed in time for him to start on his ritual journey, then he may go. Otherwise, the duty must be put off.

ACUTE APPENDICITIS

It is an acute case of inflammation in the vermiform appendix that may occur to children and young people. Statistically, it has been found that 10% of the people may get it at one time or another. In this case:

1. Nausea and vomiting will be the first observed symptoms. Vomiting may occur once or twice.
2. The patient can still move about, though with difficulty because of the pain gathering up at the lower right side of the abdomen or that felt during urinating or below the liver according to the position of the appendix. There will also be a slight rise in temperature.
3. Walking gradually becomes increasingly difficult as a result of the increasing pains and the possible complications ranging between perforation and peritonitis.
4. It may be necessary in this case to stop oral feeding and make up for it by injecting fluids intravenously (venoclysis).
5. Travelling in this case is quite harmful.
6. Weather changes are of no effect as the patient is to be put under medical observation.
7. Necessary medicines are administered intravenously.
8. The patient may need pain-killers, but not frequently enough to lead to addiction.
9. Acute appendicitis requires surgical treatment, but if the inflammation is mild or chronic then medical treatment is sufficient.

10. The patient is cured either by appendicectomy or by the treatment of the inflammation or any complications that may develop.

Juridical Rules

Ritual Cleanliness and Ablution

Vomiting is one of the symptoms of this disease. The patient's vomit is an impurity that must be washed off three times at most.

Concerning ablation, it will be invalidated if the vomit is as much as a mouthful according to some jurists, whereas it will not, no matter how much, according to others. Depending on the condition of the patient, one or the other of these rulings should be adopted.

Praying

The ritual postures of standing, bowing and prostrating will certainly be painful to this patient. What is more, such movements may lead to the appendix bursting open. Therefore, a patient of acute appendicitis may pray in the sitting posture, or any more convenient posture, and not instead of bowing and prostrating.

Fasting

It is true that in the case of this patient nothing gets in through the mouth, but he is fed intravenously. And this is as invalidating to the fasting as food or liquids taken orally, according to the Hanefites, Shafeites and some followers of the Hanbalite sect. Their argument is based on the fact that the fluids injected into the body get mixed with the blood and is meant to nourish the patient.

The Malikites and some Shafeites, on the other hand, rule that intravenous injection does not nullify the fasting. This is also the opinion voiced by Ibn Taimiyyah. His point is that nothing of the sort has been reported about the Prophet, peace be upon him.

As we see it, it is safer for the patient of acute appendicitis to adopt the first opinion as it seems to be more prevailing. That is, he should refrain from fasting until complete recovery, then make up for the same number of days later on.

Pilgrimage

Undoubtedly, travelling involves a lot of movement which is dangerous for this patient. So, the duty should be postponed.

If, on the other hand, appendicitis attacks during pilgrimage, the patient will be exempted from the ritual arrival circumambulation and the trip to Muna. But he should go for the station on Arafat, even though carried or driven. Lapidation and sheep-sacrifice could be done by proxy. The post-Arafat (*Ifada*) circumambulation and the running between Safa and Marwa could then be delayed until improvement or recovery. If it cannot be delayed any further, the patient could be borne for conducting these two rituals, and his pilgrimage will be accepted Insha Allah.

SPRUE SYNDROME

It is a chronic malabsorption disorder associated with glossitis, indigestion, weakness and anaemia. It is of two types:

- Tropical.
- Non-tropical.

The patient suffers from nausea and vomiting until the defect is treated. Meanwhile, he must be supplied with folic acid in addition to kinds of food that are high in calories and protein, low in fats and free from gelatine. Calcium phosphate should also be given as the patient suffers from lack of calcium.

Thus, it can be said about the patient of sprue syndrome that:

1. He has fits of nausea and vomiting that stop if the cause is removed.
2. The patient can lead a normal life and do his work reasonably well.
3. Food and medication must be taken at regular times.
4. Travelling could be harmful if it is long and uncomfortable.
5. Changes of weather may increase the patient's pains. He should also stay away from crowded places.
6. The prescribed medicines are taken orally (syrups, tablets, capsules).
7. No pain-killers are required for this case. There might

be a need for cortisone to enhance absorption of nitrogen, fats, etc.

8. The case could be mild or severe, according to which symptoms and complications will differ.
9. Cure of the disease may take long.

Juridical Rules

Cleanliness

As mentioned before, the vomit is impure and must be washed off. As for ablution, it is invalidated by much vomit according to some jurists, and not invalidated by it according to others. It is up to the patient to follow one opinion or the other, depending on his condition at the moment. Most jurists agree, however, that little vomit does not undo the ablution.

Praying

The incident of vomiting during prayer has been explained before. As for the postures that should be taken in praying by the patient of the sprue syndrome, there is no reason why he should not do his prayers in the normal way (standing, bowing and prostrating) since this particular disease does not make movement and walking around either difficult or painful.

Fasting

Eating in Ramadan is allowed for the patient only if delaying his meals or medicines for long periods of time proves harmful or detrimental to his condition. He can then fast a similar number of days later on, according to the licence given in a show of mercy by the Quran.

Pilgrimage

This Islamic duty can be put off for a following year if

the means of transportation afforded by the patient is not comfortable enough, and if his particular condition does not help him to bear moving in large crowds, which is typical of the pilgrimage rites.

DISEASES OF COLON AND RECTUM

CHRONIC ULCERATIVE COLITIS

Chronic ulcerative colitis is a disease that hits mostly at youth and old age. Little is known about what causes this disease which does not respond much to medication, and often becomes chronic or recurrent. A possible area to go to in search of the culprit is the patient's dietary background, and the culprit could be dairy products.

The patient complains of nausea, indisposition, abdominal pains, unrhythmic bowel, and successive fits of constipation and diarrhoea. These symptoms give rise to such complications as weakness, anaemia, and possibly, arthritis and dysfunction of the liver.

This wide range of symptoms require prompt and intensive treatment to put an end to the patient's pains and bring him back to normal functioning. The patient must be instructed to stay in bed if the case hits acutely. Besides, the food he eats must be high in calories, protein and vitamins. In chronic cases, vitamins obtained through food might not be sufficient.

So, additional doses must be supplied in the form of tablets or capsules.

Although the effects of this disease on the patient's state of mind are not clear, he is most likely a person who suffers from insomnia. This, and the reasons leading up to

it, must be removed. Narcotics may be prescribed for this, but not to the extent of inducing addiction. They can also be given in cases of acute diarrhoea. Besides, there might be need for antispasmodics, given under close observation, to prevent dilation of the colon. Cases of constipation can be handled by advising the patient to include a lot of vegetables on his menu.

The last resort for chronic ulcerative colitis is partial or total colectomy.

Colitis may also be caused by outgrowths in the cavity of the colon, whether these are congenital or the result of previous inflammations. In this case, the symptoms are almost the same and require the same course of treatment.

From the above, we can conclude the following about this disease:

1. Intermittent condition of nausea and vomiting.
2. The patient can walk around, but the nausea and abdominal pains may make that a bit difficult. If the disease becomes chronic, it will lead to arthritis, indigestion, unrhythmic bowel, successive fits of constipation and diarrhoea which will in turn lead to anaemia and utter weakness.
3. The patient must follow a regular timetable for his meals and medicines, making sure that what he eats must be high in calories, protein and vitamins.
4. Travelling for long distances by uncomfortable means of transportation under crowded conditions could worsen the patient's case.
5. The patient may need the following medicines to be taken in the following ways:
 - fluids, to be administered intravenously.

- suppositories, for fits of constipation.
 - tablets and syrups, taken orally.
 - narcotics, as pain-killers and for cases of insomnia.
6. The case may be mild or severe. If it is the latter, the patient will need hospitalization for, perhaps, a long time to be put under close observation and supplied intransigently with the necessary fluids.
7. As the factors behind this disease are not clearly known, it may recur several times or become chronic.

Judicial Rules

Cleanliness

As the patient may have fits of nausea and vomiting, he must be aware of the impure nature of the vomit and wash it off if it pollutes his body, clothes or place.

Ablution

At the times when the patient can move around easily, he should adopt the ruling that the vomit invalidates his ablution. Otherwise, he may benefit from the opposite view that it does not.

