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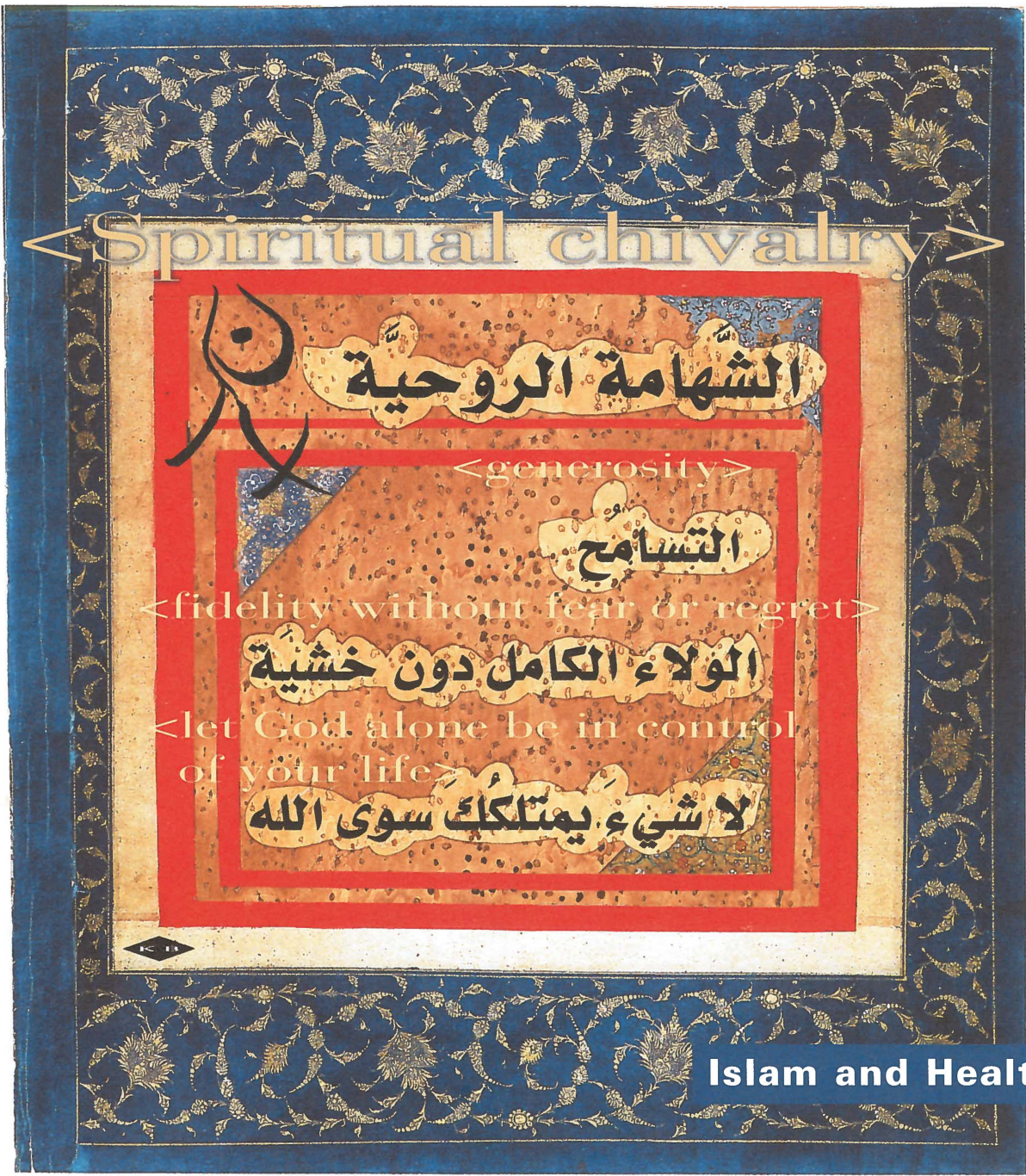
The Park Ridge Center Bulletin, 2002, N25, January/February

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Islam and Health Care



Bulletin

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The Park Ridge Center explores and enhances the interaction of health, faith, and ethics through research, education, and consultation to improve the lives of individuals and communities.

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A Tradition Whose Time Has Come

david b McCURDY

Why a *Bulletin* devoted to Islam and its relationship to health and healing? From one perspective, it's about time.

After all, Islam is arguably the fastest growing of the great world religions, both in sheer numbers and in geographic reach. Moreover, September 11, 2001, and its aftermath have lent a new urgency to efforts by non-Muslims to understand and respond to Islam. More than ever before, Islam has gained the attention of a public that is at once aware of how much it does not know, plagued by fears it senses are irrational, convicted by its own failures of hospitality, and now reaching out, albeit hesitantly, across a gap that it helped create.

Above all, Islam deserves attention in our health-faith-ethics arena because of its content: its distinctive approach to health and medicine, and its contributions to health and healthcare practice in our time. With its faith that God has made the cures of what ails us accessible to the inquiring human mind, Islam opened the door to habits of observation and reasoning that helped make scientific medicine possible. Yet it never lost sight of what today we call the whole person—nor forgot that both the causes and the effects of illness involve body, mind, soul, and indeed even the environment.

Knowing that mental and physical health depend on moral and spiritual health, Islam has cultivated the balance that the spiritually grounded pursuit of virtue can provide.

In the contemporary American scene, African-American Muslims help us realize that Islam has a contribution to make to public health, illness prevention, and health promotion. Yet just as Islam supports attention to the health of the community in the broadest sense, its teachings can also form the life and practice of the individual healthcare professional.

