

ISLAMIC MEDICINE IN NORTH AMERICA

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Islamic Medicine as a comprehensive health care system does not exist in North America, nor anywhere in the world for that matter. We have the concept of Islamic Medicine. We have the plan to establish it. But we do not have it yet. We have been talking about Islamic Medicine for the past 16 years. During the 16th annual convention of IMA in 1983, the milestones and achievements made in the field of Islamic Medicine as of 1983 were reviewed.² This showed that the concept and definition are already formulated, the plan worked out, the organizational structure formed, and a network of communication put into gear. These are all essential preparatory steps, but the main bulk of work is still to be done.

It is like erecting a huge building. First, it has to be decided as to what type of building it is going to be and what function it will serve. Then a name has to be given to it, whether it is an apartment complex, condominiums, office building, Mosque, convention center or the like. Next, comes the feasibility study, then the selection of an architect and a builder, then the drawing of the blueprints, with possible correction and modifications, then the allocation of finances and building materials, as well as the selection of a site. Finally, the various permits and licenses have to be obtained and the legal requirements have to be met. In between, there will be meetings, hearings, and conferences to be sure that everything is available. Then, and only then, can the actual construction work be started.

This is where we are now with regard to Islamic Medicine. We have passed through all the essential preparatory steps and are now ready to start the actual construction work. The value of these preparatory steps, however, should not be underestimated. It is of the utmost importance to have a clear vision and proper orientation right from the start. In such a long road leading to our objectives, which may take anywhere from 20 to 50 years to realize, a start which is even just a few degrees off the proper direction will lead us, after 20 or 50 years, to a destination which is quite different and far from the one we had intended. Any time or effort spent in the proper preparation is an investment well spent.

Now, we have a definition of Islamic Medicine which is:

"The most up-to-date medical science and technology combined and conforming with the Divine teachings of Islam."^{1 2}

We also have the six basic features and criteria of

Islamic Medicine outlined. These are: Being excellent and superior, having faith and Divine ethics, being oriented, being comprehensive, being universal, and last, but not least, being scientific.^{1 2} We have the feasibility studies which show us that Islamic Medicine is not only feasible but also badly needed as a superior alternative to the existing brands of the healing arts.^{3 4} We also have the vast Muslim resources, intellectual as well as material, waiting to be pooled and utilized. Adding to this the existing, reasonably well-developed organizational structures and networks of communication at national and international levels, it appears that we are in a position to start the actual construction work.

At this level, let us see what a comprehensive health care system should entail. It should have three basic components. It should have facilities for education and training with available, properly prepared curricula and teachers. It should have facilities for rendering health care services be they preventive, diagnostic or therapeutic. And it should have an ongoing research program covering all aspects of research be it clinical or experimental, whether applicable to humans or animals. The quality and level of performance of these three components will determine the quality and performance of the final product. To date, there are several such components of one type or another, or just parts thereof, being developed and established in various parts of the world. Here, in North America, we should be proud and thankful to God the Almighty for being in a position to witness the birth of a unique facility which will hopefully present all three components combined. By this, I mean the Akbar Clinic which houses the Akbar Institute of Health. The physical facilities of the Akbar Clinic are currently being completed and should be ready for operation within six to eight weeks insha'Allah. Like any newborn, it is still weak, vulnerable and not yet able to show its full-fledged potential. However, it has the genetic setup and composition which will determine its personality and potentials. Given time and proper care and nurturing, it will insha'Allah grow and develop to its planned format of an Islamic medical Institution providing education, research and health care services.

Knowing the magnitude of a monumental undertaking such as the total Islamization of the health sciences and the establishment of a new breed of the healing arts, it is obvious that the output of only one unit is nowhere near enough. It will take the combined efforts of several such units in North America and all over the world. However, the experience at Akbar

could be looked upon as a possible leading prototype for these units. The very preliminary working plans I am going to share with you in the next few minutes are only a very simple and crude example of what could be done.

It would go without saying that the properly oriented curricula suitable for the teaching of Islamic Medicine cannot be formulated just by sitting in the library or study chamber. They have to be based on the experiences and findings of long years of research and practice. This may lead to the conclusion that medical education at Akbar will have to wait for many long years before it can be a reality. While this is true with regard to a comprehensive Curriculum for a medical school, some type of medical education is needed and is actually going on right now. Continued medical education for the staff members of Akbar is an essential ongoing activity at present. This takes place in the form of bi-weekly preparation and presentation of medical subjects in the various specialties, as well as a review of specialty journal material. Initially, we thought that this would be the extent of our medical educational activities for years to come. However, and due to certain favorable circumstances, we are blessed with a small number of medical students who rotate at Akbar to gain part of their clinical experience and share with us our developmental stage. The presence of medical students at Akbar has a great educational value for the staff members who need someone to help them develop and practice their teaching skills. Those of us involved in teaching should realize how much learning it takes a teacher to do a good teaching job. So much for the educational aspect of Akbar at this stage of its development.

The next component of a comprehensive health care system is, as mentioned above, the health care services. Right from the beginning, the Akbar Clinic will provide the comprehensive diagnostic services usually found only in a hospital setup although the Clinic will start as an ambulatory facility. This will be supported by a sophisticated home health care service, in addition to the ability to keep patients up to 24 hours at the Clinic facility. We hope that, within the first year or two, we shall be able to have some type of lodging facility attached to the Clinic although this may not necessarily be labeled a hospital. It may take the form of an extended care unit, a drug rehabilitation unit, or even just a Clinic Inn, depending on the legal approvals and the number of beds approved by state health agencies. The ultimate goal is to have a complete self-sufficient hospital facility as part of the Akbar facility. Knowing the existing legal and political situation, this goal may take several years to be achieved. However, unexpected circumstances may take place that will allow the earlier realization of this objective. Until then, we shall be using the local hospital facilities in town to satisfy our inpatients' needs who absolutely require a real hospital setup.