Praying

If the patient vomits while praying, he will have to follow the previously explained procedures: stop the ritual, perform ablution, then resume his prayer from where he left off or start anew, if he has not talked to others in the meantime.

If he happens to be leading others in a congregational prayer and gets into a fit of vomiting, someone else must step in to take over while he goes off to follow the above procedures.

Concerning the prayer postures, the patient should take the normal postures if his case is reasonably mild. But in cases where such complications as anaemia, arthritis and utter weakness develop, he may pray in whatever posture he finds most suitable to his condition at the time of the service.

Fasting

This patient needs to take a lot of medication: intravenously administered fluids, orally administered suppositories, orally administered syrups and tablets, etc.

If the patient cannot so arrange it that these medicines are taken during the period from sunset to dawn (in Ramadan), or if such arrangement proves detrimental to his case, then he may refrain from fasting and should then make up for the defaulting days after regaining his health.

Pilgrimage

In the acute cases of this disease, the patient is rendered physically unfit for the hardships involved in the ritual. So, the duty must be put off for better days.

ANAL PILES AND FISSURE

Anal piles, or hemorrhoids, can be described as varicosity (dilatation) of the veins around the anus. They are either external, those outside the anal sphincter covered with skin, or internal which are those inside the anal sphincter covered with mucous membrane.

Anal fissure, on the other hand, is a linear ulcer on the margin of the anus.

The causes behind these are:

1. Obstruction or hypertension in the portal circulation.
2. Pregnancy.
3. Chronic constipation.
4. Chronic diarrhoea.
5. Chronic inflammation of the anus.
6. Chronic cough.

Anal piles may draw our attention to such other things as appendages and malignant diseases in the colon and intestine. So, anal piles cannot be diagnosed until we eliminate other possibilities in the other parts of the digestive tract and the internal parts like the liver.

The patient would complain of bleeding and terrible pains in the anus in addition to weakness resulting from anaemia. Treatment for this case follows these lines:

- ★ Regulating diet and meal times.
- ★ Removing the above mentioned causes.

- ★ Curing the chronic constipation and diarrhoea.
- ★ Medical treatment through suppositories, anal ointments, anal bathing with antiseptics, and oral tablets and syrups.

We then conclude that:

- There is no vomiting in the case of anal piles and fissure. It occurs only as a result of portal hypertension and obstruction.
- The patient can walk around, but may suffer from a little pain.
- Neglecting meals and medicines will be harmful to the patient.
- Sitting for long on hard surfaces may increase the patient's pains. Hence, travelling for long distances will be inadvisable. Likewise, being in crowded places may hinder his frequent need for a toilet.
- Use of cold water in cleansing himself increases his pains.
- The patient must take a variety of medicines including suppositories, syrups, injections, anal bathing in hot or warm water, etc.
- At times, the patient may need narcotics to kill his pains. Since frequent use may lead to addiction, the only way out is surgical treatment which puts an end to the disease once and for all.

Juridical Rules

Cleanliness

The patient of anal piles and fissure is always facing the possibility of blood coming out of the anus. Now, this blood constitutes an impurity which must be removed either by water or hygienic tissue or both. Care must be

taken that this blood does not pollute the patient's body, clothes or bed.

Ablution

Whatever comes out of the anus, be it stool, blood or pus, invalidates ablution, according to all jurists.

Concerning anally administered medicines, a suppository will not undo the ablution if once in nothing of it comes out again. But anal injection is bound to invalidate ablution. What comes out of the injected material is considered impure as it has been polluted by being in through the anus. So, care must be taken that it does not pollute the patient's body, clothes or bed.

If the use of cold water for cleansing the anus following evacuation is painful to the patient, it could be replaced by toilet tissue which is the modern equivalent of stones that were used in the past when water was not available.

Praying

Anal piles and fissure do not hinder praying. So, the patient should perform his prayers in the prescribed way: standing with the face towards the direction of the Holy Mosque, and carrying out the ritual bowing and prostration.

Fasting

The use of suppositories and anal injection will break the fasting, as unanimously agreed by jurists. So, if the patient is put on this medication course during Ramadan, he will have to make up for the defaulting days.

Bathing the anus in disinfected water, however, does

not break the fasting just like an ordinary bath as the use of water here is strictly external and nothing of it gets in.

Pilgrimage

A patient of anal piles and fissure cannot sit for a long time, move in crowded places, or exert much effort like running or walking for long distances. Besides, he needs easily accessible toilets all the time. For all this, and taking into account what the pilgrimage rites involve, the patient should not consider fulfilling this duty until he is completely cured of the disease.

DISEASES OF THE LIVER AND BILIARY SYSTEM

Liver

The liver is an important organ in the human body owing to its pivotal role in metabolism. Its metabolic functions are:

1. It stabilizes the blood sugar level. It can change the glucose, fructose, glyceryl, the products of some amino acids, lactates, oxaloacetylates into glycogen. When the blood sugar is low, it changes the stored glycogen into glucose. This function is affected by such factors as insulin, adrenalin, thyroxin, cortisone and glucagon.
2. It is the most important place where the amino group is removed from the amino acids, and where the urea and plasma constituents such as prothrombin, albumen, (phyrothogen), are formed. Coagulants and globulin A&B are also made in the liver. That is why the protein in the plasma is a good indicator to the functioning of the liver.
3. Fats are oxidized in the liver into four series of carbon (ketone bodies) which depend on the presence of carbohydrates and increase in the absence of blood sugar during fasting or in cases of diabetes. Ketone bodies do not get oxidized in the liver, but they flow into the blood and get oxidized outside the liver.

Tri-glyceride is formed in the liver which is also the place for making phospholipid (fatty phosphate) from oily acids, glycerole, phosphate, and nitrogen. Cholesterol is also made in the liver where it changes into ester; and cholesterol plus tri-glyceride into blood (lipoprotein).

4. Metabolism of many vitamins (A, D, K, B12) takes place in the liver. Their absorption depends on the amount of biliary secretion. The liver needs vitamin K to form prothrombin and factor 7 of coagulation.
5. The liver is also important for deactivating many hormones such as oestrogen, corticosteroids, and other steroids. They unite with glucuronic acid and get out of the body with the urine.
6. The liver is effective in the breakdown of some drugs, such as morphine and atropine so that they become useless: the ammonia changes into urea. The same applies to barbiturates.
7. The liver secretes the bile which goes through the biliary tract to the gall-bladder where it is stored.

JAUNDICE

It is a condition characterized by a raised bilirubin level in the blood causing a change in the colour of the conjunctivæ and the skin into yellow. There are two kinds of jaundice: one that requires medical treatment, and another that requires surgical treatment.

The former kind occurs inside the liver and results from the breakdown of the red blood cells. The latter is the result of total or partial obstruction in the biliary tracts outside the liver. So, determining which kind a patient is having, takes a lot of skill in reading into the patient's history and conducting clinical examination and tests of the liver functions. Radiology of the biliary system and biopsy reports of the liver may also be required. In this way, 90% of the cases can be successfully diagnosed.

In cases where the disease is the result of alcoholism, infectious hepatitis, the use of certain medicines, blood transfusion or recent injection, it becomes very helpful to the doctor when the patient remembers any of these incidents and tells the doctor about them. The same is true about the rest of the jaundice cases caused by a breakdown of the red cells owing to defects in their structure or shape, or by obstruction of the biliary tracts outside the liver.

Jaundice can be classified into:

1. Pre-hepatic (resulting from blood diseases) hereditary or acquired
2. Hepatic (inside the liver)
 - a) congenital
 - b) necrosis of the liver cells as when they get poisoned by carbon tetrachloride or phosphorous, virus hepatitis, hepatic cirrhosis.
 - c) cells of the liver and biliary tracts, such as obstruction inside the liver.
3. Post-hepatic (outside the liver)
 - partial obstruction (biliary lithiasis and inflammation of the biliary tracts).
 - total obstruction (pancreatic, biliary or hepatic carcinoma).

VIRUS HEPATITIS

It is the commonest type and the most widely spread in the world. It can be classified into the following.

- a) Infective hepatitis.
- b) Serum hepatitis.
- c) Hepatitis C.

Virus hepatitis is a disease of the liver itself, whereas serum hepatitis is a systemic disease, affecting the whole body.

