

## Islam the origin of global healthcare, a review article

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**Abstract:** Human beings have always pondered up on improving the quality and quantity of health in their life. To achieve this, they had sought to define and solve this issue until in 1946 the World Health Organization (WHO) defined it as: "health is comprised of a state of full physical, mental and social tranquility and not merely the absence of disease or disability". This definition concerned more about the materialistic life of human until in 1984 a new aspect of health called 'spiritual health' was added to the definition provided by WHO. Islam is in fact derived from the meaning of health and from the Islamic point of view the greatest blessing of God to humans is physical health and yet greater is the health of soul while the most threatening disaster is an illness. Therefore, Islam certainly has a serious scheme with this regard. About 13 centuries ago in the 23<sup>rd</sup> prayer of Sajjadih Scriptures, Imam Sajjad (AS) comprehensively stated: "God have mercy on Mohammad and beech and give me sufficient and healing health which is inaccessible to illnesses and higher causes; such health that is additive throughout my life; such health that is reproductive of health in my body: health in this world and the other world; send me health, security and health of religion and body, spiritual insight, improvement in work, fear of you, power of obeying you and avoiding sins". **Methodology:** in this library research, the data were gathered through visiting credible scientific websites and perusing the related articles. **Conclusion:** the results obtained from this research show that Islamic instructions manifested in Imam Sajjad's prayers not only discussed the present day scientific findings concerning healthcare more than 13 centuries ago, but more deeply looking, mentioned the final goal of accessing health as to stay healthy in the earthly life and in the life after death.

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### 1. Introduction

Besides the fact that the stem of the word Islam implies health, in many ways the Islamic healthcare instructions have been spread by the prophet (p.b.u.h) and holy Imams (AS). In Nahj-al-Balaqa, Imam Ali (AS) stated: "God created Islam exclusively for you and selected you because Islam is derived from health"(1-3).

About 13 centuries ago, Imam Sajjad (AS) offers a comprehensive definition of health in the 23<sup>rd</sup> prayer of Sajadih Scriptures: "God bless Mohammad and beech; dress me in health and surround me with health; keep me safe and healthy; give me sufficient health; bless me with health; expand it for me; make me deserve that health and do not separate me from the health in this world and the next world(4-6)".

"God have mercy on Mohammad and beech; give me sufficient and healing health which is inaccessible to illnesses and higher causes; such health that is additive throughout my life; such health that is reproductive of health in my body: health in

this world and the other world; send me health, security and health of religion and body, spiritual insight, improvement in work, fear of you, power of obeying you and avoiding sins"(5, 6).

The meanings of this part of the prayer reveals that first of all Imam Sajjad demands God who is the true healer of diseases to give him health especially in old age. He mentions a delicate issue that he felt physically weak at the old age and was prone to diseases and disability(5). Therefore, health and safety from diseases is, in fact, rooted in physical health which is in accordance with the global definition of health and the absence of an illness or disability(5, 7).

He also refers to the notion of security which indicates the peak of social health. However, Imam (AS) elaborates more extensively on social health especially about family which is the foundation of society as well as respecting others' rights in different prayers of the book of Scriptures such as the Makarem-al-akhlaq prayer(5). In the rest of this prayer, Imam mentions 2 terms, health of religion

and spiritual insight which indicate the spiritual aspect. This attests to the fact that about 1300 years before the existence of this notion, Imam (AS) makes us aware of the importance of this aspect of health(5, 8). The origin of attention to spiritual aspects can be in this part of Imam's prayer while humans have only recently taken it into account (5, 6, 8). We can observe that human knowledge cannot yet fully admit the interrelationship of health in this life and the life after death. However, Imam Sajjad (AS) briefly but significantly pointed out this matter which is the core of human happiness(5, 7). If we meticulously attend to this part of the prayer we can see that our Imam mentions what the human knowledge, studies and experiences have only recently gained access to(7, 8). Global health in this prayer is defined as: "Give me sufficient and healing health which is inaccessible to illnesses and higher causes; such health that is additive throughout my life; such health that is reproductive of health in my body: health in this world and the other world; send me health, security and health of religion and body, spiritual insight, improvement in work, fear of you, power of obeying you and avoiding sins"(4-6, 8).