Final Bulletin Issue

Even as we celebrate the rich gifts of Islam and Muslims to health and healing, we must own that there is a less than celebratory subtext in this *Bulletin*. This issue, number 25, is our last. The always-dreaded "circumstances beyond our control" have struck, as Laurence O'Connell's Centerline (p.13) explains. These circumstances have brought the *Bulletin*'s four-year run to an end. All of us at the Center, and especially my editorial colleagues and I, have appreciated the increasingly enthusiastic reception that the *Bulletin* has received over these years. We have sought, in ways that Martin Marty's Last Word (p. 15) elaborates, to add a distinctive perspective to conversations at those junctions where religion, health and medicine, ethics, and public policy converge. We wish our readers well and extend our heartfelt thanks for your interest and support. ■

Muslim “Chicken Soup for the Soul”

Mental health resources for post-September 11 traumas

Earle H. WAUGH

If the world has changed since September 11, it has changed more for North America’s Muslims than for the rest of us. A local story will indicate just what I mean.

My daughter returned from her fine suburban school after that day to tell of a seven-year-old Muslim boy—the only one in the school—who was cornered in the playground by the older and “wiser” 10- and 11-year-old boys, who taunted him with “Whose side are you on, ours or bin Laden’s?” Pushed and shoved until rescued by a playground supervisor, the lad was traumatized by his experience, and was ill for several days. There must be hundreds of thousands of such stories below the surface of this attack, and he may well stand as a symbol for a minority group within North America that suddenly is far more visible than it wants to be. Moreover, the dislocation this is causing may have direct implications for health care.

Of even worse provenance, white supremacist groups have sprung up in September 11’s wake, creating pressure on everything from immigration quotas to policy on neo-Nazis. The rapidity with



Afghan Physician (right) Confers with a Patient at Kabul’s Mental Health Hospital, November 2001. © AFP/Corbis

which this has occurred has frightened both Muslims and Jews, and has prompted minority comments, including that of Mazen Chouaib, executive director of the National Council on Canada-Arab Relations, as quoted in *Maclean’s*: “These groups are trying to undermine multiculturalism and have a vested interest in seeing some sort of clash of civilizations taking place.” It is startling to see Samuel Huntington’s polarization thesis, described in 1993 in *Foreign Affairs*, being acted out in a schoolyard. Indeed, seldom has polarization taken such a quick and surly direction. Memory fails to identify a similar precedent within the U.S. and Canada when a religious group has been singled out and traumatized by something that almost none of them had any idea about. The

repercussions for social and mental health are significant.

It might be helpful to remind those who deal with such spiritual problems that early Islamic medicine developed an aspect of health care relevant here. We could even call it the Muslim version of “chicken soup for the soul,” but one far more central to medicine than the famous books. Begun in the work of the scientist and physician al-Kindi (801–873), it was conceptualized by Muhammad al-Razi (865–924), the well-known physician, as *Tibb al-Ruhani*, literally “medicine of the spirit.” He regarded it as an important strand within the whole field of medical activity. The philosopher Ibn Miskawayh (932–1030) carried on this tradition by identifying *Tibb al-Rufus* (soul medicine) as an important part of the Islamic corpus.

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It was extended through such greats as Ibn Sina and al-Ghazzali.

Central to soul medicine was the integral nature of the human, by which physical, mental, and spiritual dimensions had a common interface within the human. The consequence was that health was not just subject to physical systems and causalities, but to the whole range of human and spiritual experience. Thus ethical, intellectual, and legal matters could affect well-being just as much as physical trauma. Depression, so often identified today as the result of stress and anxiety, that is, given quasi-physical descriptors, is multifactorial in Muslim soul medicine. It is seen to arise out of several possible spiritual and ethical environments. Thus Ibn Miskawayh, in his *Tahdhib al-Akhlaq*, says “for we can observe [that] the man who is ill in his soul, whether with anger, grief, passionate love, or agitated desires, undergoes a change in the form of his body whereby he shakes, trembles, turns pale or red, becomes emaciated or fat, and the form of his body is affected by the various (other) changes which can be perceived by the senses.” The good doctor argued that there were various principles to be applied to address such situations, but for him, when the “cause” of the illness is deemed to be in the psyche, then the clinician should work to offset it by its opposite. That is, if one is in a state of depression, then the antidote

is to provide a situation of joy, happiness, and celebration. Ibn Miskawayh believes that a key factor in *Tibb al-Ruhani* is the sense of balance within the whole person, and illness therein is an expression of imbalance within the emotional and psychological domains. A sidelight to his interpretation of illnesses in soul medicine is his notion of moral precepts. He clearly holds that Islamic well-being comes about from the certitude of moral legitimacy. Once one is convinced of the ethical validity of one’s actions, that certitude brings calmness and tranquility.

We can summarize some of the more important principles in Ibn Miskawayh’s analysis this way:

- Set up a good physical exercise program because it is essential for the proper balance of mind and body.
- Watch whom you spend your time with; associate only with those of recognized high moral conduct, since interpersonal environments have a significant impact on well-being, and one’s mind should be engaged in uplifting matters rather than common or vulgar ones.
- Take care not to invest completely in physical pleasures and bodily activities, and don’t let yourself be bogged down in coveting “things.”
- Your mind can do you in; keep it busy with the pursuit of knowledge, and make it work hard. That way it can’t be used in counterproductive ways. Remember you are the master of your mind.
- Find a way to do mental exercises; take courses in sciences that balance each other out, such as mathematics and music, geology and astronomy.
- Don’t stir up your soul with all of those problems of the past, and refrain from dwelling on those negative aspects that drag you down.

In short, there are many valuable resources within Islamic medical tradition to aid Muslims through this difficult time. For Muslims here, the principle of balance would seem to be invaluable. While centering on the resources of Islam as a bulwark, meeting other Americans face-to-face and discussing the unfortunate impact on both communities would seem to be good advice. Moreover, maintaining an emphasis on Islam’s rich moral and ethical traditions will assist in building bridges to other Americans, and will undermine the sense of isolation. Learning just what fellow countrymen think will go a long way to alleviate the constant pressure to prove their loyalties, since the engagement in ideas and concepts, according to Ibn Miskawayh, is a good way to offset soul malaise. Nor does one have to be a scholar to be successful in this activity. Finally, soul medicine stresses the importance of keeping engaged, either physically or psychically, and the aftermath of September 11 should be the perfect moment for Muslims to engage in both self-criticism and building bridges to the future. And clearly it would be most helpful if the rest of us could provide our Muslim fellow citizens the “high moral conduct” that would help them beyond this traumatic time in our collective history. ■

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Islamic Medicine and Health Care

Historical and contemporary views

ahmad f YOUSIF

In contrast to modern Western civilization, the classical Islamic tradition does not separate science from religion.