Symptoms of the disease may be in the form of rash, inflammation of the urinary tract, arthritis, or acute nephritis.

Preventive measures against hepatitis include the following:

A. Measures against Infective Hepatitis

- Watching for sources of food and water.
- Personal hygiene.
- Quitting bad habits such as kissing and mixing with crowds.
- Using disposable plates, glasses, spoons, forks, etc.
- Washing the hands before and after eating.
- Washing the hands after bowel evacuation.
- Washing the hands after bowel evacuation.

All these measures are extremely important during the

acute stage of the disease, and 3-4 weeks after the disease.

- Syringes must be boiled before use.
- Using chemical disinfectants.
- I.S.G. must be given 1-2 weeks after getting the infection.

Measures Against Serum Hepatitis

- Avoiding unnecessary blood transfusion.
- Using disposal syringes.
- Sterilizing all tools used in operations.

Treatment

- Complete rest in bed until acute symptoms are over.
- Getting back to normal would depend on the extent to which treatment achieves any progress.
- Keep an eye on what gets into the patient's body and what gets out of it.
- When the patient cannot be fed orally, he must be given 10% of glucose intravenously.
- If symptoms indicate a possible liver failure, protein must be brought down to 40 mg. daily, to be gradually increased according to the patient's condition.
- Avoiding unnecessary exertion or blood transfusion.
- Staying away from alcoholic drinks, as many drugs as possible especially morphine, barbiturates, sulphamide and surgical operations requiring general anaesthesia.

Thus, we see that a patient of jaundice or hepatitis suffers from deficiency in one of the most important organs of his body; namely, the liver. Nothing that gets into the

body in the way of nutrition from the mouth to the stomach to the intestine can be of much use as long as this organ is defective. This naturally leads to weakness, pains, inability to move about or function properly. The patient has to be bed-stricken where he should be under close observation, especially what he gets into his body and what he gets out. This could go on for months. For instance, infective hepatitis requires treatment from three to sixteen weeks. Death from this disease occurs to elderly patients, especially women at menopause. As for serum hepatitis, the incubation period of the virus is short and of great effect on the patient. Death occurs in the first or second week. In some cases, cirrhosis may result from the disease. Since infective hepatitis is a little less serious compared to serum hepatitis because it attacks elderly people, patients of this latter disease need greater care.

DRUGS AND TOXINS

A wide range of drugs and toxins may cause dysfunction of the liver, e.g. the drugs that act like toxins:

Alcohol - carbon tetrachloride: these lead to fatty degeneration.

Hepatitis Resulting from Drugs

These are of two categories:

1. The first group of drugs affect the liver cells. Examples are chloramphenicol, tetracycline, progesterone, and phenylbutazone.
2. The second group affects the biliary system and the gall-bladder, such as: phenothiazine, chlorpropamide, chlorthiazide, and erythromycin. They may cause obstructive jaundice.
The interaction of the drug may occur any time when it is taken, and ends within a few weeks when it is abandoned. The adverse effect of such drugs is so strong that they may lead to death or extreme damage to the liver.

CHRONIC INFECTIVE HEPATITIS

The persistence of the symptoms for more than six months after onset of acute inflammation makes it difficult to determine whether the case is:

- Psycho-neurosis;
- Chronic persistent hepatitis; or
- Chronic active hepatitis.

The rule of thumb in Chronic persistent hepatitis is that it is bound to be cured no matter how long it may take; it could take several months or even a year.

The prescribed treatment is complete rest, providing the body with a balanced diet and vitamins, refraining from alcoholics or anything else that may poison the liver cells, and then going back to normal daily activities bit by bit.

Medical and laboratory tests on the virus of the chronic active hepatitis show that it is not only persistent but in a state of evolution. The pathology of the case include necrosis of the liver cells in addition to cirrhosis in a developed condition.

HEPATIC CIRRHOSIS

This is the most widely spread type of liver diseases. Each of the following factors plays a role in bringing about this disease: malnutrition, alcoholism, ulcerative colitis, congenital syphilis, bilharzia, and malaria.

Men are more prone to the disease than women; and the most likely age period for it is 40 to 60.

Portal cirrhosis: no dramatic changes have occurred concerning the treatment despite modern drugs and methods. In the advanced cases only 50% can survive for two years, 35% for five years. Haemorrhage, jaundice, and dropsy are always considered to be ominous symptoms.

We can now summarise liver diseases and the patient's condition as follows:

- I. Infective Hepatitis: A, B, C.
- II. Chronic Hepatitis, drugs and toxins, Hepatic Cirrhosis.

A patient of hepatitis is liable to:

- Nausea and vomiting.
- Loss of appetite, making it necessary to administer fluids intravenously.
- Weakness, requiring rest and refraining from travelling that could prove to be harmful.
- The disease is infectious through mixing with the patient and using his articles or kissing him.
- Changes of the weather and lack of hygiene can

adversely affect the patient and the people around him.

- The patient would need oral drugs, suppositories and injection to stop nausea and vomiting.
- Eating the right kind of food, in the right amounts, and at the right time is of vital importance to the patient.

Juridical Rules

Vomit's Impurity

The patient's vomit is an impurity that should be washed off not only with clean water but also with disinfectants for fear of the spread of the disease. It is advisable to use the disinfectant first then the clean water to remove any remaining traces or odour of the vomit as well as of the disinfectant itself.

If the vomit pollutes a person's clothes, he should not pray in them unless the vomit is washed off in the way described above. The same applies to circumambulation because it is the same as praying in the strict necessity for ritual cleanliness. Likewise, one must never pray in a place where a patient of hepatitis has vomited unless it is thoroughly cleaned and disinfected.

Islam urges us to take such precautionary and preventive measures. The Prophet, peace be upon him, has been reported as saying:

"Allah is good, and He likes the good; Clean and He likes the clean; Bounteous and He likes the bounteous: so, make sure your living places are clean".

In another Tradition:

"See what may harm people and isolate it".

He also warned people against urinating in stagnant water.

In the Quran, we read:

AND MAKE NOT YOUR OWN HANDS CONTRIBUTE TO (YOUR) DESTRUCTION.

(S2:V195)

And:

... NOR KILL (OR DESTROY) YOURSELVES.

(S4:V29)

Ablution

The patient of hepatitis may benefit from the ruling that in cases where frequent ablution constitutes a hardship or harm, it will be sufficient to rinse the mouth off the vomit if a fit attacks; as the ablution will not be undone by such a fit. If, however, the patient feels up to it, he may safely adopt the other opinion that rules that the vomit will undo the ablution.

Praying

In praying as well as in the ritual circumambulation, a fit of vomit necessitates that one discontinue the worship, perform ablution again, and pick up from where he left off. A patient of hepatitis may not be up to the effort required by the movements of the prayer ritual. So, he may assume the sitting, reclining or even the mere nodding postures.

Fasting

It is established that vomiting does not nullify the fasting. However, our patient here is hardly in any condition to

fast. Besides, the course of medication he is required to take is bound to break his fast, anyway. By common agreement, medicines taken orally or anally do nullify the fast. As for intravenous injection, whether it is for blood transfusion or for compensating or nutritional fluids, the ruling is as follows:

According to the Shafeites, Hanefites and some followers of the Hanbalite School, intravenous and intramuscular injection will nullify the fast since the injected material will get to the blood and mix with it. In this, it is very much like food in the stomach which will ultimately get to the blood and mix with it.

The followers of the Maliki School and some followers of the Shafeites and Hanbalites, supported by Ibn Taimiyah, rule that such injection does not invalidate the fast.

But as we said before, the jaundice or hepatitis patient cannot afford to fast as this will jeopardise his health and threaten any progress in treatment he may achieve. So, he should be covered by the allowance granted to the sick by our tolerant and merciful religion.

Pilgrimage

Again, pilgrimage with what is involved in it is incompatible with the serious condition in which our patient finds himself. So, he has no choice but to put off the fulfilment of this duty until he is back to normal.

But if he gets the disease before he is through with all the pilgrimage rites, he can then benefit from the relaxed rules. For the station on Mount Arafat, he may just be driven there and stay in the car, either sitting or even lying

on the seat, at any hour of the appointed day. He may then just pass by Muzdalifa, even if asleep in the car, and stay there for a short while. Lapidation can be done by proxy, as mentioned before, and he can get someone to carry him for the sevenfold ritual circumambulation and for the running between Sata and Marwa. He is exempted from the farewell circumambulation in regard to his condition. The sheep-sacrifice rite can also be done by proxy, whether he is performing the pilgrimage only or together with Umra.

