



Causes and Means of Healing: An Islamic Ontological Perspective

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Abstract

Healthcare practitioners are increasingly aware that patients may utilize faith-based healing practices in place of conventional medicine based on their spiritual and/or religious understandings of health and illness. Therefore, elucidating the ontological understandings of patients utilizing such religion-based treatments may clarify why patients and clinicians have differing understandings of ‘who’ heals and ‘what’ are means for healing. This paper describes an Islamic ontological schema that includes the following realms: Divine existence; spirits/celestial beings; non-physical forms/similitudes; and physical bodies. Ontological schema-based means of healing include conventional medicine, religion-based means (e.g., supplication, charity, prescribed incantations/amulets), and active adoption of Islamic virtues (e.g., reliance on God [*tawakkul*] and patience [*sabr*]). An ontological schema-based description of causes and means of healing can service a more holistic model of healthcare by integrating the overlapping worlds of religion and medicine and can support clinicians seeking to further understand and assess patient responses and attitudes toward illness and healing.

Keywords Religion and medicine · Metaphysics · Spiritual therapies

Introduction

Healing has been described as an intensely personal, subjective experience that involves reconciling an individual’s understanding of distressing events (including ontologies of illness) with a perception of wholeness in personhood (including spiritual aspects) (Egnew 2005). Based on expert interviews, Egnew has proposed that healing ‘may be operationally defined as the personal experience of the transcendence of suffering’ (Egnew 2005). In

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attempting to further understand and account for these personal experiences, the prominent bioethicist and medical philosopher, Dr. Daniel Sulmasy has proposed expanding the biopsychosocial model of patient care to a biopsychosocial-*spiritual* model arguing that holistic care must incorporate the understanding that persons are beings-in-relationship with the question of transcendence (Sulmasy 2002).

Healthcare practitioners are in the ‘business’ of healing, and as such are increasingly aware that patients, based on spiritual and/or religious understandings of their relationship with transcendence, may actively utilize faith-based healing practices in conjunction with or in place of conventional medicine. Padela and colleagues explored the types of traditional healing practices used by American Muslims in southeast Michigan through key informant interviews (Alrawi et al. 2011). These religious, healthcare and community leaders described three domains of traditional healing practices (Islamic religious text-based practices, Islamic worship practices, and folk healing practices) that included therapies such as spiritual healing, medicinal herbs, mind–body therapy and dietary prescriptions (Alrawi et al. 2011). Therapies from each of these domains were reported to be variably utilized by the Muslim community. Participants shared that religion-based treatments were often utilized as a primary source of healing, particularly when access to allopathic healthcare practitioners was lacking, as a secondary choice of care when conventional medicine fails to work, but were commonly used in an integrative fashion with conventional allopathic medicines. In addition to access and efficacy-related factors that informed the usage of religion-based healing modalities, focus group data from Muslim patients in the same Michigan communities revealed that perceived trust of allopathic medicine and notions about the ontology of illness, i.e., which part of the human body, psyche, or spirit, was ailing, informed utilization of remedies (Padela et al. 2017).

Consequently, elucidating differing ontological understandings of patients utilizing religious traditions on one hand, and of clinicians utilizing contemporary medicine on the other (Cherry 2000) may clarify why patients and clinicians have differing understandings of ‘who’ heals and ‘what’ are means for healing. The purpose of this paper is to describe an Islamic ontological schema, based on a reading of Islamic theological and metaphysical frameworks, which can be easily utilized as a basis for understanding causes and means of healing for members of this community. Such an ontological schema can service a more holistic model of healthcare by integrating the overlapping worlds of religion and medicine, and can support clinicians seeking to further understand and assess patient responses and attitudes toward illness and healing.

Description of an Islamic Ontological Schema

There are numerous formulations and overlapping terminologies used to describe Islamic ontology. The following description of an Islamic ontological schema¹ (Table 1) is derived from the understanding of scholars like Ibn al-‘Arabi (A.D. 1165–1240),² Shah Waliyullah

¹ The ontological schema described here focuses on realms of existence that map to causes and means of healing accessible to a human being during their worldly life. There are additional realms of existence described by Islamic theologians that are not included here such as the *barzakh* that is the world of the graves that a human being can access only during the period after worldly death and before resurrection.

² Muhyi al-Din Ibn al-‘Arabi, known as “the greatest master”, was born in twelfth century Spain and spent the second half of his life in the Eastern Islamic world. He authored 251 titles that contributed significantly to every aspect of Sufi thought including metaphysics and is viewed as an essential link between the Islamic spirituality of the West and East. For a detailed introduction to his life and works, please refer to the introduction of Ralph Austin’s translation of Ibn al-‘Arabi’s *The Bezels of Wisdom* (1980, Ramsey NJ: Paulist Press).

Table 1 Islamic ontology: realms of existence

Realm of existence	Description	Accessibility to human beings
<i>Lahūt</i>	Absolute and eternal divine existence	Not accessible
<i>Malakūt</i>	World of spirits (<i>arwāh</i>) and other celestial beings	Theoretically possible, but typically reserved for prophets
<i>Mithāl</i>	World of forms and similitudes	Through dreams that are interpreted based on prophetic knowledge
<i>Ajsām</i>	World of corporeal bodies	Through physical senses

of Delhi (A.D. 1702–1763)³ and adopted by scholars from the Deobandi lineage of Islamic theologians.