Accordingly, one finds that both the Qur'an and the traditions of the prophet Muhammad are saturated with references to learning, education, observation, and the use of reason in all realms of life—medicine and health care included.

Islam teaches individuals and societies how to live a physically, mentally, and morally upright life. The Islamic legal system, derived from the Qur'an and *sunnah* (traditions of the Prophet), aims at creating a healthy environment that will have a positive effect on an individual's physical, mental, and spiritual development.

At a physical level, the Qur'an and *sunnah* encourage healthy eating, and at the same time forbid all substances that cause bodily harm: intoxicants, drugs, and so forth. Fruits and vegetables, dates, yogurt, camel milk, natural honey, black seeds, and the like are especially emphasized for their nutritious quality and health benefits. The Qur'an also addresses various diseases, especially of the heart, which often lead to direct or indi-

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Uses of Herbs, Islamic Miniature Painting

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rect physical and mental ailments. It mentions blindness, deafness, lameness, and leprosy, as well as mental disorders, including psychoses, and neurotic diseases, such as sadness and anxiety. But its primary focus is on moral and ethical diseases. The Qur'an itself is referred to as a book of healing.

The large number of prophetic sayings in the area of medicine and health led to

the development of an entire discipline known as *al-Tibb al-Nabawi* (medicine of the Prophet). Imam Bukhari, the most authentic collector of prophetic sayings, narrates 129 *hadiths* directly related to medicine and devotes two books to medicine and patients. Prophetic statements—such as “There is no disease that Allah has created, except that He also has created its treatment”—provided a

strong impetus for Muslim scholars to undertake medical investigations. From the ninth to thirteenth centuries C.E., Muslims scholars made numerous contributions to the field. In addition to being medical practitioners, these scholars possessed encyclopedic knowledge of theology, law, and philosophy.

The traditional Islamic medical system that developed in the classical period contains a mixture of spiritual and physical elements, including the use of natural substances and certain Islamic supplications for healing and cures. It includes preventive measures, curative medicine, mental healing, surgery, and most importantly, spiritual cures for both the body and the soul. The scientific and medical achievements made during the classical Islamic period had a significant influence on the formation and development of modern medicine in Europe.

Contemporary Islamic Approaches to Medicine

Muslims today approach medicine and health care in various ways. There are some Muslims, particularly those in rural areas with limited access to modern medical facilities, who completely reject modern medicine. Many of these people prefer to rely on a combination of supplications and traditional medical treatments. Accordingly, it is quite common to find traditional healers working today who continue to rely on a mixture of Qur'anic verses, water, local herbs, ornaments, oil, or honey for their medical treatments. Unfortunately, not all of these practitioners have medical training, and some become involved in superstitious practices that contradict Islamic norms and values.

On the other end of the spectrum, there are secular Muslims, with little knowledge of or regard for Qur'anic injunctions and Prophetic statements in the medical sphere, who prefer to rely completely on modern medicine. The vast majority of Muslims, however, fall somewhere between these two groups. They

believe that prayer, supplications, Qur'anic recitation, and *dhikr* (remembrance of Allah) play an important role in healing and recovery, but they also recognize the benefits of modern medicine.

The last few decades have witnessed a renewed interest in reviving traditional Islamic medical knowledge and combining it with the latest advancements in modern medicine. Many seminars, conferences, books, publications, and medical associations have been devoted to this revival, as well as to generating a precise definition of "Islamic medicine." For some, the term means a return to classical Islamic medicine. Accordingly, institutes such as the Hamdard Foundation in Pakistan and the National Research Center and the Desert Institute, both in Egypt, were established to undertake clinical studies on the efficacy of the medical teachings found in the *sunnah*.

For other Muslims, however, Islamic medicine entails applying Islamic values and paradigms to any type of medicine, thereby "Islamizing" it. Omar Kasule, the deputy dean of the Faculty of Medicine at the International Islamic University Malaysia, defines Islamic medicine as a system of basic paradigms, concepts, values, and procedures that conform to, or do not contradict, the Qur'an and Prophetic traditions. It is universal and can be defined only in terms of values and ethics, not as specific medical procedures or therapeutic agents.

Significance for Modern Medicine

What do these traditional and contemporary understandings of Islamic medicine have to offer modern medicine? The answer cannot be separated from what Islam has to offer to mankind. Islamic teachings offer guidance on how to live a physically, mentally, and spiritually upright life. Many of the ailments humans suffer from today are diseases of the soul, which stem from societal and environmental factors that are difficult for medication alone to cure. Drugs can never

remove the causes of loneliness, estrangement of family members, or lack of self-worth—but Islamic medicine can. Instead of reducing humans, ailments, and treatments strictly to their physical and mental dimensions, as secularly trained and oriented medical practitioners are prone to do, Islamic medicine uses a multi-pronged approach that focuses on the physical, mental, and spiritual aspects of the problem at both individual and societal levels.

In contrast to contemporary views, disease does not always have a negative connotation in Islam. According to the classical Islamic scholar Imam al-Ghazzali, "illness is one of the forms of experience by which man arrives at a knowledge of God." Other Muslim scholars argue that falling ill may be Allah's way of forcing the person to rest or care for the body before it deteriorates further.

Both medical practitioners and patients must know the limits of the former's capabilities. From a Muslim point of view, life and death are ultimately derived from God. No human can give life or take death away. As such, medical personnel do not have the privilege of saying anything definitive about future prognosis. Instead, they are obliged to assist the patient to the best of their abilities and leave the rest to Allah. Such an approach may have a positive effect on reducing the number of medical lawsuits that occur in some countries.