BILIARY DISEASES

BILIARY CIRRHOSIS

Biliary cirrhosis results from difficulties in the passage of bile caused by stones, tumors or cicatrices in the biliary tract; or by constrictions in this tract, which is a congenital defect. This means that biliary cirrhosis is an off-liver disease. The cirrhosis occurs inside the liver as a result of infective hepatitis or the presence of toxins. In this case, the disease becomes so serious that the patient's condition deteriorates in spite of the treatment and death occurs because of:

- liver failure.
- inflammations.
- haemorrhage.

1. When the patient of biliary cirrhosis is affected by portal hypertension, he shows the following symptoms:

- congestion of the digestive system resulting in: flatulence, nausea, vomiting, pains in the right quadrant of the abdomen, dropsy, neuritis, and coarseness of the skin.
- Splenomegaly (enlargement of the spleen) resulting in the appearance of wrinkled veins, anaemia and dropsy.

2. Liver failure, on the other hand, will give the following symptoms: jaundice, swelling, protrusion of some capillaries, cyanosis, colouring of the skin, and Dupuytren's

contracture. Failure of the liver cells will also lead to certain neurotic changes.

The condition of the patient can then be described as follows:

1. Loss of appetite, nausea, dropsy, intermittent vomiting.
 2. At the onset of the disease the patient can move about easily. But in the advanced stage, he cannot do so.
 3. Failing to eat or take the medicines for one or two days will worsen his condition and increase his suffering.
 4. Since the patient is plagued with congestion of the digestive system, swelling and dysfunction of the liver, and perhaps, dropsy, nausea, vomiting, loss of appetite and anaemia, it is quite harmful to him to travel or get exposed to sharp changes in weather conditions.
 5. For a period that may extend unpredictably, the patient will be using a variety of medicines taken orally, intravenously and anally.
 6. This disease is known to have severe cases. A severe case means that biliary cirrhosis may result in infective hepatitis, thus taking the disease right into the liver. When the disease is off-limit to the liver, the case can be described as mild. In other words, if the case is successfully treated before the cirrhosis reaches the liver, cure is feasible. This happens when the cause is not related to the liver: stones, constrictions, cicatrices, or congenital defects.
 7. The disease may leave a scar on the patient that could remain for the rest of his life.
- Biliary diseases usually lead to cases of vomiting,

nausea, flatulence and neuritis that would hinder free movement of the patient.

Juridical Rules

The vomit is an impurity that must be washed off if it pollutes man's body, clothes, bed or place. These must be washed with clean water three times. There is no harm after that even if traces of colour caused by blood or medicine are left behind. Removal of these traces may then be required for aesthetic, rather than religious, purposes.

Invalidation of Ablution

If the vomit is less than a mouthful, it does not invalidate ablution according to all jurists. But if it is as much as a mouthful or more, there is a difference of opinion:

First: according to some jurists, it will invalidate the ablution. This ruling should be adopted in cases where re-ablution would not constitute a hardship or embarrassment to the patient.

Second: Other jurists hold that it will not invalidate the ablution. This ruling will be suitable in cases where vomiting occurs frequently at close intervals causing trouble or embarrassment for the patient in having to perform ablution as often as the vomiting occurs.

Vomiting in Prayer

If a patient vomits while praying, he should discontinue the performance and go to rinse his mouth and wash the vomit off his clothes then come back to resume his prayer from where he left off, unless he has talked to others in the meantime. If he has, then he will have to start a new prayer.

Vomiting in Fasting

If the vomiting fit is caused by the disease and not done deliberately by the patient, it does not nullify the fasting according to all jurists.

Flatulence

If the flatus is released through the mouth, no harm is done as it is not impure and will not invalidate either ablu-tion or fasting. If it is released through the anus, the fol-lowing applies:

1. It does not pollute body or clothes and so does not warrant cleansing.
2. It invalidates ablu-tion and praying, unless the patient is considered excusable.

Rules of Excusable Cases

A patient is considered excusable if anal release of fla-tus is uncontrollable and persistent, or if its suppression could lead to complications.

A patient suffering from such a case may pray despite the uncontrolled release of anal flatus as long as he per-forms ablu-tion, not for each prayer performance, but at each of the five prayer times (see page 27-8).

The same applies when performing the pilgrimage rite of circumambulation, which is considered to be a sort of praying with the exception that talking to others during it is permissible.

Praying

A patient of the biliary diseases may assume the stand-ing posture in praying as long as he can afford to do so.

Otherwise, he may assume the sitting, reclining or nodding postures, whichever he finds convenient to his case.

Fasting

This disease is so serious that a patient cannot stay away from eating or taking his medicines for a whole day. So, he must refrain from fasting either in Ramadan or at any other time. If the case occurs in Ramadan, he will have to make up for the defaulting days later on.

Pilgrimage

Travelling and exertion are detrimental to the patient, especially as he would be suffering from congestion of his digestive system and from awful pains caused by the cholecystitis and other symptoms of the disease. So, he is not expected to embark upon the demanding trip to *Makah*; nor, for that matter, is he expected to take part in that other duty required of every able Muslim, namely, *Jihad* and defending muslim territories. When the patient recovers, however, he must fulfil the duty of pilgrimage, providing he is financially able to do so.

ACUTE CHOLECYSTITIS

It may occur to all ages, but more often to obese, middle-aged women who can still give birth. The first observed symptoms are nausea and vomiting, if intermittently. Acute pain in addition to nausea and vomiting can confine the patient to bed, though this happens unpredictably. Since this disease affects a part of the patient's digestive system, regulating the time, quality and quantity of the food intake becomes of paramount importance.

Taking the prescribed medicines could put an end to all pains in a short time. Therefore, this cannot be delayed under such circumstances as travelling which may hurt the patient and increase the congestion of his digestive tract.

The patient should also be protected from hot, cold or humid weather conditions as much as possible.

The medicines prescribed for this disease include syrups, suppositories, and intravenous injection. As a last resort, it may be necessary to conduct a cholecystectomy if everything else fails. The operation becomes particularly unavoidable if the only way to alleviate the pain is too much use of barbiturates that may end up with addiction.

CHRONIC CHOLECYSTITIS

A mild form of the disease is the chronic cholecystitis where the cure can be reached when the cause of inflammation is eliminated. This mild case is usually caused by stones in the gall-bladder (cholecystolithiasis) or crystallization of the cholesterol there.

CHOLECYSTOLITHIASIS

The symptoms of this case depends on the type and place of the stones in the gall-bladder. It also depends on the degree of inflammation resulting from the presence of these stones. In certain cases, stones may remain without giving rise to any symptoms at all. But if they do, the symptoms will be flatulence, nausea, vomiting, and possibly successive fits of constipation and diarrhoea called "biliary dyspepsia".

Biliary colic is the first symptom to be felt by the patient. It renders him unable to walk or move about. So, weather changes or travelling should then be strictly avoided especially as this first symptom will soon be followed by nausea and vomiting.

Treatment for the case is by giving the patient certain syrups, suppositories and intravenous injection with fluids, but rarely any barbiturates.

As the patient of cholecystolithiasis is liable to have fits of nausea and vomiting, flatulence, constipation and diarrhoea, he should refer to previous sections for the juridical rules concerning the effects of such symptoms on ablution, praying, fasting and pilgrimage rites. If certain symptoms persist and becomes uncontrollable, then he can use the allowances given to the excusable cases.

Juridical Rules

The vomit is an impurity that must be washed off if it pollutes man's body, clothes, bed or place. These must be washed with clean water three times. There is no harm after that even if traces of colour caused by blood or medicine are left behind. Removal of these traces may then be required for aesthetic, rather than religious, purposes.

Invalidation of Ablution

If the vomit is less than a mouthful, it does not invalidate ablution according to all jurists. But if it is as much as a mouthful or more, there is a difference of opinion:

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If a patient vomits while praying, he should discontinue the performance and go to rinse his mouth and wash the vomit off his clothes then come back to resume his prayer from where he left off, unless he has talked to others in the meantime. If he has, then he will have to start a new prayer.