In what follows we cast a look at the global definition of health which still appears to be defective(7). Because from the outset, human communities were obsessed with improving the quality and quantity of health in their life, they have sought to define and solve this matter. Finally, in 1946 the World Health Organization identified 3 aspects of health in its statute and added them to the primary definition: "Health is comprised of full physical, mental and social tranquility. It does not only imply the absence of illnesses or disabilities"(7, 9-11). Moreover, according to the statute of WHO, enjoying the highest available standards of health is one of the most fundamental human rights with no exceptions for one's race, religion, political views, economic or social status(12).

Paying attention to what has come will result in a tremendous outcome. For example, the student research committee of Hormozgan University of Medical Sciences has tried to keep in mind these and many articles are produced (13-31).

To summarize, the global definition of health from humans' perspective depends on three aspects: 1. Physical(32). Mental(33-38). Social(39-42).

In the proceedings, we briefly define each and their mutual relationship:

The nature of mental health can be more and better understood than social health. Someone who suffers from depression does not have a high quality mental health despite being physically healthy. S/he is considered a patient(43).

This aspect is measurable by the psychological definition which is a product of psychological and psychiatric knowledge. It helps to identify healthy or sick mental states. However, since human personality grows, is fed and supported in social context, social context is more a determinant of health rather than a health index(43, 44).

It could be argued that social conflict or social deprivation, as an instance, creates a problem which is reflected in lowering one's mental health. Therefore, proper social interaction positively influences one's health similar to the effect of proper nutrition on physical health. Nevertheless, within this perspective, social interaction is an instrument to access health and is not health itself(43-45).

From another point of view towards social health, an individual is supposed to positively cooperate in family or society. Parents who feel responsible towards their children are regarded as socially healthy(43, 45). In contrast, irresponsible parents are considered as socially ill even if they are healthy with regard to all other aspects of social health. Similarly, an employee who betrays his own occupational dignity and oversimplifies his job, for instance, is considered socially ill despite being physically fit(45). Based on this scheme, the status of social health is not only measured based on personal emotions but also on others' peace and comfort(44, 45). When we take into account the physical aspect as a cause of the symptoms of illness, we could accept the role of mental and emotional issues further and better(44). Within the three dimensions (physical, social and mental), WHO has viewed health materialistically. Modifications made through years in social, individual and medical conditions and perspectives eventually lead to a reevaluation and redefinition of the meaning of health. So far, the majority of people pursued health as a final goal. Nowadays, health is increasingly valued only if it raises efficiency and make life experiences towards perfection possible. On its own, health is fruitless. Its true value is evident in valuable activities and is realized through them. On the other hand, we should never think that complete health is achievable(46). Human logic has not been able to solve all problems thoroughly. Recently, different research has found another significant aspect of human health.

Eventually, in 1984, when the global health strategy was announced for all people until the year 2000, WHO acknowledged the spiritual dimension of health. More importantly, this organization concluded that: "Spiritual health(47-63) is not of a materialistic nature, but is dependent on the domains, thoughts, beliefs, values and moralities originated from human conscience"(64).

It also emphasizes that: This led to thoughts of not only global action for health, but new and more precise definition of the World Health intends to introduce in the constitution as the World Health Organization definition, after the spiritual dimension added.

At this resolution and intriguing, leading to strengthening and enriching the WHO definition and understanding of religious occasion - psychological - psychological and spiritual health of the essential elements of the human spirit to a new force in the health promotion(65).

The real essence of health in a factor is found in combination with the following:

1. Feeling of mental comfort and tranquility
2. Ability of accepting variable and challenging conditions
3. Ability of realizing or fully exploiting one's potentials

The moral and spiritual aspect of human beings highly influences each of these criteria. However, attention to the moral and spiritual aspect of health depends on the existence of moral forces of a particular nature and functioning(66).