Last but not least, Islamic medicine can provide a code of ethics for medical practitioners. Muslim medical personnel are subject to *shariah* (Islamic law), on both a personal and professional level, but particularly in terms of their obligations towards patients, community, and society. As such, they are obliged to be sincere, remain humble, and constantly strive to seek the pleasure of Allah, with the consciousness that Allah is the All-Knowing. ■

Becoming a Fair and Just Person

Sufism and Mental Health

Laleh BAKHTIAR

In the Sufi tradition, the mystical side of Islam, moral healing is the basis for spiritual development. In this tradition, the human being is born in a pure state. By aging, a person moves from virtue toward vice.

Only through undertaking the greater struggle (*jihad al-akbar*) against the ego or morally impaired self, is one able to overcome negative traits or vices. This, the first stage of Sufi psychology, is called spiritual chivalry (*futuwwah, javanmardi*), and the struggler is known as a spiritual warrior (*fata, javanmard*). It is imperative that one go through this first stage toward mental well-being. If God wills, the struggler enters the second stage, where the spirit is enhanced through the development of intuition. The eventual goal of this path is to become a fair and just person, one closer to God.

Sufis who undertake the greater struggle are successful and effective people, traditionally relied upon by Islamic communities for their moral sense of balance, fairness, and justice. They are, more often than not, nameless people—

spiritual warriors who do not make the history books.

Qushayri (d. 1072), an early spiritual warrior, writes:

The root of spiritual chivalry is that the servant strive constantly for the sake of others. It is that you do not see yourself superior to others. The one who has spiritual chivalry is the one who has no enemies. Spiritual chivalry is that you be an enemy of your own soul for the sake of your Lord. It is that you act justly without demanding justice for yourself. It is to manifest a beautiful character.

The word chivalry in the Western Christian context refers to the medieval knightly system with its religious, moral, and social code. In contrast, the Islamic chivalry embraced all levels of society and formed the basis for guilds to which artists, craftsmen, and calligraphers belonged. Today, the idea is carried forward as a code of conduct—a way of behaving ethically and morally. Ansari (d. 1088) says that spiritual chivalry is:

To live in moral goodness and freedom. It is of three kinds: a kind with God, a kind with creatures, and a kind with oneself. To be chivalrous with God is to strive in servanthood with all one's strength. To be chivalrous with creatures is not to blame them for a defect that you know comes from yourself. To be chivalrous with oneself is not to accept the temptations, embellishments and adornments of your own ego.

The spiritual warrior, then, is characterized by moral goodness. Indeed, one of the earliest texts on spiritual chivalry, Sulami's (d. 1021 AD) *Book of Spiritual Chivalry*, includes tales of moral people. In this text, when a spiritual warrior was asked about the nature of spiritual chivalry, he said:

Spiritual chivalry is knowing that others can be forgiven for their misdeeds, but that you yourself are always at fault; that everyone and everything else is complete, while you yourself are lacking. Spiritual chivalry is showing understanding and compassion equally to what appears good and what appears bad. The highest form of spiritual chivalry is when nothing occupies you but God.

Another said, "Anyone who claims to be on this path must show these three signs: total loyalty without fear; generosity without any demand or hope for praise; and the desire to give without being asked."

The soul is described as consisting of the passions: anger or irascibility, avoidance of pain, and concupiscibility or attraction to pleasure; the mind, in contrast, is the basis of reason. Each is part of the nature created by God. One perfects irascibility by developing courage, concupiscibility by developing temperance, and reason by developing wisdom. Once one holds these three virtues and all their subcategories in moderation, one becomes a fair and just person. On another level, however, irascibility helps preserve the individual, concupiscibility helps preserve

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society, and reason helps preserve the eternal possibility of self—of life hereafter. Once a person undertakes the greater struggle with the ego and eliminates vices—such as inappropriate anger, lust, excessive love for this world, hypocrisy, jealousy, envy, and lack of self-esteem—and also develops the virtues of wisdom, temperance, and courage, then he can claim to be a fair and just person. This claim must then be confirmed by someone who has benefited from his justice and fairness.

It is a psychological model that works inwardly. According to Sufi Muslims, we have been given all the tools we need to heal morally. This is done through the greater struggle to return to our true nature, originated by God—a point somewhere deep inside ourselves where divine

grace illuminates the innermost recesses.

The model of the self that produces spiritual warriors is called the Presence of God. It emphasizes moral goodness and moral balance achieved through self-examination. Traditionally, each night before going to bed, one reflects upon one's feelings, thoughts, and actions of that day to overcome vices with virtues. The question becomes: How do I perfect myself as a human being?

There are two basic causes of the need for this greater struggle within the self: Either a person is ruled by passion rather than reason, or a person does not know God. According to spiritual chivalry, one needs to observe the moral balance in nature and learn to read the "Signs upon the horizon and within themselves until it is clear that it is the truth" (Qur'an

43:51). The language of the Signs may be letters of the Arabic alphabet, words such as the verses of the Qur'an, numbers, and/or geometry. Traditional Islam, of which spiritual chivalry is perhaps one of the highest achievements, sees these signs as so many symbols of the presence of God (*wajh Allah*).

In a divine tradition, we learn from *Forty Hadith Qudsi* that God says, "Neither the heavens nor the earth contains Me but the heart of My believing servant does." Knowledge of God, in the case of spiritual chivalry, is experiential and leads to the sensing of the presence of God in all that one does. In this state, the heart of the spiritual warrior becomes the throne of God. The tradition tells us: "One who knows self, knows Lord." It is a path that is open to all. ■

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Self-Discovery

A Muslim physician's personal journey

shahid ATHAR

Blessed is He in whose hands is the domain, and He has power over all things, who has created life and death that He can test who is best in conduct. He is oft forgiving and almighty.