Vomiting in Fasting

If the vomiting fit is caused by the disease and not done deliberately by the patient, it does not nullify the fasting according to all jurists.

Flatulence

If the flatus is released through the mouth, no harm is done as it is not impure and will not invalidate either ablution or fasting. If it is released through the anus, the following applies:

1. It does not pollute body or clothes and so does not warrant cleansing.
2. It invalidates ablution and praying, unless the patient is considered excusable.

Rules of Excusable Cases

A patient is considered excusable if anal release of flatus is uncontrollable and persistent, or if its suppression could lead to complications.

A patient suffering from such a case may pray despite the uncontrolled release of anal flatus as long as he performs ablution, not for each prayer performance, but at each of the five prayer times (see p. 39).

The same applies when performing the pilgrimage rite of circumambulation, which is considered to be a sort of praying with the exception that talking to others during it is permissible.

Praying

Our patient here can in most cases pray in the standing posture as this will not cause any pain or harm to him. If

certain fits are acute, then he can use the relaxed rules concerning the praying postures.

Fasting

When the patient's condition does not make it possible to delay eating or taking his medicines, then he may use the licence given to the sick and make up for the same number of days after Ramadan.

Pilgrimage

Usually, a case of cholecystolithiasis is not acute enough to prevent the patient from embarking on his intended trip to Makkah. If, however, the doctor advises against it in regard to predicted worsening of the case, the patient can always perform this duty in another year.

ACUTE PANCREATITIS

This is the most serious of all abdominal diseases in terms of its symptoms and possible complications. The actual causes are not known, but there are certain factors that precede the inflammation:

- Increase in the acidity and back-aches.
- Periods of cholecystolithiasis pains.
- A history of liquor drinking.
- A recent inflammation of the parotid gland.

The symptoms occur abruptly. These are: pains in the upper and right quadrants of the abdomen. These are usually felt after drinking or eating a big meal. The acute cases lead to a shock, drop in strength and energy, coldness in the skin, cyanosis, a drop in temperature and an accelerating pulse rhythm.

In mild cases, the temperature rises and a slight jaundice is noticed especially if there are stones in the gall-bladder.

The prescribed medication is given to handle the shock, alleviate the pains, decrease the pancreatic secretion, and forestall inflammation. This includes injecting the patient intravenously with saline solutions, plasma and glucose for several days to make up for the lost body fluids and to bring about equilibrium between minerals and such salts as calcium, etc. The blood sugar level is carefully watched so that any irregularity can be instantly taken care of. The case may warrant the use of sedatives, aticholine and antibiotics.

CHRONIC PANCREATITIS

Men, 50-60 years of age, who are in the habit of drinking, are often prone to get this disease. Diagnosis may be determined by the patient's history alone. The patient usually complains of pains in the upper and right, or left, quadrant of the abdomen. Then pains move to the back. There may also be marks on the skin, loss of weight, diarrhoea, fats in the stool, or jaundice. Or there may be a history of cholecystitis or cholecystolithiasis. Blood sugar level may get very high as a result of degeneration and fibrosis of the pancreas cells. Nausea and vomiting may occur intermittently.

When the patient suffers from abdominal pains and backaches, diarrhoea, and loss of weight he becomes so weak and weary that he can hardly walk or move about easily. So, it is essential for him to eat and take the medicine without delay. His diet should not contain any fats, especially if there is diarrhoea. Travelling is harmful to him; so are such weather conditions as very high or low temperature, humidity, or sandstorms.

Medicines for treating this case include syrups, tablets, suppositories, and intravenously administered injection with fluids, depending on the patient's condition. At times when the patient's pains are extremely severe, he might resort to the use of barbiturates.

Juridical Rules

Chronic pancreatitis is the kind of disease behind which alcoholism stands as the major culprit.

Rules Concerning Liquors

For this and other reasons, Islam condemns all sorts of liquors and forbids Muslims to produce them, deal in them, or even sit where it is being drunk.

The Holy Quran is very clear on this point:

O YE WHO BELIEVE! INTOXICANTS AND GAMBLING, (DEDICATION OF) STONES, AND (DIVINATION BY) ARROWS, ARE AN ABOMINATION, OF SATAN'S HANDIWORK: ESCHEW SUCH (ABOMINATION), THAT YE MAY PROSPER.

(S5:V90)

Thus the verse prohibits wine as evidenced by the following:

First: It is an intoxicant. It is called an "abomination". This is the nearest English equivalent to the Arabic word "rijs" which means 'filthy'; the quality of everything prohibited by Islamic Shari'a.

Secondly: It is described as "Satan's handiwork" and equated with gambling, dedication of stones and divination by arrows, all of which are prohibited by Islam.

Thirdly: God says:

ESCHEW SUCH (ABOMINATION);

and this is exigent of prohibition. The imperative "eschew" in this verse is as indicative of prohibition as the word "shun" in the following verse:

... BUT SHUN THE ABOMINATION OF IDOLS, AND
SHUN THE WORD THAT IS FALSE.

(S22:V30)

Wine is also condemned and prohibited in many Traditions reported about the Prophet. For instance:

*"Wine is the mother of all malignant things";
"God has damned wine, its drinker, its caterer,
its seller, its buyer, its distiller, its deliverer, its
receiver, and the earner of its price".*

(Reported by Al-Nisaaei and Al-Buhaiqi: Mujamma Al-Zawa'ed 5/67, Nasbul-Rayah 4/297).

Juridical Ruling on the Therapeutic Use of Wine

The use of wine for therapeutic purposes is most predominantly condemned and prohibited. So is its use in fats or foods. It was reported that when Tareq bin Suwayd asked the Prophet about wine, the Prophet replied that it was to be avoided and shunned. Tareq then said, "But I use it in making remedies", to which the Prophet responded by saying:

"It is not a remedy, but a malady"

(Reported by Muslim, Ahmad, Abu Dawoud, Ibn Majah, and Termiziy).

The Shafaites rule that the use of wine for therapeutic purposes is prohibited unless it is mixed with something else wherein it loses its characteristic properties.

Antidotes and the like in which wine is a constituent ingredient can be used as remedies if nothing equally effective is available.

There is also a view voiced by a number of jurists allowing the use of wine for therapeutic purposes if an honest and trustworthy muslim doctor says that it will precipitate recovery on condition that the amount used is not intoxicating, and that it is the only alternative. The same view is held by followers of the Zaydiyyah and leading Shia School. Most jurists rule against its use for snuffing or anal injection.

Impurity of Wine

Wine is as strictly impure as urine and stool, and must be dealt with as such if it pollutes body, clothes or place. The is the view commonly held by all jurists on the basis of the fact that wine has been referred to in the Quran as “*rjjs*”, meaning ‘filth’ or ‘stink’ or ‘abomination’:

INTOXICANTS AND GAMBLING, (DEDICATION OF STONES, AND (DIVINATION OF) ARROWS, ARE AN ABOMINATION.

(S5:V90)

Juridical Rules Relating to Chronic Pancreatitis

As vomiting is one of the symptoms of this disease, the reader is referred to previous explanations of rules concerning the nature of the vomit and its effect on ablution, praying, fasting and pilgrimage rites.

Praying Postures

The patient of pancreatitis is sometimes overwhelmed by such unbearable pains that he is knocked out of consciousness. Therefore, he can be categorized as an excusable case when it comes to praying postures. Naturally, if he is in a state of shock and unconsciousness, praying is out of the question. The missed prayer services, however, must be made up for when he comes to.

Fasting

This patient cannot stay long without food to nourish him and give him strength or medicines to cure his disease or alleviate his pains. So, he cannot afford to fast and is excused for it:

**... BUT IF ANY ONE IS ILL, OR ON A JOURNEY,
THE PRESCRIBED PERIOD (SHOULD BE MADE
UP) BY DAYS LATER.**

(S2:V185)

Pilgrimage

Similarly, the patient cannot bear the hardships of the trip to Makkah and the required rites of pilgrimage. So, he must postpone the duty to a later chance when he is completely cured.