Scientific research indicates that a series of physiological changes occur within a person who is constantly praying and repelling improper thoughts.

Such a person experiences a slowed down metabolism, heart beats and respiration. Brain rays are distinguishably slower. These changes are exactly in contrast to those associated with stress and anxiety. It can be helpful in treating many diseases such as high blood pressure, irregular heart rate, chronic pains, abnormal insomnia, infertility, symptoms of cancer, premenstrual syndromes, anxiety and moderate depression. In fact, if a disease is caused or intensified by stress or tension, such a physiological state would be an effective treatment.

Considering the above-mentioned issues, we could realize that this aspect is inseparable from others and is closely related to them. Research conducted in Harvard University indicated that spirituality and morality have healing effects. Morality was defined as the existence of a metaphysical power, force or energy interpreted as God and which is close to human beings(67).

#### Method:

In this library research, the data were gathered through visiting credible scientific websites and perusing the related articles and pine forests

#### Conclusion:

In the definition of health offered by WHO, attention had been merely paid to the earthly status.

Only recently have researchers attended to the spiritual aspect and been trying to investigate it and find ways to maintain human health with this respect. The evidence is to be traced back to a scheme devised in 1984 called the global health strategy for all people until the year 2000. Finally, WHO acknowledged the significance of the spiritual aspect of health and realized that spiritual health is also to be included in the global definition and plays a key role in improving human being's life.

Considering the global definition of health elaborated on in the 23<sup>rd</sup> prayer of Sajadieh Scriptures it is interesting to note that Imam (AS) comprehensively refers to the health in this world and the world after death as in: "...a health that reproduces health within me, health in this world and the next world". By protecting one's physical and spiritual health against disasters and diseases, one can find one's way of staying healthy both in this world and the other world which is the gist of this prayer. It reveals that Imam Sajjad (AS)'s sayings about 13 centuries ago have defined global health for the communities of human beings. Also can conclude that the global definition of health cannot suffice to include the materialistic aspect of human life. There exists another aspect in life which is not only expected to be taken into account but whose value is not by any means less than the materialistic aspect. This is exactly what has been emphasized in divine instructions from so long ago.

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#### References

1. S R. Sermon152. Nahgolblaghe. Iran, Ghom: Publications Mshrqyn 2000. p. 281.
2. S R. sermon152. Nahgolblaghe. Iran: [http://www.erfan.ir/farsi/nahj/nsm\\_proj/main.php](http://www.erfan.ir/farsi/nahj/nsm_proj/main.php); 2014. p. 334.
3. S. R. Sermon152. Nahgolblaghe. Iran: <http://library.tebyan.net/newindex.aspx?pid=19667&BookID=18407&Language=1>; 2014. p. 85.
4. Sajjad E. Prayer of the Twenty-Third, Request wellbeing Iran, Ghom: Alhadi Nashr Office 1997.

