Journal of
Babol University of Medical Sciences
JBUMS
e-ISSN: 2251-7170 p-ISSN: 1561-4107

Critical Content Analysis of Narrative Version of Islamic Medicine

S. A. Mozaffarpur (MD, PhD)[1], N. Gorji (MD, PhD)[2], R. Heydarian (PhD)[3], H. Shirafkan (PhD)[*4]

1.Traditional Medicine and History of Medical Sciences Research Center, Health Research Institute, Babol University of Medical Sciences, Babol, I.R.Iran.

2.Department of Persian Medicine, School of Persian Medicine, Babol University of Medical Science, Babol, I.R.Iran.

3.Department of Islamic Studies, School of Medicine. Babol University of Medical Sciences, Babol, I.R.Iran.

4.Social Determinants of Health Research Center, Health Research Institute, Babol University of Medical Sciences, Babol, I.R.Iran.

Article Type

Review Paper

Received:
Sep 7th 2021
Revised:
Nov 1st 2021
Accepted:
Mar 26th 2022

ABSTRACT

Background and Objective: The nature of Narrative version of Islamic medicine (NIM) is based on Quran and hadith, exclusive attention to Islamic narrative references and rejection of the strategies of other medical schools. This study was conducted to criticize NIM.

Methods: In this qualitative study of content analysis, after collecting the opinions of 6 prominent scholars of NIM, the criticisms of these opinions were presented and categorized by three doctors specialized in Persian medicine, a cleric in the field of Islamic jurisprudence and a methodologist by holding expert panel meetings.

Findings: Criticisms were raised based on three points of view. The intra-religious area including the routine of Ahl al-Bayt (The holy family of the Prophet Muhammad) in illness and the role of physicians, the place of reason and experience in Islamic sciences, differences in geographical areas, not mentioning the full history of patients and newly occurring diseases was brought up. From a medical point of view, the important points include lack of a research method to check the effectiveness of a medical narrative, lack of diagnostic aspects and an approach to screening. From the viewpoint of religious and social consequences, religious trauma resulting from lack of response to treatment attributed to Ahl al-Bayt, approach to other manifestations of Western civilization, ethical issue of producing, prescribing and selling drugs by a group and loss of life and money due to waste of time in cases with definitive or relative treatment was raised in other medical schools.

Conclusion: Based on the results of this research, the introduction of this theory to society without sufficient investigations in the seminaries and universities of medical sciences may cause physical, mental and religious trauma at the individual and social level.

Keywords: *Islam, Persian Medicine, Complementary Medicine.*

Cite this article: Mozaffarpur SA, Gorji N, Heydarian R, Shirafkan H. Critical Content Analysis of Narrative Version of Islamic Medicine. *Journal of Babol University of Medical Sciences*. 2022; 24(1): 320-8.

© The Author(S).
Publisher: Babol University of Medical Sciences

[*]Corresponding Author: H. Shirafkan (PhD)
Address: Health Research Institute, Babol University of Medical Sciences, Babol, I.R.Iran.
Tel: +98 (11) 32194728. **E-mail:** hodashirafkan@gmail.com

[DOR: 20.1001.1.15614107.1401.24.1.39.5]
[DOI: 10.22088/jbums.24.1.320]

Introduction

Since about 20 years ago, the attention to traditional and complementary medicine has led to the publication of strategies by the World Health Organization in order to promote these medical schools (1, 2). Persian medicine (PM), with a history of more than 7000 years in Iran (3), grew and matured after the emergence of Islam (4). The ideological frameworks of Islam were accepted as the preliminary sciences of this school, to the extent that in the introduction of some references of PM, it is considered necessary to learn the sciences of hadith (the Muslims believe to be a record of the words, actions, and the silent approval of the Islamic prophet Muhammad and other holey leaders that are available in written form), Islamic jurisprudence, ethics, logic, etc. (5).

This medical school is also called Iranian traditional medicine, Iranian-Islamic traditional medicine, Islamic medicine, eastern medicine, Mizaj-based medicine, Unani medicine, etc. (6). In recent years, the school of PM has been trying to create reasonable evidence for itself by conducting numerous researches (7-9). However, in recent years and following the popularity of the public to these medical schools, various definitions have been presented under the title of Islamic medicine (6, 10, 11). However, in one of these definitions that has a narrative approach (11), a school is introduced that is unique to these sources, exclusively relying on the narrative sources of the religion of Islam, including Quran (the holy book of Islam) and hadith. It is called Narrative Islamic Medicine (NIM).