ACUTE ABDOMEN

This is a pathological condition within the belly requiring immediate surgical intervention as it may quickly develop into a fatality. The initiating cause does not necessarily lie in the digestive tract or system. It could be attributed to the circulatory system, or to urogenital source. Usually, it results from:

1. Acute peritonitis.
2. Intestinal obstruction.
3. Haemorrhage.
4. Nephrotic (Renal) or biliary colic.
5. Ectopic (extrauterine) pregnancy.
6. Appendicitis.
7. Perforating duodenal ulcer.
8. Clotted veins in the intestine leading to its obstruction.

Depending on what causes the case, the symptoms could be nausea, vomiting, excruciating pains, flatulence, belching. The patient may also have the characteristic symptoms of the causative factor.

A case of acute abdomen requires immediate hospitalization for close observation and tests. There must be urine testing to see if there is a bile colouring factor (greenish-orange), or traces of sugar (in the case of pancreatitis); blood tests for a count of the red and white cells in addition to the blood platelets, and for determining the amylase level in the blood. The patient must also be X-

rayed in the standing posture for a radiograph of his abdominal and thoracic cavities. Besides, a cardiography must be made to see if there is any blood clotting on the ventricular walls of the heart.

In what follows, we are going to deal separately with each of the possible causes of this case and point out the relevant juridical rules.

ACUTE PERITONITIS

It is a peritoneal reaction against irritants, often resulting from inflammation, although the irritants are sometimes none other than biliary secretion or duodenal contents. Appendicitis is one of the factors causing peritonitis. Inflammation and chemical irritants also cause the disease.

The symptoms are nausea and vomiting, sometimes tinged with blood as a result of gastritis or duodenitis. The vomiting may either be persistent or intermittent.

The terrible pain, the symptoms of gastric ulcer, appendicitis or the congenital causes of the inflammation would be enough to confine the patient to bed where he must be closely observed. In this case, he should not be fed orally, but through venoclysis. He may also need blood transfusion for handling an arising anaemia case. If a toxic shock occurs, greater efforts will be called for to handle the case. But because acute peritonitis is curable, the patient is very likely to recover completely and resume quite a normal life. Yet, in cases where inflammation might get localized in a certain spot in the abdomen forming an abscess under the diaphragm or in the pelvis, surgical intervention becomes necessary.

Juridical Rules

The vomit is an impurity that must be washed off if it pollutes man's body, clothes, bed or place by using clean

water. If the vomit pollutes clothes, they must not be worn during prayers or circumambulation either in pilgrimage or Umra. Likewise, a place polluted by vomit is not fit for praying in until it is cleansed; the same applied if the vomit pollutes any part of the body. It must be thoroughly cleansed before praying or circumambulating.

Vomiting During the Prayer Performance

If one vomits during praying, one must discontinue the performance at once, go to cleanse, then come back to resume the prayer from where it was left off or to start anew. The same applies if the vomit occurs during circumambulation: one must stop, go to cleanse, then come back to resume the rite from where it was left off.

Vomiting During Fasting

If one vomits during fasting because of a disease, the vomit will not nullify the fasting.

Praying by a Patient of Acute Peritonitis

The patient may be harmed by the movements necessary for the praying performance. So, if he cannot pray in the standing posture, he may assume the sitting, reclining or nodding postures.

Pilgrimage

This patient cannot afford to fulfill the duty of pilgrimage. He has to delay pilgrimage until he is recovered.

Fasting

The patient of acute peritonitis is not able to fast. Besides, the medicines he has to take will make it unfeasible

for him to do so; for the intake of medicines is either through the mouth or the anus, both of which will nullify the fasting. He may also need blood transfusion or intravenous injection. In both cases, his fasting will be invalidated.

Injection During Fasting

If the patient takes a medicine or gets transfused blood intravenously or intramuscularly, his fasting will be nullified according to the Haneefites, Shafeites and some Hanbalites. These hold that the medicine gets into the body and mixes with the blood. Now, as food getting into the stomach ends up into the blood, the nullifying effect of food in the stomach applies by analogy to the medicine reaching the blood.

On the other hand, the Malekites and some Shafeites and Hanbalites are of the opinion that the taking of medicines through intravenous or intramuscular injection does not nullify the fasting. This opinion is also adopted by Ibn Taimiyya.

The patient of acute peritonitis, however, is in no condition whatsoever to fast. So, he must be directed to refrain from fasting in Ramadan for fear of serious complications. When he recovers, he must make up for the defaulting days.

PREVENTIVE MEASURES AGAINST DISEASES OF THE GASTRO- INTESTINAL TRACT

Diseases of the gastro-intestinal tract account for the great majority of cases treated in our hospitals and clinics. Preventive measures against these diseases are important for the productivity of the whole society as these diseases affect the young working people. So, educating people about these measures will ultimately be of great benefit to the economy of the country.

1. Measures to treat and Control Inflammation

Being careful of what we eat is greatly important with regard to diseases of the digestive system, especially bowel rhythm, appendicitis and colitis. As soon as a case of inflammation is discovered, it must immediately be treated effectively. But to prevent such cases or at least to reduce their number, regimental supervision of anything related to food industries and food catering should be provided. This covers canning and processing factories, restaurants of all kinds, shops dealing in alimentary materials, hotels, schools, caterers, etc. In this way, we may prevent cases of food poisoning, dysentery, diseases of the colon, etc.

2. Watching for what we eat

Spicy foods, hot sauces, flavors and other ingredients

and additives meant to make products of food industries more appealing in terms of colour or taste may lead to serious and, perhaps, malignant diseases to one or another of the organs of the digestive system.

On the other hand, we should make a point of eating well-balanced meals that include a good assortment of vegetables, fruits, cereals, etc. that provide the body with its requirements of all nutritional elements.

3. Refraining from Alcoholism

Alcoholic drinks play a major part in hepatic cirrhosis and lead to chronic pancreatitis. They also bring about cases of ulceration in the mouth, tongue, stomach and colon. As Muslims and believers, we should abide by the teachings of our true religion and heed the prohibitions mentioned in the Quran and the Prophet's Traditions.

4. Staying Away from Smoking

Of the damaging effects of smoking, perhaps the most relevant to the subject of this book are delaying the healing of gastric ulcers and causing duodenal ulcer. This is due to the poisonous nicotine. If only for that reason, those of us who smoke should quit, those who do not should keep it that way.

5. Easing the Psychological Factors

A troubled mental state, depression, inhibitions and suppressing one's feelings and emotions are factors that adversely affect the digestive system and increase the change of exposing it to the various diseases we have so far touched upon.

6. We should survey the causes of serious diseases and malignant ones, such as colitis, that accompany the growth of tumors, etc.

Islam calls upon the muslim to stay away from whatever may prove harmful to his health; for the teachings of Islam aim to guide man to a life of comprehensive happiness and well-being of body and mind together. God says in the Holy Quran:

GOD INTENDS EVERY FACILITY FOR YOU; HE DOES NOT WANT TO PUT YOU TO DIFFICULTIES.

(S2:V185)

And:

... AND HAS IMPOSED NO DIFFICULTIES ON YOU IN RELIGION.

(S22:V78)

Reference has been made throughout this book to several examples of such facilities. There are, for instance, the relaxed rules to cater for the exceptional circumstances or unusual hardships in the muslim's life; there are the specially tailored rules for excusable cases; there is the permission to perform "tayammum" in situations where water is either unavailable or detrimental to the patient's case. All such allowances are meant to make things easy and feasible in matters relating to the enjoined worship. Other examples of eased rules include praying in the sitting or reclining postures or even by nodding, allowing the aged people to forego fasting in Ramadan and feeding the poor as a necessary ransom, allowing certain pilgrimage rites to be done by proxy, and so on.

In the Prophet's reported Traditions we find evidence of this trend in the Islamic legislation:

"The most likable religious practices to God are those based on truthfulness and tolerance",

(Reported by Al-Tabarani)

"You have come to this world facilitated, and not frustrated with difficulties",

(Reported by Al-Shaikhaan).

"Whenever the Prophet, peace be upon him, was given the choice between two matters, he always chose the easier one, unless it was believed to be an evil thing"

(Reported by Al-Shaikhaan).

Islam also urges Muslims to stay away from places feared to be contaminated or hazardous, unless sufficient precautionary measures are taken. It was reported that Omar, blessed be his soul, was on a journey to Syria when he came to a town called Sargh which, he learned, had been hit by an epidemic. He was then informed by Abdul Rahman bin Auf that the Prophet had said:

"If you hear that an epidemic has spread in a place, don't go to it; if the epidemic hits a place you are staying at, don't flee it"

(Reported by Al-Bukhari and Muslim).