5. Sajjad E. Prayer of the Twenty-Third, Request wellbeing In: Tebyan, editor. Sahifee Alsajjadih. Iran: <http://www.tebyan.net/newindex.aspx?pid=82595>; 2008. p. 23.
6. sajjad E. Request wellbeing Sahifee Alsajjadih. Iran: <http://lailatolgadr.ir/?MID=21&Type=News&TypeID=6&id=12419>; 2011.
7. Martinez-Gallego R, J FG, James N, Pers J, Ramon-Llin J, Vuckovic G. Movement characteristics of elite tennis players on hard courts with respect to the direction of ground strokes. *J Sports Sci Med*. 2013;12(2):275-81.
8. Sajjad E. Request wellbeing ,Prayer of the Twenty-Third. Sahifee Alsajjadih. Iran: <http://elib.anhar.ir/zpageview.asp?id=24776>; 2009. p. 23.
9. Green WH SMB. Introduction to Health Education New York. 1989:7-9.
10. Soltanian A, Bahreiny F, Namazi S, Amiri M, Ghaedi H, Kohan G. Mental Health of high school students and its effective factors in Bushehr Province. *ISMJ*. 2005;7(2):173-82.
11. Rajabi K NN, Niapoor A. The effectiveness of the Quran and prayer in improving mental health The first national conference on scientific research and medical studies student Quran. Ardabil University of Medical Sciences. 2012.
12. Gh R. World Health Organization(WHO). Journal of the College of Paramedics forces Islamic Republic of Iran. 2010;1(1):53-6.
13. Shahryari E, Vahedian M, Adeli SH, Jangholi E, Gharehbeiglou M, Mesgaranzadeh M, et al. Attitudes of physicians to futile treatment at the end of life care. *Life science journal*. 2013;10(10(s)):289-92.
14. Arbabi N, Salami F, Forouzesh F, Gharehbeiglou M, Riyahin AA, Shahrzad ME. Effects of stress and stressful events on Alopecia Areata. *Life science journal*. 2013;10(6s):43-8.
15. Ghasemzadeh A, Ghasemzadeh I, Shahri RZ, Namazi SS, Seyede, Namazi A. Prevalence of depression among patients with coronary artery disease and associated factors. *Life science journal*. 2014;11(4(s)):240-3.
16. Ghasemzadeh I, Fallahi S, Ghafouri M, Rezaee Z, Alizade M, Shahrzad ME, et al. Research Skills Education: Student Satisfaction. *Life science journal*. 2012;9(2(s)):26-9.
17. Ghasemzadeh I, Mahmoodi F, Shahrzad ME, Shahri RZ, Namazi SA, Sadeghi P, et al. Infectious lesions of oral cavity in HIV patients: A Review. *Life science journal*. 2013;10(11s):71-7.
18. Ghasemzadeh I, Piraloo Z, Mahmudi F, Rahmatian A, Namazi SS, Shahri RZ, et al. Knowledge of dental students toward HIV/AIDS and its transmission. *Life science journal*. 2013;10(4s):29-33.
19. Ghasemzadeh I, Shahri RZ, Namazi SA, Sadeghi P, Shojaeddin S. Review of HIV risk factors in prison inmates in Iran. *Life science journal*. 2014;11(4s):236-9.
20. Haghighi H, Alizadh M, Naghibi F, Namazi SS, Esmaeil M, Shahrzad MS, et al. A comparative study of religious attitudes and coping strategies among male smoker and non-smoker students in Hormozghan University. *Life science journal*. 2012;9(2s):36-9.
21. Iman Ghasemzadeh SF, Maryam Ghafouri, Seyed Shojaeddin Namazi. Research Skills Education: Student Satisfaction. *Life science journal*. 2012;9(2s):26-9.
22. Yazdani R, Tabibzade A, Ghafouri HB, Lalehzari M, Shahrzad ME. Incidence of Delayed Pneumothorax in Patients with Penetrating Chest Trauma. *Life science journal*. 2013;10(6s):590-2.
23. Golmirzaei J, Mahboobi H, Khorgoei T, Shahrzad ME. Tic and Obsessive Compulsive Disorder: Two Common ADHD Co-morbidities. *Indian journal of psychological medicine*. 2012;34(4):407.
24. Hashemi B, Addin SH, Khorgoei T, Mahboobi H, Shahrzad ME, Amirzadeh Shams S, et al. Knowledge and attitudes towards tuberculosis among secondary school students in rural areas in Hormozgan, Southern Iran. *International Electronic Journal of Medicine*. 2012;1(1):11-6.
25. Mahboobi H, Jahanshahi KA, Sharif N, Khorgoei T, Jahangiri Z, Shahrzad ME. Research utilization and attitudes towards research among nurses in Southern Iran in 2008. *International Electronic Journal of Medicine*. 2012;1(1):7-8.
26. Mahboobi H, Khajeh E, Sharif N, Jahangiri Z, Khorgoei T, Jahanshahi KA, et al. CORRELATION BETWEEN GRADES IN THE MEDICAL BASIC SCIENCE COURSE AND SCORES ON THE COMPREHENSIVE BASIC SCIENCES EXAM IN IRAN. *Electronic Physician*. 2010;2.
27. Mahboobi H, Mahmoudi F, Shahrzad ME, Khorgoei T. Neurologists' role in antimicrobial resistance. *Annals of Indian Academy of Neurology*. 2012;15(1):68.
28. Mahboobi H, Naziri GRP, Khorgoei T, Shahrzad ME, Mandegari Z. Mentorship in