Qur'an 67:1-2

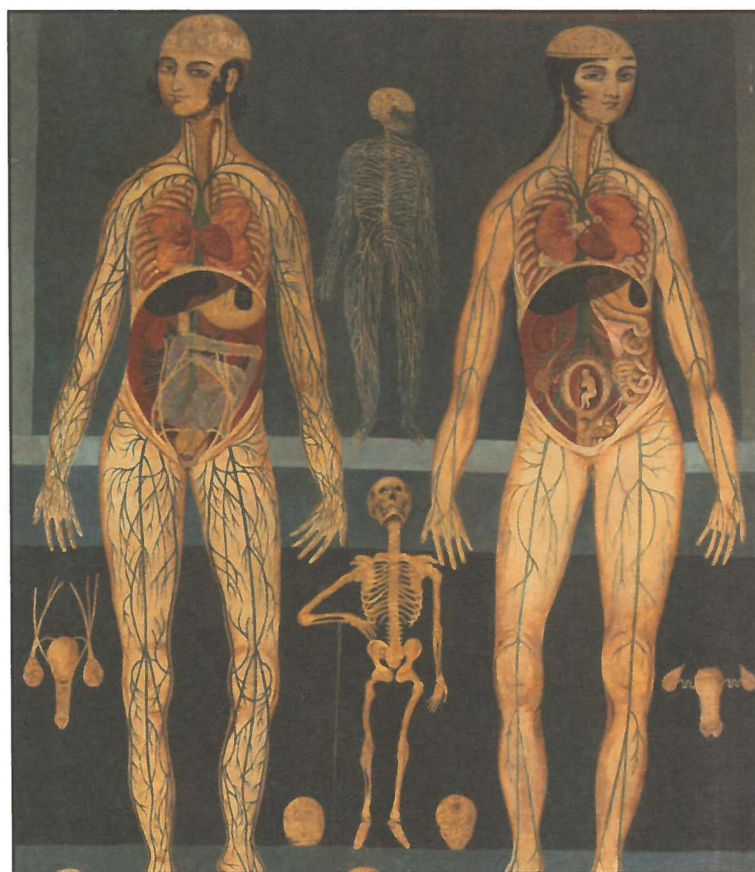
This verse of the Qur'an can serve as a theme for all who discuss self-discovery in the light of Sufi tradition.

The Sufi path is a path of self-discovery and discovery of our creator. On this journey we encounter many who are loved by God or who love God. We have to give them love unconditionally only for the love of God.

Discovering God

Although I was born into a Muslim family and knew Islamic rituals, I did not discover God until I started to reflect upon His creation, especially the human body. At age nineteen, as I dissected cadavers in medical school, looking at the arrangements and purpose of bone, nerves, vessels, organs and their interconnection and function, it began to impress me that this machine could not have created itself. I

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Nineteenth-Century Persian Anatomical Study

was reading the human body as a book, trying to locate the author. I appreciated the masterpiece painting and asked: Where is the artist? The Muslim poet and philosopher Iqbal writes:

If you are looking for mysteries of life, look into yourself. You will find Me, when you find yourself.

Once I found God by reason, I wanted to know more about Him and asked myself: What does God want me to do? What

aspects of my life does He influence? Is God "up there," leaving me to run around on earth while He waits in the house like a father to reward or punish me when I come home?

Thus I started to study the Qur'an and reflect. If a Muslim is to get the true message from the Qur'an, he must study it as a personal message. Although the Qur'an was revealed to the prophet Mohammed, Muslims feel that God is addressing us individually. One night during Ramadan, I came upon this verse:

O Mankind! It is you who is needy of God, and it is God who is above all needs. (Qur'an 35:15)

I could not read further as tears came to my eyes, reflecting on how much I have been dependent on God since my conception up to the present moment.

I realized that God not only created me, but He sustains me as well. He guides me through my journey on this planet, and, upon return to Him, I will have to give an account of how I conducted myself. When I read the Qur'an, the purposes of creation revealed to me are three: (1) to be viceregent of God on earth, that is, to carry out God's mission and establish His laws; (2) to worship God in a broader sense, not only by performing the ritual, but also by taking care of human beings as well as the environment in which we live; (3) to do good for self and others, and avoid wrong.

Through my experience as a physician, other things affected me and my beliefs.

Observing Death

It was fascinating to watch a fellow human being die—the separation of soul and body, the loss of communication with the body that I knew, the helplessness of the caregiver, the return of the body to its origin (humankind was created from clay), praying to someone whom we have not seen to take care of this body in the next life. Then when I returned to the Qur'an

and reflected, these verses came to mind:

Every soul must taste death. (Qur'an 2:35)

How can you reject the faith in God, seeing that you were without life and He gave you life; then He will cause you to die and will again bring you to life and again to Him will you return. (Qur'an 2:28)

Thus the phenomenon of death reinforced what the Qur'an said and my belief. I also observed that believers died more peacefully, and I could postulate as an endocrinologist that they produced less of the stress hormones ACTH and adrenalin; and therefore more endorphins were released to take care of the pain of extraction of the soul from the body. Therefore, death was not as painful to them.

Biochemically, I could understand the process of dying from the couplet of the poet Ghalib: "Life is nothing but arrangements of elements in a certain order, and death is disturbing that arrangement."

Power of Prayer

After using all the necessary medicines, I found that patients' responses were not all the same. In some, the medicine worked, and in some it did not. Therefore, like a combination antibiotic or combination chemotherapy, I started to add prayer to my patients' treatment regimen, Muslims

as well as non-Muslims. I never told them that I was praying, but after giving them medicine, I prayed for them by name, asking God to make my medicine effective, comfort their pain, and give each one healing through his or her own power of healing. I observed that this practice worked, but I do not know how.

In the Qur'an, God says, "Call upon me, I hear the prayer of every supplicant. So let him respond to my call" (Qur'an 2:186). My patients did not know that I was praying for them, but they kept coming back after becoming well to thank me. They should have thanked God.