And the Quran says:

... NOR KILL (OR DESTROY) YOURSELVES: FOR
VERILY GOD HATH BEEN TO YOU MOST
MERCIFUL

(S4:V29)

And:

... AND MAKE NOT YOUR OWN HANDS CONTRI-

BUTE TO (YOUR) DESTRUCTION.

(S2:V195)

Usama bin Zayd, blessed be his soul, said:

"I heard the Prophet say, 'Plague is an abomination by which a group of Israelis were afflicted (or by which a group of those who came before you were afflicted). If you hear it has come to a certain land, don't go near it; but if it hits where you live, don't flee'".

Yehia bin Abdulla bin Buhair said that Farwa bin Misk Al-Maraawi was reported as saying to the Prophet:

"We have a piece of land called 'The Land of Abeen'. It is where we grow crops and get our supplies, but it's contaminated with an epidemic".

The Prophet advised him to stay away from it as the real damage is in getting near a contaminated place.

Islamic scholars have always warned against foul air. They maintain that ventilation of rooms and breathing fresh air is conducive to good health, whereas foul air is the quickest way to diseases and ill health.

Furthermore, a lot of the Traditions reported about our Prophet call for prevention against diseases. For example:

"Whatever causes harm to people should be isolated"

(Reported by Imam Ahmad)

and:

"Don't you ever urinate in stagnant water"

(Reported by Al-Bukhari)

and:

"Don't ever leave a fire burning when you go to bed"

(Reported by Al-Bukhari).

Islam also exhorts Muslims to seek medical help. We are told never to give up on any disease, no matter how serious and seemingly incurable. Man should always conduct research and experiments until he hits upon the right cure if he believes wholeheartedly that God has never created a malady without creating a remedy for it. This is borne out by a Tradition reported about our Prophet:

"God has sent down both the malady and the remedy and assigned a remedy for each malady; therefore seek medical help not using any prohibited thing for your medication"

(Reported by Abu Dawoud).

The Prophet was educating Muslims about these matters at a time when religious thinking was characterized by passivity and lack of initiative. This can be seen in a question that was once posed to the Prophet,

"Should we seek a remedy for our illness?"

to which the Prophet's prompt reply was:

"O servants of God, seek remedies for your maladies; God has not set a malady without setting a remedy or cure for it, except senility"

(Reported by Al-Termidhi).

Muslims are known to have methods of psychiatry, scalpels in surgery, pharmaceutical products, and cautery, the modern equivalent of which is electric therapy.

The Prophet, peace be upon him, has pointed out the fundamentals of curing methods available at his time. He said:

"Cure lies in three: a sip of honey, a cupping glass, and a cautery".

It has been agreed by Muslim physicians and jurists alike that if cure is possible through alimentation, medication should be dispensed with; if it is possible through simple medicines, compound ones should be done without; if it is possible only through compound medicines, surgery or cauterization should not be resorted to unless either of them is the inevitable alternative.

Prevention through Alimentation

Islam has enjoined that man should eat only what is wholesome and stay away from what is noxious. God says in the Quran:

... HE (THE PROPHET) ALLOWS THEM AS LAWFUL WHAT IS GOOD (AND PURE) AND PROHIBITS THEM FROM WHAT IS BAD (AND IMPURE).

And:

(S7:V157)

THEY ASK THEE WHAT IS LAWFUL TO THEM (AS FOOD). SAY: LAWFUL UNTO YOU ARE (ALL) THINGS GOOD AND PURE.

(S5:V4)

By "good and pure" food it is meant any kind of food that would not cause any harm to one's health.

A review of the Islamic jurists' rules concerning edibles will reveal that five main reasons are given as to why something or another is to be considered prohibited:

1. Harm done to body or mind: poisonous things whether animal, such as scorpions and snakes, or vegetable, such as poisonous or rotten fruits.

Certain toxins used for therapeutic purposes, however, and proven to cause no harm to the body are allowed as long as the aim is to cure people of their diseases.

2. Intoxication and narcotization.

Intoxicant: whatever shuts off the mind, but not sensation, inducing feelings of rapture and elation, such as wine.

Narcotic: of two kinds:

a) that which shuts off the mind, but not sensation, without inducing feelings of rapture or elation, e.g. cannabis.

b) that which shuts off the mind and deactivates sensation, e.g. opium and herbane.

3. Impurity, e.g. urines, dead meat.

4. Whatever is considered filthy, disgusting or repugnant by normal people, e.g. sputum, mucus, insects, e.g. lice, fleas, etc.

5. Others' foods: such as stolen food, or food unexcusably seized by force.

In Islam, it is important that one should be free of tension and mental strain that may bring about physical indisposition and weakness. This serene state of mind can be achieved by the following:

a) Faith in God. This is certain to give one a feeling of security and peace of mind:

THOSE WHO BELIEVE, AND WHOSE HEARTS FIND

**SATISFACTION IN THE REMEMBRANCE OF GOD:
FOR WITHOUT DOUBT IN THE REMEMBRANCE
OF GOD DO HEARTS FIND SATISFACTION.**

(S13:V28)

- b) The feeling that one is not alone in this life. Believers are brethren, each supporting the other, caring for him and defending him against dangers and enemies:

**THE BELIEVERS ARE BUT A SINGLE BROTHER-
HOOD: SO MAKE PEACE AND RECONCILIATION
BETWEEN YOUR TWO (CONTENDING) BROTHERS.**

(S49:V10)

And:

**HELP YE ONE ANOTHER IN RIGHTEOUSNESS
AND PIETY, BUT HELP YE NOT ONE ANOTHER IN
SIN AND RANCOUR.**

(S5:V3)

- c) Performing the ritual worships enjoined by God. This is bound to keep man closely related to his Creator, and fill him with enough strength to be immune against psychological maladies. Whenever distressed, the Prophet used to pray. He would always say to Bilal (the well known prayer caller),

"Call us to it (the prayer) so it give us comfort".

In the Quran, we read the truthful words of God:

**... AND FOR THOSE WHO FEAR GOD, HE (EVER)
PREPARES A WAY OUT, AND HE PROVIDES FOR
HIM FROM (SOURCES) HE NEVER COULD IM-
AGINE. AND IF ANY ONE PUTS HIS TRUST IN
GOD, SUFFICIENT IS (GOD) FOR HIM.**

(S65:V2,3)

Thus we see how Islam points to the right way of enjoying physical, psychological and mental health so that man may be blessed with comprehensive happiness and peace of mind.

ILLNESS FROM AN ISLAMIC PERSPECTIVE AND ETIQUETTE OF PAYING PATIENT-VISITS

Forbearance Towards Illness

In weal or in woe, a Muslim stands to gain. If he is thankful for the former, it is good for him. If he endures the latter calmly, it is equally good for him. The ultimate reward is Paradise and the pleasure of God.

Mu'adh Ibn Jabal narrates that the Prophet once heard a man say in supplication: 'O God! I'm asking you for the consummate bliss'. The Prophet asked him:

"What is the consummate bliss?"

to which the man replied: "It's just a humble prayer by which I was hoping for some good to myself". Whereupon, the Prophet said:

"Verily, the consummate bliss is entering Paradise".

Therefore, if one is beset with a disease, one should show forbearance towards one's illness so that one may merit the pleasure of God; for the best endowment granted by God to man is his power to endure hardships.

Muslim narrates that Suhayb bin Sannan said:

"I heard the Prophet saying, 'How remarkable it is about the believer! All that befalls him is pure good: if it is weal and he is thankful for it, he stands to gain, and if it is woe and he endures it, he also stands to gain'".

Al-Bukhari and Muslim quote Atea bin Raban reporting Ibn Abbas saying:

"Shall I show you a woman who has merited Paradise? This black woman came to the Prophet and said, 'I am an apoplectic, and when the stroke comes parts of my body get uncovered. So, supplicate God for me'. Whereupon, the Prophet said, 'If you so wish it, forbear and deserve Paradise for it. But if you so wish it, I will pray to God that He may grant you cure'. And the woman said, 'I will forbear', then added, 'Pray to God that no part of my body gets uncovered'. And the Prophet obliged".