- Medical Students researches. *Electronic Physician*. 2009;3(1):414-5.
29. Mahboobi H, Shahrzad M, Seddigh S, Hamed Y, Sharma A, Khorgoei T. Designing a Research Mentorship Program (RMP) to enhance research productivity at Ebne-Sina psychiatric hospital. *Australasian Medical Journal*. 2010;1(2):180-2.
  30. Mousavi SM, Golmirzaei J, Hamed Y, Mahmoudi F, Mahboobi H, Shahrzad ME, et al. Epidemiology of Schizophrenia in Bandarabbass in 2009. 2009.
  31. Negahi A, Golmirzaei J, Hamed Y, Piraloo Z, Shahrzad ME, Shahri RZ, et al. Prevalence and Associated Factors of Depression in Patients with Multiple Sclerosis. *Asian J Med Pharm Res*. 2014;4(1):15-20.
  32. Aghahosseini S, Rahmani A, Abdollahzadeh F, Kermani IA. Life quality of cancer patient with or without self awareness. *Journal of Gorgan University of Medical Sciences*. 2012;14(3).
  33. Solgi Z, Saeedipour B, Abdolmaleki P. Study of psychological well-being of physical education students of Razi university of Kermanshah. *Journal of Kermanshah University of Medical Sciences*. 2009;13(2).
  34. Rafiei M, Mosavipour S, Aghanajafi M. Happiness, mental health, and their relationship among the students at Arak University of Medical Sciences in 2010. *Arak Medical University Journal*. 2012;15(3):15-25.
  35. Akbari H, Zeraati H, Mohammad K, Mahmoodi-Farahani M, Omid A. Evaluating the agreement between the three screening instruments for mental disorder among students of Kashan University of Medical Sciences during 2011-2012. *Feyz Journal of Kashan University of Medical Sciences*. 2014;17(6).
  36. Motlagh Z, Mazloomi-Mahmoodabad S, Momayyezi M. Study of Health-promotion behaviors among university of medical science students. *Zahedan Journal of Research in Medical Sciences*. 2011;13(4):29-34.
  37. Dalir Z, Mazloun SR. Relationship between Mental Health and Interest in Field of Study in Nursing and Midwifery Students. *Life Science Journal*. 2012;9(3).
  38. Liu X, Hsiao WC. The cost escalation of social health insurance plans in China: its implication for public policy. *Social science & medicine*. 1995;41(8):1095-101.
  39. Carrin G, James C, Organization WH. Reaching universal coverage via social health insurance: key design features in the transition period. 2004.
  40. Kane RL, Kane RA, Finch M, Harrington C, Newcomer R, Miller N, et al. S/HMOs, the second generation: Building on the experience of the first social health maintenance organization demonstrations. *Journal of the American Geriatrics Society*. 1997;45(1):101-7.
  41. Esfandiari G. Stress factors and their relation with general health in students of Kurdistan university of medical sciences in year 1999. *Scientific Journal of Kurdistan University of Medical Sciences*. 2001;5(2):17-21.
  42. Robillard CM. A study of participation in a therapeutic recreation program and its relationship to leisure functioning and sobriety: STATE UNIVERSITY OF NEW YORK COLLEGE AT CORTLAND; 2009.
  43. Health in the Sahiffe Alsajadiieh [database on the Internet]. [http://www.tebyan-zn.ir/News-Article/Religion\\_Thoughts/islamic\\_books/Sahif\\_eh\\_description/2012/4/24/59911.html](http://www.tebyan-zn.ir/News-Article/Religion_Thoughts/islamic_books/Sahif_eh_description/2012/4/24/59911.html). 2014.
  44. YnapmoC gnihsilbup nallimcaM: kroY weN noitacudE htlaeH ot noitcudortnI:(9891) GB notroM nomiS HE.7-9.
  45. Health of definition [database on the Internet]. <http://www.ahrareandeyshah.ir/lib.php?code=040000007424&radif=3>. 2014.
  46. AHAA. General Public Health Shiraz University Publications. 1987;3:3.
  47. Holt CL, Clark EM, Kreuter MW, Rubio DM. Spiritual health locus of control and breast cancer beliefs among urban African American women. *Health Psychology*. 2003;22(3):294.
  48. Larson JS. The World Health Organization's definition of health: Social versus spiritual health. *Social Indicators Research*. 1996;38(2):181-92.
  49. Hawks SR, Hull ML, Thalman RL, Richins PM. Review of spiritual health: definition, role, and intervention strategies in health promotion. *American Journal of Health Promotion*. 1995;9(5):371-8.
  50. Chapman LS. Developing a useful perspective on spiritual health: Well-being, spiritual potential and the search for meaning. *American Journal of Health Promotion*. 1987;1(3):31-9.
  51. Bellingham R, Cohen B, Jones T, Spaniol LR. Connectedness: Some skills for spiritual health. *American Journal of Health Promotion*. 1989;4(1):18-31.
  52. Hawks S. Spiritual health: Definition and theory. *Wellness Perspectives*. 1994;10(4):3-13.
  53. Goodloe NR, Arreola PM. Spiritual health: Out of the closet. *Journal of Health Education*. 1992;23(4):221-6.
  54. Fisher JW, Francis LJ, Johnson P. Assessing spiritual health via four domains of spiritual