Last but not least, is the research component which, I feel, is the basic foundation of any quality health care system. Without ongoing research, there will be stagnation of knowledge, and stagnation leads to decay. Since the priorities and orientation of Islamic medicine are in some or many aspects different from those of traditional contemporary medicine, there is no substitute for our own research programs which have to be tailored to our needs and criteria. At this very early stage of our development and considering our very limited resources, we have a few humble research items on our agenda. Here I should like to clarify that I shall be limiting my comments to research topics *other* than just literature review and simple case reports which could and should be done by anyone with interest and a reasonable access to a library. The research subjects I shall be talking about are the ones which require an institution to be conducted in. Even the ones which appear to be simple and straightforward still need a facility where the data, clinical or experimental, can be collected. From the nature of some of the topics which I shall be mentioning, it will become clear why the facility needs to be ours and/or under our control.

One area of interest is the area of evaluation and documentation of the physiologic effects of the Quran in man. Claims are made of the healing power of the Quran. The question is how, how much, and why it works. This area of research does *not at all* fall in the field of parapsychology or mysterious spiritualism. It deals with the real physiologic and pathophysiologic responses of the human body and their relations to disease processes. There is enough evidence to indicate that stress in various forms, mental or physical, leads to impaired immunity either through the cortisol secretion or any other neuro-endocrine mechanism. Impaired immunity opens the door to all types and varieties of somatic disorders, many of them are quite fatal. The Quran is expected to have some stress-reducing effect, and consequently may, and should probably have some favorable effect on the immune responses of the host. The question again is how, how much, and why it works. Another question is whether different types of Quranic verses have different effects on the body. A third question is the effect of the language of the Quran and its translations, and the type of faith of the listening subjects. Examining all these variables under a randomized and controlled setup, and comparing the Quran to a variety of other stress-reducing modalities, as well as placebos, produces quite an involved study protocol which will require a series of well-planned studies. The documentation of the effects will utilize a variety of techniques ranging from documentation of gross physiologic responses using Biofeedback techniques to sophisticated measurements of cellular and humoral responses of the immune system.

Another area of research is in the field of treatment

of cancer using a multi-modality, specific and non-specific immunotherapy approach. This will be done in conjunction with Dr. Issels' Institute of Applied Oncology in West Germany. Astounding and almost unbelievable results have been achieved at Dr. Issels' facility in the treatment of advanced cancer cases over the last 20 years. However, the method has not been scientifically evaluated. It is also looked upon as unconventional, and many researchers are hesitant to try such a polypragmatic approach. In conventional immunotherapy research, only one modality is evaluated at a time. This may be the main reason why not much success has been achieved with conventional single modality immunotherapy. At Akbar, we plan to evaluate the clinical results of Dr. Issels' approach following prospective randomized controlled study techniques. Besides, we plan to evaluate the cellular and humoral responses of the immune system to the therapy. The same multi-modality immunotherapy may also be effective in the treatment of various chronic benign conditions which will have to be evaluated through separate study protocols.

A third area of interest is in the field of pharmaceutical preparations. One part of the research will be towards the development of an alcohol-free pharmacopeia.

Another part of the pharmaceutical research is the evaluation of the effects of some of the herbs and plant products which have been used for medicinal purposes for hundreds of years. This will require a multitude of clinical and pharmacological studies. This work will complement some of the work currently being done at some facilities in Kuwait and India.

Along the line of pharmaceutical research, there may also be some limited pharmaceutical industry for the production and marketing of some Akbar Brand of medicinal preparations.

A fourth area of research which we have on our preliminary agenda is the evaluation of Acupuncture anesthesia and analgesia in surgical patients during the intra-operative and post-operative phases of treatment, comparing its results with those of conventional methods.

Other topics on the list include the evaluation of various nutritional approaches and rehabilitative methods.

Looking upon the above-mentioned research areas, the question may be raised as to what relation these have to Islamic medicine. Although the listed topics are varied and deal with unrelated subjects, they all have something to do with one or more of the six basic features and criteria of Islamic Medicine. They either deal with the search for a superior alternative, be it a more effective or a safer modality of treatment; or the development of a treatment system which is in compliance with Divine ethics; or providing a comprehensive treatment modality that takes care of the physical as well as the spiritual needs; or showing a universal

open-minded attitude willing to investigate some form of treatment which is ancient, exotic or, to say the least, unconventional and where — regardless of the research area or subject of specialty — all matters are subjected to scientific evaluation and scrutiny.

Another question may be raised as to how this research activity will be financed. Akbar has not used any grants or donations for the establishment of its facilities. All the financing was obtained from the Islamic Bank in Luxembourg on a lease-purchase basis. The money will be paid back from the revenues of the Akbar Clinic insha'Allah. However, we shall be soliciting grants for the various research studies we plan to undertake. But, if worse comes to worse and grants cannot be obtained, the Akbar Clinic will try to finance as many research activities as possible, depending on its own revenues. If we have to depend completely on our own internal resources, the research activities will have to be somewhat limited, at least to start with.

With this brief presentation, I have submitted to you a sample of our actual working plan at Akbar which will have to be expanded and probably modified over the next few years. I hope that this humble start will provide a useful part of the North American contribution towards the establishment of Islamic Medicine.

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