Many of the claims of NIM became more apparent after the outbreak of COVID-19. In January 2020, the COVID-19 virus was declared an epidemic by the World Health Organization. COVID-19, which belongs to the family of betacoronaviruses, appears with clinical symptoms including fever, dry cough, asthenia, lethargy, loss of appetite, nausea and vomiting (12). Some patients recover without specific treatment (13). However, the disease may cause severe respiratory inflammation and, in some cases, lead to death (14). Using the capacity of traditional medicines in this situation can be considered useful. Some studies confirmed the efficacy and safety of Chinese medicine in clinical treatments and reducing mortality in COVID-19 patients (15).

During the outbreak of COVID-19, the claimants of NIM have proposed to cure the disease definitively by a variety of treatment methods. Moreover, by denying vaccination, they have led to a decrease in its use among the general public in Iran. The aim of this research is to analyze the claims of the theory of NIM for the ability to treat various diseases, including COVID-19.

Methods

This study is based on the qualitative study and content analysis, which has been approved by the ethics committee of Babol University of Medical Sciences with the code IR.MUBABOL.HRI.REC.1401.087. Content analysis is a method that is used to evaluate and assess words, terms, concepts and specific sentences that exist in interviews or texts (16). In this study, the analytical approach was adopted to critically evaluate the contents attributed to the claims of NIM.

In the first stage of this study, in addition to comments directly related to the COVID-19 pandemic, all the interviews and written materials about the totality of NIM that were expressed by the people claiming to be experts in this field were gathered. A text or an interview was entered the study if the author or speaker mentioned the existence of the NIM, and used the common communication channels to express opinions in the form of articles, cyberspace, video, television or radio programs, etc., and if access to these comments was possible.

[DOR: 20.1001.1.15614107.1401.24.1.39.5]
[DOI: 10.22088/jbums.24.1.320]

Purposive sampling was used and it continued until saturation was reached. In addition to the existing written content, the text of all interviews and available non-written files were implemented and coded by three trained experts familiar with the subject.

To establish intra-group reliability, experts were asked to evaluate and categorize the units of analysis several times to ensure that their opinion does not change over time (17).

In this study, with the aim of establishing reliability and validity (18, 19), after the initial classification and evaluation, the contents were independently evaluated again by other experts of the project, and if they were consistent with the initial coding, they entered the next stage.

In the next stage, in a group consisting of three physicians specialized in PM, a cleric in the field of Islamic jurisprudence and principles, and methodology expert, the coded sentences and contents, written texts and, audio and video files were evaluated. Then, critical viewpoints on these texts and according to the aim of the study were presented in the form of research questions in the three fields of religious sciences, medical sciences and socio-economic consequences. The results of these meetings were categorized and presented in the form of critical-analytical propositions.

Results

In this study, the written contents (book, cyberspace), and audio and visual contents of 6 prominent claimants of NIM were used. After reviewing the opinions of these people, the data reached saturation and the search was stopped.

No scientific Persian or English article was found on this subject in databases. All findings were obtained from gray literature, including explanatory books, cyberspace, audio files, audio clips and video clips, etc.

Summary of the opinions of the claimant of NIM:

In general, from the viewpoint of the propagandists of this idea, since the religion of Islam is universal and for all centuries and ages, not having the ability to treat physical diseases can be considered a defect for Islam. Ahl al-Bayt (the holy family of the prophet Muhammad that includes 14 leaders of Islam based of the belief of *Shia* [the second largest branch of Islam]) have treated patients in many cases. It is the responsibility of the scientists of the present era to find the foundations of NIM from the references, to find logical principles between them and to reach a kind of Ijtihad (Independent or original interpretation of problems) in the treatment of diseases, just like Islamic principles and jurisprudence.