Finally, how do my faith and Sufi practices affect my medical decisions? A Sufi seeks God's pleasure and fears His displeasure. This contentment of being an instrument of God is a divine feeling. I know it when I am rewarded. When my patients get better, or even after the death of an incurable patient, her family comes to thank me for the care I gave her. Islam and Sufism have made me a better human and a better physician.

At the beginning of the day in my clinic, I offer the following *dua*, or prayer:

Praise be to God.

The Creator of the Universe

Who taught us: "Whoever saves a human life, has saved the life of all mankind." (Qur'an 5:32)

Give us the knowledge, the skills, and the will to serve fellow humans. Give us the wisdom to comfort and console all toward peace and harmony. Help us alleviate human sufferings. Give us the strength to admit our mistakes, amend our ways, and forgive others.

Give us the devotion to serve the poor, the hungry, the destitute, and homeless with honor, love, dignity, and piety, with patience and tolerance, with knowledge and vigilance, with thy love in our hearts, compassion for thy servants, and desire for thy mercy for all those who are instruments of thy healing. Amen. ■

**This issue of the
Park Ridge Center Bulletin
is the last you will receive.**

**FOR FURTHER INFORMATION,
TURN TO THE CENTERLINE ARTICLE ON PAGE 13.**

Muslim American Society

Closing the health gap for African Americans

bambade SHAKOOR-ABDULLAH

To each is a goal to which Allah turns him. Then strive together (as in a race) towards all that is good. Where-soever ye are, Allah will bring you together. For Allah hath power over all things. (Qur'an, 2:148)

Islam recognizes and celebrates the great diversity in society. There are more than one billion Muslims in the world, and there are, according to some estimates, approximately eight million Muslims in the U.S., with at least 2.5 million of them being African Americans (AA).

Muslims have immigrated to the U.S. from Africa, Asia, Saudi Arabia, Russia, China, Latin America, Australia, India, and many other countries. The ancestors of today's AA were among the first Muslims brought to the U.S. during the seventeenth century as captured slaves. Other Muslims are descendants of the Moors, who were driven out of Spain in

the eighteenth century and settled in South Carolina and Florida.

The Nation of Islam

Elijah Muhammad founded the Nation of Islam (NOI) in the 1930s under the direction of Fard Muhammad. Upon the death of Elijah Muhammad, the Nation of Islam came under the leadership of his son, Imam W. Deen Mohammed. Imam Mohammed replaced the old teachings of his father with the true teachings of orthodox Islam. He changed the name of the Nation of Islam to the Muslim American Society (MAS). In the late 1970s, Minister Louis Farrakhan adopted the name "Nation of Islam" for a smaller group of African Americans continuing the original teachings of Elijah Muhammad. They estimate a following between 50,000 and 100,000 members. Meanwhile, the MAS became the gateway into Islam for AA and other indigenous Muslims.

The goal of the original Nation of Islam—the precursor to MAS—was to clean up AA and prepare them to live according to the true Islam. The NOI developed during a very difficult time in our nation, when Blacks were subjected to racist attacks, discrimination, and extreme prejudice. Slavery had already robbed AA of their identity and left them with a self-destructive slave mentality. Their habits after slavery included drinking, poor eating habits, sexual promiscuity, and male irresponsibility.

The original NOI uplifted former slaves and taught them the importance of controlling their appetites and disciplin-

ing themselves. Imam W. Deen Mohammed resurrected the identity and dignity of the former slave with the Qur'an and the *sunnah* or teachings of prophet Muhammad.

Islam and Health

Islam emphasizes preventive medicine by abstaining from harmful substances and purging the body of toxins through fasting. It teaches Muslims that they must care for their bodies. Harmful substances—such as tobacco, alcohol, and drugs—are forbidden. Islam established healthy rituals, such as the pilgrimage, fasting, and the hygienic practices of ablution or washing for the five daily prayers. The *sunnah* of prophet Muhammad emphasizes the importance of a healthy diet in that "the stomach is the house of every disease, and abstinence is the head of every remedy, so make this your custom." The prophet Muhammad said, "For every malady Allah created, He also created a cure."

When Imam Mohammed began teaching his followers the Qur'an and the *sunnah*, they were already familiar with dietary restraints, fasting, and self-discipline. The African-American experience had caused suspicion of Western biomedical health care and spurred interest in herbal health alternatives.

African-American Health

African-American Muslims share the same history, political climate, socioeconomic environment, and health outcomes as other AA, who have the worst health outcomes in the U.S. According

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to the Department of Health and Human Services, in the year 2000, the entire U.S. population reached record-high estimates for life expectancy at birth. But the life expectancy for AA males, at 68.3 years, continued to lag behind that of white Americans' 74.8 years. Similar disparities persisted for AA females at 75 years compared to 80 years for white females.

Heart disease is the leading cause of death for all racial and ethnic groups, but in 1999 (taking into account differences in age distributions) AA were 30 percent more likely to die of heart disease than Whites. AA women are less likely to receive health care and, when they do receive it, are more likely to receive it late.

Obesity, which is a risk factor for heart disease, diabetes, and stroke, was prevalent in 69 percent of AA women between the ages of 20 and 74 during the period of 1988-1994.

In the year 2000, 47 percent of all HIV/AIDS cases reported in the U.S. were among African Americans, an incidence ten times higher than among non-Hispanic Whites. In AIDS cases among African-American females, 55 percent were due to intravenous (IV) drug use or sex with an IV drug user.

African Americans are more likely to use the emergency room for mental health problems and are less likely to receive treatment for anxiety or depression.

In addition, African Americans are:

- 30 percent more likely to die from cancer;
- 40 percent more likely to die from stroke;
- twice as likely to die from diabetes;
- 5.4 times as likely as Whites to die of homicide.

Moreover, suicide rates for 10- to 14-year-old African-American youth are increasing at a rate twice that of Whites.

