

## Contemporary Issues in the Practice of Islamic Medicine

Shahid Athar, MD  
Indianapolis, Indiana

### Abstract

Today's Muslim physicians must come out of the glory of the past and revive the concepts of Islamic medicine as it applies to today's patient care, health care, research, and education. They are obligated not only to find cures for diseases not now curable, but also emphasize preventive aspects in all illnesses, physical, mental, and spiritual. They should be able to provide Islamic perspectives in health issues, such as medical ethics, and come up with scientific explanations for Islamic principles and prohibitions. In order to achieve this, they need to excel not only in contemporary knowledge and skill but also be able to comprehend the philosophy of Islam and Islamic medicine.

**Key words:** Muslim physician, medical ethics, health care program.

**E**ach Muslim physician should ask himself the following questions:

1. In his medical school curriculum, was he taught about contributions of Muslim physicians of the past and Islamic philosophy of medicine and ethics?
2. Since graduation:
  - a. How many research articles has he written or contributed to?

- b. Which clinical or research journals does he subscribe to or read daily or weekly?
- c. Which professional organizations does he belong to, and does he attend their meetings? What are his CME hours per year?
- d. Does he understand the changing government regulations, i.e., IPO, PPO, HMO, DRG, capitation, etc.?
- e. Can he make ethical decisions for a Muslim patient? In our last survey, 11% could not.
- f. Do most of his patients and colleagues know he is a Muslim? The exact number of Muslim physicians in the world is not known; however, there are about 100 medical schools in Muslim countries. If each of them produced even 200 physicians a year, the estimated number would be at least 20,000 Muslim physicians yearly. The number of Muslim physicians in the United States is estimated to be 15,000.

Nearly all Muslim medical schools have a Western medical education curriculum in which there is emphasis on the technology of the science of medicine. The emphasis is on how to give the students knowledge of physiology, anatomy, pharmacology and biochemistry, and then applied sciences

---

*From the Department of Medicine and Endocrinology  
St. Vincent Hospital and Indiana University  
School of Medicine  
Indianapolis, Indiana*

*Reprint Requests: Dr. Shahid Athar  
Clinical Associate Professor  
Department of Medicine and Endocrinology  
St. Vincent Hospital and Indiana University  
School of Medicine  
Indianapolis, IN 46260*

of medicine, surgery, gynecology, ophthalmology, etc., so that students will graduate in 4-5 years and go into the business of practicing medicine. In their practice they will be involved in making a diagnosis depending on the signs, symptoms, and laboratory testing of a particular case, and then either prescribing medicine or surgery according to what they have been told to do in the book and by their teachers.

This is not enough because they will not be taught the business aspects of medicine and insurance and government regulations; they will have to learn practice management on their own after a few years of being in practice.

The art of practicing Western medicine will come even later. Their eyes and ears will be closed to the spiritual aspects of medicine. Their decisions will be test- and procedure-oriented, and they will fail to make a connection between a disease of the body and that of the soul. Very few of them will realize that the physical disease may sometimes be just a manifestation of an abnormal lifestyle or a spiritual problem.

Many of these medical graduates will end up becoming specialists in the disease of an area of one organ only. They will not be able to practice holistic medicine. A few of these medical graduates in the early years of their practice will even think of medical ethics as a real entity and leave those decisions to either ethicists or religious scholars. Thus, most physicians trained in Western secular education are nothing but technicians and scientists rather than the *Hukaniā'* or *'Aṭibbā'* that Islam had produced in the past in the form of *ibn Sīnā*, *al-Rāzī*, and others.

We have to introduce Islam in the curriculum of medical education so that not only these physicians will have the technical knowledge of functions of the body organs and how they become ill, but also will be aware of all other influences on health. They must excel in the contemporary knowledge of medicine and skill, but also to some degree, in the philosophy of Islam so that they can combine the two. Traditional medicine of the past with contemporary medicine of today can be merged because the physician can practice both at the same time for a given patient.

In order to achieve this, we need to rewrite the textbooks of medical branches or specialties with an Islamic perspective. For example, if I have to write a chapter on heart diseases, I must start with the place of the heart in Islamic philosophy and knowledge as Sufis have described. From there I must give a history of Muslim physicians of the past, like *ibn Nafis* and *al-Rāzī*, who have worked to develop the knowledge of cardiology. Then I will come to the contemporary knowledge of anatomy and physiology of the heart, and then the diseases that may affect it. When it comes to the treatment aspects after describing the modern treatment of medicine's electrophysiology, bypass surgery, I must conclude with the spiritual care of the heart with a clean life, meditation, and "Dhikr" (remembrance of Allah).

The same format can apply to other areas of diseases like diabetes. A physician coming out of such a program will have a total picture of the problem and will be able to give a contemporary knowledge and a solution from the Islamic perspective.

The second issue in the practice of Islamic medicine, as it applies to Muslim physicians, is the area of continued research. Prophet Muhammad [PBUH] said, "God has not created any disease without a cure." This obligates all Muslim physicians to search for a cure. We also need to search for the cause. Therefore, the concept of research in both basic sciences and applied medicine is a must for the curricula of all medical schools. Medical schools should be encouraged to do so in the very beginning rather than wait for the students to finish their training and begin research fellowships.

For each medical school and hospital in Muslim countries, part of the budget must be allocated for only research of a retrospective and prospective nature with well-planned trials. Journals should be encouraged to publish reports of successes as well as failures. Failures are important in the sense that people do the same research again, only to find out that this was done many years ago and was found to have negative results but was not published.

No health care program is effective unless it has aspects of preventive medicine that include hygiene, nutrition, and mental illness. Therefore, cleanliness, for example, should be a prerequisite for all health care programs, not only for government and health officials but also individuals who should be compulsive about keeping everything clean, as it has been said by our prophet [PBUH] that "cleanliness is half of the faith." However, personal cleanliness is not seen in most Muslim countries, why?

The third area of concern in the contemporary issues of the practice of medicine is presenting Islamic perspectives in health care and medical ethics issues that include termination of life, artificial respiration, surrogate parenting, abortion, euthanasia, and care of homosexuals and AIDS patients. There should be a clear consensus on such issues so that the cost of care is optimized and guidelines are available for everyone to see and use.

A team of researchers qualified both in medicine and Islam would be able to give some perspectives with scientific explanation for Islamic injunctions and prohibitions. It is hoped that the combination of the two reasons will increase the belief in a given individual with regard to staying away from such things for the betterment of society.

I am proposing that each medical school curriculum should also be looked at by Islamic scholars, preferably including a Muslim physician, to see if this curriculum will produce a Muslim physician or any physician, if there is a difference. In terms of pharmacology, there is no reason as to why we cannot incorporate some of the *Yūnānī* (Greek) practices in medicine, along with necessary Western medi-

---

cine; there is no reason as to why we cannot include prayer, meditation, and dhikr, along with psychotropic medicine for psychological illnesses.

I am happy to know that the Hamdard University is going in this direction, and we hope to start a similar university in this country and produce Muslim physicians prac-

ticizing Islamic medicine.

Finally, on an individual level, a Muslim physician must try to accomplish all those questions that were mentioned earlier. Yes, there can be Muslim physicians of tomorrow practicing Islamic medicine if we believe in the concept and work toward the goal.