There are more than 11,000 medical hadith in this field, although many of them do not have a valid document, but their authenticity can be verified by other methods. Based on these principles, it is possible to define an independent medical school that accepts the treatment of all human diseases. Other medical schools, such as current medicine, PM, etc., are not perfect schools, and the position of Islamic medicine compared to other medical schools is like the position of Islam compared to other religions.

Transcendental factors that are ignored in current medicine (such as Jinn) are taken into consideration in NIM, and attempts are made to remove Jinn from the body by different names (such as the *Bukhoor Maryam* method, etc.).

It is believed that many treatments of other medical schools are based on wrong views and leave serious side effects rather than curing the patient. Many diseases can be treated easily and cheaply with the treatment methods of NIM mentioned in Quran and hadith. There are many people in the society who have seen the results of treatment based on NIM, and the confirmation of these people can prove this effectiveness. In many cases and in the form of video or text files in cyberspace, people claim that various diseases such as hypothyroidism, some cancers, etc., have been cured by NIM experts. To prove these cases, they sometimes present clinical tests before and after treatment.

[DOR: 20.1001.1.15614107.1401.24.1.39.5]
[DOI: 10.22088/jbums.24.1.320]

Analysis of the claims of NIM experts:

1. Analysis of the claims of NIM from the point of view of religious sciences

1.1. A large percentage of narrations in the area of treatment do not have valid documents. Reference books for this claim are also not valid books (20, 21).

1.2. According to the hadith, in many cases the Ahl al-Bayt themselves have consulted a physician or advised to consult a physician. For example, it is narrated that on the night of attack on Imam Ali (the second holy leader of Islam after prophet Muhammad), a Christian physician was brought to his bedside, while three Imams (Imam Ali, and his sons Imam Hasan and Imam Hussein) were present. If the Ahl al-Bayt were to be recognized as a medical authority, such a thing could not be justified. The usual method of the religious leaders and scholars of Islam of the present age is also to refer to the most knowledgeable physician of the day and they do not pay attention to such claims.

1.3. Based on the belief of *Shia*, Ahl al-Bayt were connected to God and aware of all things in the world. If Ahl al-Bayt had had a duty from God to dedicate a medical school, it was expected that among so many guidelines that are recorded and categorized in so many books, that presented in more than 250 years of their lifetimes, they would train and practice medicine abundantly and train a significant number of students in this field. This claim, at least historically, does not have sufficient reasons. Also, narrations from Ahl al-Bayt are recorded in books, but they are not enough to make a medical school. None of the great *Shia* scholars and leaders in the last 1400 years have made such a claim of NIM in their narrations about health and hygiene.

1.4. The concepts used in medical hadith (warm-cold, wet-dry, Mizaj, etc.) were not the inventions of Ahl al-Bayt. Rather, it was created by scholars before them and used by Ahl al-Bayt. Why should they prohibit the use of the experiences of later scientists? It is not acceptable.

1.5. Considering that the Ahl al-Bayt lived in warm areas, the patients that referred to them suffered from diseases of tropical areas. However, we know that different geographical areas make people susceptible to different diseases. How are the principles of treatment for diseases that are not common in the areas where Ahl al-Bayt lived extracted?

1.6. In most of the medical narratives, the complete and detailed history of the patient is not stated. There are many questions that may have caused a difference in treatment recommendations. Therefore, these recommendations cannot be generalized and cannot express the general rule.

1.7. Many communicable diseases in medical hadith were caused by environmental factors of their time and are not common nowadays. In addition, many other diseases have emerged over time. A clear example is the disease caused by COVID-19, which has no similarity with past diseases. There are other newly occurring diseases such as AIDS, syphilis, bovine spongiform encephalopathy, various types of cancers, etc., which cannot be found in the hadith to find treatment principles for them. Can the basic rules of Islamic jurisprudence can be accepted in medicine?

1.8. Is the high involvement of Jinn in the matter of illness and its consideration in most chronic or incurable diseases consistent with the approaches of respected leaders and scholars of Islam in our time? Although the existence and effectiveness of some metaphysics power can be acceptable in Islam, it seems that a lot of emphasis on it in cases of inability to cure a disease leads to ideological deviations and superstitious beliefs.