These disparities in the burden of death and illness for AA have persisted, and in many cases widened, for as long

as the U.S. has been tracking health statistics.

The African-American community has limited access to adequate health care. High crime areas limit physical activities for adults and youth. Local grocery stores tend to provide poorer quality meats and produce, and few healthful foods.

There are large numbers of liquor stores, drug stores, and billboards encouraging cigarette smoking and alcohol consumption. Racism, crime, and discrimination create high stress levels with limited opportunities for relief.

Muslim American Society

Both the African-American church and the MAS have been stable and viable institutions in the community, charged with processing, interpreting, and redefining the AA experience. They both address the political, economic, social, intellectual, physical, and religious needs of African Americans.

The MAS utilizes the principles of self-reliance and self-discipline taught by the NOI founder Elijah Muhammad with the firm foundation of the Qur'an and the *sunnah* to build a community of "thriving, feeling, giving and repentant" Muslims, serving as examples to the world of the power of Islam to rejuvenate the human spirit and maximize human potential.

Imam Mohammed developed the Collective Purchasing Conference (CPC)/ComTrust LLC as a business entity to address the global demand for health foods that are handled and processed in a manner approved by Islamic law. The company produces health foods for Muslims as well as non-Muslims. Several restaurants purchase fish, poultry, and other products from CPC/ComTrust, which also distributes soaps, lotions, and deodorants that lack the unhealthful animal products and additives of regular toiletries. The MAS has developed numerous public and private businesses, organizations, and institutions throughout the nation to address the health gap for African Americans.

Muslim American Society Health Alliance

The Muslim American Society Health Alliance (MASHA) is a body of health practitioners committed to addressing the health needs and concerns of humanity and the MAS. Members develop and coordinate programs that emphasize prevention, holistic health, and health awareness. MASHA believes that it is their divinely given responsibility to improve public health and create an environment that is conducive to wellness. It works cooperatively with others who are similarly committed, believing that good health is Allah's desire for mankind. MASHA has developed health screening and education workshops held at various Islamic Centers and community events throughout the year. The MAS, the NOI, and the African-American church share the challenges of racism, prejudice, poverty, disenfranchisement, and health disparities for African Americans. Though they may choose different pathways for addressing these concerns, they often work together because their goals are the same—closing the gaps for African Americans and building healthy, viable citizens and communities. ■

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on our web site at
www.parkridgecenter.org.

The Park Ridge Center Evolves

Same mission, refocused energies

laurence j O'CONNELL

These are indeed unusual times. The stresses of a wartime footing in the U.S., coupled with an economic recession, tend to exacerbate seemingly endless turmoil in health care.

The inflationary push has returned and the national scandal of a fractured healthcare system is again taking its toll. In Illinois, for example, the Medicaid budget was cut by \$500 million, while malpractice and property insurance premiums soared. Add multimillion-dollar hospital costs associated with bioterrorism preparedness, and the stark outlines of a threatening picture begin to emerge.

As most of you know, the Park Ridge Center for the Study of Health, Faith, and Ethics is an affiliate of Advocate Health Care. Advocate, like so many other healthcare organizations, now finds it necessary to address significant financial challenges. Consequently, the Advocate Board of Directors has decided to refocus the role and scope of the Park Ridge Center. Our mission will remain the same: "To explore and enhance the interaction of health, faith, and ethics in the lives of individuals and communities." We will continue to

address the full gamut of healthcare ethics—clinical, organizational, and social—but we will do so on a more limited scale. Our international programs, for example, will be discontinued some time later this year, and our publications will be scaled back significantly. The unfortunate consequence of these moves is the reduction of our first-rate staff. Although the staff will still be larger than the day I arrived, many will be moved to positions elsewhere within Advocate, and others will begin looking for opportunities outside the Park Ridge Center/Advocate family. To a person, they are dedicated workers and wonderful colleagues. I appreciate all they have done to enhance our mission and prepare the Center for its next stage of evolution.

Finally, I would like to thank the senior management and Board of Directors of Advocate Health Care and its predecessor organizations. They have contributed more than \$20 million to the Center since 1989. Advocate's continuing support will allow us to perpetuate our mission as we develop new structures and accommodate the shifting healthcare environment. The sentiments of everyone affected by these changes are, of course, conflicted; yet we intend to move ahead in a spirit of optimism and renewal. As the poet Robinson Jeffers said, "Lend me the stone strength of the past and I will lend you the wings of the future." The Park Ridge Center rests upon a stone foundation, and without doubt it will wing its way into a bright future.

Thank you for your interest and continuing support as the future unfolds. Should you have any questions or concerns, please feel free to contact me personally. ■

Laurence J. O'Connell is President and Chief Executive Officer of the Park Ridge Center for the Study of Health, Faith, and Ethics.

Trojan Man Censored

Citing fears of objections by religious groups as well as a public opinion backlash, network television officials continue to restrict condom advertising. But a recent survey released by the Henry J. Kaiser Family Foundation and Carter-Wallace Inc., makers of Trojan brand condoms, could help put at least one of those fears to rest: 71 percent of Americans support condom advertising on television. "Networks don't have that much to fear," said Susan Kannel of the Social Policy Research Institute, a Washington organization that conducted some of the polling.

Three of the big six broadcast networks do not allow condom advertising at all, reports the *Chicago Tribune*, and the remaining three have significant restrictions. NBC will only run the ads after 11 P.M. and requests they not be "overly erotic." Fox runs the ads only after 9 P.M. and requires that they focus on health concerns rather than pregnancy prevention. CBS will only run the ads after 9 P.M. with the further stipulation "depending on program content." Rick Mater, senior vice president of the WB Television Network, defends his network's decision not to run the ads at all: "Something that might find acceptance in San Francisco might find a lot of non-acceptance in Mobile, Ala."