- wellbeing: The SH4DI. Pastoral Psychology. 2000;49(2):133-45.
55. Ratner PA, Johnson JL, Jeffery B. Examining emotional, physical, social, and spiritual health as determinants of self-rated health status. American Journal of Health Promotion. 1998;12(4):275-82.
  56. Carson VB. Prayer, meditation, exercise, and special diets: behaviors of the hardy person with HIV/AIDS. The Journal of the Association of Nurses in AIDS Care: JANAC. 1992;4(3):18-28.
  57. Como JM. Spiritual practice: a literature review related to spiritual health and health outcomes. Holistic Nursing Practice. 2007;21(5):224-36.
  58. Mickley JR, Soeken K, Belcher A. Spiritual well-being, religiousness and hope among women with breast cancer. Journal of Nursing Scholarship. 1992;24(4):267-72.
  59. Mickley JR, Pargament KI, Brant CR, Hipp KM. God and the search for meaning among hospice caregivers. Hospice Journal. 1998.
  60. McGee M, Nagel L, Moore MK. A STUDY OF UNIVERSITY CLASSROOM STRATEGIES AIMED AT INCREASING SPIRITUAL HEALTH. College Student Journal. 2003;37(4).
  61. Narayanasamy A. Nurses' awareness and educational preparation in meeting their patients' spiritual needs. Nurse Education Today. 1993;13(3):196-201.
  62. Mauk KL, Schmidt NA. Spiritual care in nursing practice: Lippincott Williams & Wilkins; 2004.
  63. Chapman LS. Spiritual health: A component missing from health promotion. American Journal of Health Promotion. 1986;1(1):38-41.
  64. Nagai T. [Medical electronics in nuclear medicine. Information on the scintillation spectrometer basic for clinical medicine]. Naika. 1963 Jul;12:107-17.
  65. Lukoff D L, Turner R. Toward a more culturally sensitive DSM – JV. Psycho – religious and psychodpritual problems. Journal of nervous and Mental disease. 1992;180(11):673-81.
  66. T ASM. General of Islamic Health, Tehran, Cultural Affairs Department Health and Medical Education 1989:10-1.
  67. A. RD. Health Education – Acognitive – Behavioral Approach. Boston: Jones and Bartlett Publishers. 1994:23-4.

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