2. Analysis of the claims of NIM from the point of view of medical sciences:

2.1. In current medicine, the science of biostatistics and epidemiology tries to measure the effectiveness of a diagnostic or treatment method with minimal error. The evaluation and research methodology in NIM is not clear. In some cases, paraclinical and radiological methods have been relied upon in current medicine, which have been misinterpreted in many cases. Just the claim by one or more individuals who say they were

[DOR: 20.1001.1.15614107.1401.24.1.39.5]
[DOI: 10.22088/jbums.24.1.320]

sick before and are now cured is not a proof for treatment of the disease. Therefore, more than being a scientific and research-based discussion, this claim is simply a propaganda.

2.2. In a medical school, all areas of diagnosis and treatment must be provided. Today, with various types of screening and the use of diagnostic methods, many diseases are detected in the early stages of the disease and before disease progression. There is no such aspect in NIM. If NIM requires the use of these methods, then the claim of the independent school of medicine is questioned. If the need is not felt, surely many patients who could be treated in the initial stages are left untreated and their disease progresses.

2.3. Many diseases that have periods of exacerbation and remission, such as MS, psoriasis, arthritis, etc., may go into the recovery phase without a specific reason and return to the phase of exacerbation of symptoms again after a while. In current medicine, biochemical and radiological tests can differentiate between complete recovery or temporary recovery to a large extent. However, it seems that in NIM, there is no differentiation between these two phases.

2.4. The position of emergency medicine in the hadith attributed to Ahl al-Bayt is not clearly found, maybe because of less need. But nowadays we need it more. For example, in cases of intracerebral bleeding, rupture of the spleen, cardiac arrest, etc., which are common today, there is no specific recommendation. Therefore, the claim of an independent medical school is questioned.

2.5. Placebo effect, which means the psychological effects of a treatment or therapist in the treatment of diseases, sometimes reaches 30%. In researches of current medicine with different methods including randomization and blinding in research, it is tried to measure the contribution of this effect. In claims of treatment with NIM, this effect is ignored. The nature of some Materia medica has changed throughout history; for example, thyme, parsley, celery, etc., which are mentioned in some hadith, are different from what is available today. What was called Thyme (Thymus vulgaris) is now known as Summer Savory (Marzeh) was brought to this land in recent centuries. Many of these terms have different active substances according to different geographical regions and may have different medicinal effects. Investigating these issues is the responsibility of various modern pharmacology sciences and is beyond the power of the claimants of NIM. Although the side effects of herbal medicines are not as much as those of synthetic medicines, their side effects have been found during the past centuries. For example, care should be taken when using Viper's-bugloss in patients with high blood pressure and Dracocephalum in patients with thyroid disorders. Toxic megacolon is one of the side effects of long-term use of Senna, and hundreds of other points related to medical hadith, these side effects, and precautions should be considered.

3. Analysis of the claims of NIM **from religious, social and economic points of view:**

3.1. According to the law in Iran, any intervention in medical matters by a non-physician is against the law and is a crime. Anything that is against the current laws of the Islamic government is considered illegal. Claiming to treat patients (mainly suffering and hopeless patients from everywhere), delaying them and making money from this business is not acceptable in any law, religion, ethical perspective, etc.

3.2. If the treatment by a physician does not work, the patient naturally distrusts that physician. Now, if a method completely attributed to Ahl al-Bayt is sold and does not respond for any reason, does it not lead to defamation and insult to Ahl al-Bayt? This may shake other religious aspects of the society as well, and people who don't get an answer will be suspicious of other principles and branches of religion. Especially, these claims are made by seemingly righteous people, using sacred titles based on the point of view of believers (such as Mujtahid, Hojjat al-Islam wal-Muslimin, Ayatollah, Hawza, narration, Qur'an, etc.).

3.3. It is claimed that the only medicine that is compatible with Islam is the NIM, and current medicine is one of the manifestations of the new atheistic civilization. The question is, if all the outputs of the West are atheistic, why are other achievements of Western civilization used, such as the authorized channels, modern means of transportation, etc.? In all countries, they always try to prevent the corruption and bias of the

[DOR: 20.1001.1.15614107.1401.24.1.39.5]
[DOI: 10.22088/jbums.24.1.320]

physician in the prescription of medicine by separating the institutions that manufacture and sell medicine from the prescribing institutions. The production, prescription and sale of medicine, all by the same group (claimants of NIM), creates the possibility of bias in prescribing a medication. Especially, since all these works are illegal according to the current laws of the country and there is no supervision over them. Regarding the bad publicity against other medical schools, if a person's illness worsens with NIM treatments and he/she does not refer to other medical schools due to pessimism, who is responsible for that? Can they be accountable to God?