Yet there seems to be a double standard operating here. The networks had no objection to running those creepy Bob Dole Viagra ads a few years back; nor do they limit pitches for birth control pills, such as a recent Ortho Tri-cyclen spot featuring three young women chatting about how the pill helps their complexions. These ads, however, make it clear that everyone is married—or at least in a committed relationship. This is rarely true of condom ads. Is this part of the problem? Maybe if Trojan Man, a character in a condom commercial, were to set-

tle down in a monogamous, heterosexual relationship, the networks would be more comfortable with his message.

Misinformation for All

Medical myths, once passed from person to person like the common cold, now have a much more efficient means of propagating themselves: the Internet. Have you received e-mail warnings about the health dangers of deodorant or tampons? What about bananas harboring flesh-eating bacteria? It turns out the only real danger is that of wasting your time.

A new page on the web site of the Centers for Disease Control and Prevention, devoted to debunking medical myths, has quickly become one of its most popular areas, reports the *New York Times*. See www.cdc.gov/hoax_rumors.htm. There are other web sites devoted to this purpose as well. Urbanlegends.com has sections on medicine and religion, phony e-mail petitions, and a "zeitgeist" section that tracks current stories. It also posts a report claiming that the site is itself a tool of the Central Intelligence Agency, because "the government" has "a strong vested interest in deceiving 'the masses'" to protect covert operations and big business interests. So, while the truth is most certainly out there, you may or may not be able to find it on the Internet.

Not Better Than Nothing

A cherished idea in medicine—that of the placebo effect—is also a myth, reports the *New York Times*. Danish researchers published a paper last year in the *New England Journal of Medicine* stating that the placebo effect, in which about a third of patients get better when given an inert treatment, does not exist. The researchers traced cross-references in research to the

original paper, "The Powerful Placebo," published in 1955 by anesthesiologist Henry Beecher. According to the authors, Dr. Beecher analyzed fifteen studies using a method of analysis that would not be acceptable today. Beecher focused on the subjects who improved with the placebo, disregarded those who got worse, and concluded that a third of subjects got better simply from the placebo.

This inspired the researchers, Ashbjorn Hrobjartsson and Peter Gotzsche, to look for other studies using a placebo group and a group receiving no treatment. After careful analysis of 114 studies involving 7,500 patients with forty conditions, they determined that untreated patients did as well as patients given placebos.

But this information may not be enough to convince people that the placebo effect is no effect, as it challenges the much-loved idea that the mind can control illness and the symptoms of disease. John Bailar III of the University of Chicago compares this idea to a "secular religion," saying: "And as [in] a religion, no kind of evidence is going to get believers to change their minds."

—Kirston Fortune

Along Our Way

A Center founder reflects back

martin e MARTY

Czeslaw Milosz, as fine a poet and essayist as the century past produced, “has centered his writings on a few fundamental philosophical questions,” according to his recent editors.

In their introduction to Milosz’s *To Begin Where I Am: Selected Essays*, the editors identify the following themes as central to Milosz: “the meaning of history; the existence of evil and suffering; the transience of all life; the ascendance of a scientific worldview and the decline of the religious imagination.”

Some twenty years ago, as we were working through “Project Ten” and planning what became the Park Ridge Center for the Study of Health, Faith, and Ethics, we weren’t necessarily being informed by Milosz. But we must have intuited an agenda to match, in some small ways, the grand intentions of the seasoned Nobel.

In *Second Opinion*, this *Bulletin*, and numerous books, reports, and educational materials, the Park Ridge Center has dealt with these same “fundamental philosophical questions.” Questions concerning “the existence of evil and suffering” have framed our inquiries. A center for the study of “ethics” has to face evil—that which is humanly caused and that which naturally blights creation. And one cannot speak of “health” without concentrating on suffering, and on what “the

meaning of history” in theology and philosophy has to say in the face of it.

Then there is “the ascendance of a scientific worldview.” Twenty years ago some spoke of the dominance of a scientific worldview that needed questioning, affirming, and countering all at once. The voice of “faith” in the name of our Center was one instrument for dealing with that. We had observed Milosz’s final theme, “the decline of the religious imagination,” in respect to health and ethics. It was a lonely task then to call for the reawakening of that imagination, but it is less lonely now. I hope it is realistic reporting to say that the Center has played its part in that reawakening.

I skipped one: Milosz also devoted poetry and prose to “the transience of all life.” The Center has stood for realism, not denial; for the therapeutic value of dealing with things as they are, not as we might dream them to be. Everything passes. Sepulchres, libraries, civilizations, medals, diaries, lives. And, on their own scale, institutions and journals. As Laurence O’Connell, our president, announces in his Centerline (p.13), “transience” now overtakes the Center and the publications you, our readers, have come to know.

To my knowledge, there are no villains to the story. The same healthcare system that brought vision and enormous resources to this Center, shares in the economic situations of the times and is unable to sustain some of its human-servicing nonprofit ventures.

Having been, as King Alphonsus XII of Spain and Dean Acheson said, “Present

at the Creation,” I’ll shed a tear for the passage of these cherished expressions. I’ll keep warm memories of fellow editors and other staffers, the affirming support of the circle of friends of the Center, the conferees and consultants who brought so much to it, and the responses from you, our readers.

Incapable of ending on a down note, wallowing in nostalgia, or whining about what might have been, I’d rather speak of the future. First, a scaled-down version of what we have been about will exist in the Advocate Health Care system. Second, we are confident that many of those who participated in the life of the Center will carry on the vision and the work. May osmosis, trickling up and over, capillary action, and other agencies by which influence spreads be at work here. The Center has not existed to keep the Center going. It has existed to address “a few fundamental philosophical questions” as they touch on the people most important to us: caregivers and care receivers, physicians and nurses and patients, pastors and parishioners, ethics professors and students.

By now a number of “purely secular” ethics centers have questioned a hegemonic “scientific worldview” and enhanced “the religious imagination.” Every one of these, like the Park Ridge Center, will experience their place in “the transience of all life.” I hope they get to celebrate as much, achieve as much, and enjoy as much as we have along our way.

Carry on . . . ■

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