Patient's Complaint

A patient may complain to his doctor of his suffering and pain so that this latter may diagnose the case. A person who is ill may also complain of his hardship to his friend so that this latter can sympathise with him and look after him. But he should not sound resentful or discontented.

Al-Bukhari reports Ibn Mas'oud saying:

"Upon visiting the Prophet, I found him indisposed. I said to him, 'You seem to be very ill', to which he said, 'Yes, I am twice as ill as any one of you can be'. Then, I said, 'That's because you shall be rewarded twice as much'.

And the Prophet said, "That is true. Hardly is a muslim hurt by so tiny a thing as a thorn, or bigger, than he sheds his evil deeds for it by the grace of God, just as a tree sheds its leaves".

The Prophet and his wife, Aisha, were also reported to complain to each other when either of them, or both, had a headache.

It is part of Islamic ethics that a muslim patient should praise God first then complain of his pain or suffering. Ibn Mas'oud was reported as saying that if praise came before the complaint, it would not be plaintiveness. In fact, there is nothing wrong if one directs one's complaint to God. Jacob, peace be upon him, said:

"It is only that I turn to God for complaining of my grief and sorrow".

Prophet Muhammad also once said in supplication:

"O God! To thee I complain of the weakness of my strength".

Visiting a patient

A muslim patient is entitled to be visited and comforted by his fellow muslims. Al-Bukhari narrates that Abu Musa reported the Prophet as saying:

"Feed the hungry, visit the sick, and unstraiten the straitened".

On another occasion, the Prophet was reported, by Al-Bukhari and Muslim, as saying:

"A muslim is entitled to six privileges to be accorded by a fellow muslim: if you meet him,

greet him; if he calls you, answer him; if he asks for advice, give it to him; if he sneezes then praises God, bless him; if he falls ill, visit him; and when he dies, follow him to his grave”.

Reward for Visiting a Patient

Ibn-Majja narrated that Abu Huraira reported the Prophet as saying:

“If any one visits a patient, a celestial voice will say, ‘Blessed be you and blessed by thy walk (to him); you have gained ground in Paradise”.

Another saying by Prophet Muhammad, reported by Abu Huraira and narrated by Muslim, points out the great importance attached to visiting a patient. The Prophet said:

“On the day of Resurrection, God, glorified be His Name, will say, ‘O Son of Adam! I was ill but you did not visit me.’ And man will say, ‘Lord! How could I have visited Thee and Thou art the Lord of the Universe?’, to which God will say in reply, ‘Didn’t it come to your knowledge that my slave so and so had fallen ill but you did not visit him? Didn’t it come to your knowledge that if you had visited him you would have found me there?’”

Al-Termidhi narrates that Ali, blessed be his soul, said:

“I heard the Prophet say, ‘Hardly does a muslim visit a fellow sick muslim in the morning, when seventy thousand angels keep praying for him up till the evening; and if the visit occurs in

the evening, seventy thousand angels will keep praying for him till the following morning and he will have got a place in Paradise”.

Patient-visits to the Opposite Sex

There is nothing wrong with women visiting male patients or the other way round. In a chapter on patient-visits by women to men, Al-Bukhari narrates that:

“Ummul-Dardaa once visited an Ansarite when he was sick”.

Furthermore, Aisha was reported to have visited Abu Bakr and Bilal when they were indisposed. As for men visiting female patients, Muslim and Ibn Majah narrate that Abu Hurairah reported that the Prophet had visited Ummul-Saab when she got the fever. On the other hand, Al-Bukhari quoted Ar-Rabee bint Mewadth bin Afraa saying,

“We used to accompany God’s Messenger, peace be upon him, in his military expeditions where we helped by serving the fighters and bringing water to them. We also carried the dead and injured back to Madinah”.

Patient-visits by Muslim to Non-believers

A Muslim may visit a sick non-believer. The Prophet himself set an example to show how a Muslim should treat his Non-Muslim sick neighbours. It is related that there lived a Jew in the neighbourhood of the Prophet in Madina. Among other daily acts of courtesy, the Prophet used to go to the house of this Jew if he fell ill, in order to enquire about his health, and to be otherwise of help to him.

Etiquette of Patient-Visiting

It is preferable that a patient visitor should wish the patient speedy recovery and exhort him to endure his hardship and show forbearance towards his illness. Words said to the patient should sound soothing and sympathetic so that his grief may be dispelled. The Prophet was reported to have said:

“Whoever dispels one of a Muslim’s worldly griefs shall have one of his griefs on the day of resurrection dispelled by God; and whoever treats (the mishaps of) a Muslim with discretion, shall be covered up (for his mishaps) both in this world and in the Hereafter”.

So, the visitor should be discrete about any embarrassing aspect of the patient’s disease. He should also try to raise his morale and reassure him that cure is soon to be achieved Insha Allah. The Prophet was reported as saying:

“If you visit a sick person, give him the hope of extended life; it will not change what is predestined, but will make him feel good”.

Al-Bukhari narrated that whenever the Prophet visited a patient, he used to supplicate God for him saying,

“Drive away the detriment, God of the people; grant cure, for Thou art The Curer; there is no cure save that which you grant, and make it the cure that leaves no sickness behind”.

It is also desirable to entertain the patient and divert his mind from his sufferings by innocent means. Early Muslims realized the importance of this kind of moral support and created trusts for this purpose. Two of these were:

"The Trust for Patients' Amusers" and "The Trust for Patients' Reassurers". The type of service provided to the patient under the first Trust is to let him hear proverbs, stories, Quranic verses, and traditions dealing with the subject of endurance and patience. Reassuring the patients was one of the duties of Islamic hospitals. Funds from the second trust were used to pay nurses who used to stand sufficiently near a patient to be heard, but not to be seen, talking about him. One would, for instance, say to the other: "What did the doctor say about this patient?"; and the other would say in answer: "The doctor said he was all right and would hopefully recover soon. The doctor assured that there was nothing to worry about as far as this patient was concerned. In fact, he may well be up and around again in a matter of two or three days", and so on.

On the other hand, a visit to a patient should not be long or unnecessarily frequent in view of the fact that a patient needs rest. During the visit, doctors' orders must be strictly observed.

Wishing Death in Despair

It is not becoming of a Muslim to wish to die or to ask God to put an end to his life in despair of cure or out of impatience with his pains and sufferings. Anas was reported to have said that the prophet said in warning:

"Beware of wishing death in time of distress. If necessary, then say, 'Pray God! Make me live as long as life is good for me; and take me unto You if this good for me'".

Explaining the wisdom of not wishing death, the Prophet in a discourse to his uncle, Al-Abbas, said:

"Don't be wishful of death; for if you are a man

of good deeds, you should live to do more of them, and if you were a man of bad deeds, you should live to ask God for forgiveness”.

Under one circumstance may a Muslim wish for death, namely, if he fears to be turned away from his religion. But under no circumstance can he take his own life. He can only wish to die for the pleasure of God. Yusuf's request to die as a Muslim was referred to in the Holy Quran:

O MY LORD! THOU HAST INDEED BESTOWED ON ME SOME POWER, AND TAUGHT ME SOMETHING OF THE INTERPRETATION OF DREAMS AND EVENTS. O THOU CREATOR OF THE HEAVENS AND THE EARTH! THOU ART MY PROTECTOR IN THIS WORLD AND IN THE HEREAFTER, TAKE THOU MY SOUL (AT DEATH) AS ONE SUBMITTING TO THY WILL (AS A MUSLIM), AND UNITE ME WITH THE RIGHTEOUS.

(S12:V101)

One of the prayers often said by the Prophet, and reported by Al-Termidhi, runs like this:

“O God! I ask Thee (to grant me) the power to do good deeds, abandon evil ones, and love the meek; forgive me and have mercy for me. If ever you will temptation among my people, take my life unto Thee untempted. O Lord! Grant me the bliss of loving Thee, and loving whoever loves Thee, and loving whatever deed brings the doer nearer to Thee”.

In Al-Mawri, Omar, blessed be his soul, was reported as saying the following prayer: “O God! I have grown old; my strength has waned; and my subjects have spread far and wide. Take my life unto Thee, unwasteful or neglectful”.

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