Discussion

There are several criticisms to the claim of NIM with a narrative approach that should be discussed. In this article, an attempt has been made to conduct reviews without prejudice in this matter. However, since many of the issues raised have not yet been proven, they have been referred to as claims and theories, which is not a reason for the bias of the authors before conducting the research. Due to the fact that PM experts are the closest academics to these concepts and are familiar with these concepts to a large extent in their specialized texts, they were selected for this analysis. Furthermore, a religious person who can criticize these topics from the religious aspect was present in the group. Although there have been no articles about views on NIM, no scientific research articles were found that could explain the views of NIM claimants with a pure narrative approach. Therefore, the contents were extracted from gray literature, including general explanatory books, audio and video files, cyberspace, etc.

This article does not discuss the science of the Ahl al-Bayt in the field of medicine. Rather, it discusses all the hadith we obtained in this regard. One of the cases in which the claimants of NIM argue their legitimacy is that so many people refer to them. Nevertheless, it seems that this argument is not accurate. Because in any case, a number of patients may see a treatment response for various reasons (including the medicinal effect of herbal plants or placebo effect). However, proving the effectiveness of a treatment requires a specific research method that is not provided in NIM.

Considering that there is no system in Iran in charge of dealing with possible crimes in this treatment claim, there is no organization to complain to. However, the medical system is in charge of dealing with the possible errors of physician and these complaints should be counted and tracked. On the other hand, most of the claims of the claimants of this medical school are about incurable diseases that have not been answered by other medical schools. Therefore, the patient and his/her companions, as they are thoroughly helpless and desperate, interpret this medical school like other schools, and therefore they will not have an incentive to complain and express lack of response. For the reasons mentioned above, it will be thought that maybe this school of medicine has extraordinary therapeutic answers. Therefore, the high number of people who refer to this type of medicine is not the reason for the validity of the claim. Rather, as mentioned, this claim must be proven by clear and inviolable evidence (to the extent of the power of empirical science).

In conclusion, it can be said that although many treatments for various diseases have been stated in the hadith of the Ahl al-Bayt, it is important to realize that before any claim in society, it is necessary to have a methodological approach to them and measuring their potency of generalizability case by case of medical hadiths. However, what is more important and fundamental is the explanation of a research framework and method for the logical interaction between the two areas of hadith and medicine (22) to evaluate the effectiveness of existing propositions.

Although the medical propositions may have the ability to be used in the hospital and the comprehensive system of medicine after methodological studies, but the claim of the independent school of NIM does not have enough evidence at present.

[DOR: 20.1001.1.15614107.1401.24.1.39.5]
[DOI: 10.22088/jbums.24.1.320]

Acknowledgment

All PM experts who have read the text of the manuscript and had critical views on it are hereby appreciated.

[DOR: 20.1001.1.15614107.1401.24.1.39.5]

[DOI: 10.22088/jbums.24.1.320]

References

1.World Health Organization. WHO traditional medicine strategy 2002-2005. World Health Organization; 2002. p.161. Available from: https://apps.who.int/iris/handle/10665/67163

2.Qi Z, Kelley E. The WHO traditional medicine strategy 2014-2023: a perspective. Science. 2014;346(6216):S5-S6.

3.Sigerist HE. A History of Medicine, Volume 2: Early Greek, Hindu, and Persian Medicine, Revised ed. Oxford University Press; 1987. p.1976-7.

4.Esfahani MM. Revising Definition, Content and Features of Islamic Medicine Through Inspiration of the Guidelines Issued by Imam Ali Ibn Musa Al-Reza (Pbuh). Med History. 2010;2(2):69-92. [In Persian]

5.Mozaffarpur SA, Khodadoost M, Yousefi M, Mozaffarpour SF, Shirafkan H. The practical results of western world view in traditional medicine and its comparison with the islamic medicine. J Babol Univ Med Sci. 2013;15(Suppl 1):77-81. [In Persian]

6.Noormohammadi GR. Attitude to the concept Islamic medicine. The First National Conference on Islamic Medicine Management, Qom University of Medical Science; 2007. p. 1-38. [In Persian] Available from: https://www.sid.ir/Fa/Seminar/ViewPaper.aspx?ID=1902

7.Mahmoudpour Z, Shirafkan H, Mojahedi M, Gorji N, Mozaffarpur SA. Digesters in traditional Persian medicine. Caspian J Intern Med. 2018;9(1):1-6.

8.Abedi F, Rajabnia R, Sorkhi H, Memariani Z, Shirafkan H, Mozaffarpur SA. Comparision of Aqueous and Hydroalcoholic Extracts of Foeniculum Vulgare and Carum Copticum with Gentamicin on Escherichia Coli Strains: in Vitro Study. J Babol Univ Med Sci. 2018;20(2):49-55. [In Persian]

9.Farahi OR, Mozaffarpur SA, Saghebi R, Mojahedi M. The Significance of Tongue in Traditional Persian Medicine. J Babol Univ Med Sci. 2016;18(8):73-9. [In Persian]

10.Sadeghi S, Mahdavinejad Gh, Sadeghi A, Farhidzadeh E. Islamic Medicine Theory and agree views. History Med J. 2012;10:11-32. [In Persian]

11.Montazer R. Islamic medicine is the treasure of health. Iran, Tehran: Nasl-e-Nikan; 2005. p.497-502. [In Persian]

12.Berretta AA, Silveira MAD, Cóndor Capcha JM, De Jong D. Propolis and its potential against SARS-CoV-2 infection mechanisms and COVID-19 disease. Biomed Pharmacother. 2020;131:110622.

13.Malik YS, Sircar S, Bhat S, Vinodhkumar OR, Tiwari R, Sah R, et al. Emerging coronavirus disease (COVID-19), a pandemic public health emergency with animal linkages: current status update. Indian J Anim Sci. 2020;90(3):303-17.

14.Hartanti D, Dhiani BA, Charisma SL, Wahyuningrum R. The potential roles of jamu for COVID-19: a learn from the traditional Chinese medicine. Pharm Sci Res. 2020;7(Special Issue on COVID-19):12-22.

15.Wang H, Xu B, Zhang Y, Duan Y, Gao R, He H, et al. Efficacy and safety of traditional Chinese medicine in Coronavirus Disease 2019 (COVID-19): a systematic review and meta-analysis. Front Pharmacol. 2021;12:609213.

16.Krippendorff K. Content analysis: An introduction to its methodology, 4th ed. SAGE Pub; 2018. p.28-33.

17.Kondracki NL, Wellman NS, Amundson DR. Content analysis: Review of methods and their applications in nutrition education. J Nutr Educ Behav. 2002;34(4):224-30.

18.Armann-Keown V, Patterson L, Content analysis in library and information research: An analysis of trends. Libr Info Sci Res. 2020;42(4); 101048.

19.Zeighami R, Bagheri Nesami M, Oskouie F, Yadavar Nikravesh M. Content analysis. Iran J Nurs. 2008;21(53):41-52. [In Persian]

20.Abedi A, Nekoonam J, Nasiri H. Allameh Majlisi's Evident Doubts about the Credibility of Resaleyeh Zahabiyyah. Pazhuhesh Dini (Religious Study). 2012;23:125-142. [In Persian]

[DOR: 20.1001.1.15614107.1401.24.1.39.5]
[DOI: 10.22088/jbums.24.1.320]

21.Tabatabaei MK, Nasiri H. A study on the validity of the golden treatise (Resaleh-e-Zahabieh). Ulum-i Hadith (Hadith Sci). 2012;17(63):3-21. [In Persian] Available from: http://hadith.riqh.ac.ir/article_2247.html
22.Maaref M, Ba'azm M. Constituting Geometry of the Title “Islamic Medicine”. Biannual J Quran Relig Enlighten. 2020;1(2):61-83.

[DOR: 20.1001.1.15614107.1401.24.1.39.5]
[DOI: 10.22088/jbums.24.1.320]