Muslims believe that human beings have three sequential stages of life: a primordial existence (spirit only, without a physical body), a worldly life (spirit enters a physical body at birth and is inseparable until ‘death’ when the spirit is removed from the physical body), and an eternal afterlife in which the physical body is resurrected and reunited with the spirit. A human being’s capability to access and experience each realm of existence changes as a human being moves through each sequential stage of life. Realms of existence and their accessibility are described herein from the perspective of a human being during their worldly life to facilitate connecting the proposed Islamic ontological schema to causes and means of healing.

The ‘highest’ realm of existence in this ontological schema, known as the *lahūt* (Divine existence), is the realm of absolute and eternal divine existence in which *Allah* (God), the creator and master of all things, exists outside of creation. The *lahūt* is the realm of existence from which all created things, including healing, issue forth. As the Qur’an states, God, ontologically, is the origin of all healing, ‘And when I (Abraham) become ill, (then He *Allah*) is the One who restores me to health (Surah Al-Shu’ara, 26/80).⁴ Accordingly, from an Islamic ontological perspective in which God is the healer, the primary focus of individuals with illness is to attract divine attention so as to bring about relief from the suffering of illness, or healing.

The next three realms of existence are the *malakūt* (world of spirits), *mithāl* (world of forms and similitudes), and the *ajsām* (world of corporeal bodies). These realms of existence are created by God and every created thing exists in these realms.

The *malakūt* is the realm of existence known as the world of spirits (*arwāh*) and other celestial beings (e.g., angels). Angels are beings created from ‘light’ and understood by Muslims as beings that serve as God’s messengers to humans delivering revelation and also serve as God’s agents performing a variety of actions (e.g., recording human actions; delivering human supplications to God). During their worldly life, direct access to the

³ Qutb al-Din ibn ‘Abdur-Rahim, known as Shah Waliyullah, was born in a small village named Pulth in Upper Pradesh province of India in the eighteenth century and is recognized as a leading Islamic scholar from the Indian subcontinent in both exoteric and esoteric sciences including metaphysics. His intellectual and spiritual status is well recognized throughout the Islamic world. For an introductory summary of his teachings in English, please refer to G.N. Jalbani’s *The Teachings of Shah Waliyullah of Delhi* (1979, Lahore Pakistan: Ashraf Printing Press).

⁴ English translation of the Qu’ran taken from Muhammad Asad’s translation, ‘*The message of the Qu’ran*’ (1984, reprinted 1993, Melksham, Great Britain: Redwood Press Limited).

malakūt by human beings is theoretically possible, but requires a spiritual status typically reserved for prophets and those very close to them. However, angels, and therefore the *malakūt*, can be considered to be involved in the healing process as they serve as messengers who convey human supplications for cure to God.

The *mithāl* is the realm of existence known as the world of forms and similitudes. During their worldly life, human beings interact with the *mithāl* primarily through dreams. In the *mithāl*, the physical laws of the *ajsām* do not apply as one may observe actions that would not typically exist in the physical world, e.g., walking on the ceiling. Therefore, events, similitudes, and symbols observed in dreams require external interpretation by specialists trained according to prophetic teachings. One way in which the *mithāl* might be involved in healing is through dreams conveying messages about impending illnesses, their causes, and/or modalities of healing.

The *ajsām* is the realm of corporeal bodies and encompasses the entire universe including human beings, the earth, the sun, the moon, and the heavens. A human being exists in the *ajsām* as a spirit inseparable from a physical body and experiences this realm of existence primarily through the physical senses (sight, hearing, taste, smell, and touch), intellect, and emotions. Means of healing such as medications and counseling exist in the *ajsām* and are accessible to human beings during their worldly life.

Causes and Potential Means of Healing Based on an Islamic Ontological Schema

Based on an Islamic ontological schema outlined above, God is the one who sends forth healing from the *lahūt* (realm of Divine existence). The theological basis for defining God as the One who heals is described in the aforementioned Qur'anic verse (26:80) and according to the Islamic tradition, one of God's names is *al-Shafi* (the Healer). Therefore, for a Muslim suffering from an illness, a primary focus is to understand 'how' one attracts divine attention so as to bring about relief for their illness.

For Muslims, prophets serve as ideal human role models for demonstrating how to attract such divine attention for healing. The following Prophetic statement (*Hadith*) has inspired generations of Muslims to seek sources of healing: Abu Hurairah reported that the Prophet of *Allah* (Muhammad) said: 'There is no disease that God has created, except that He also has created its cure.' [Sahih al-Bukhari 5678, Book 76, Hadith 1]. Utilizing prophetic advices and examples, Muslims seek divine attention for healing through a variety of means that include conventional medicine (e.g., medications, surgery, counseling), religion-based alternative and complementary means (e.g., supplication, charity, prescribed incantations/amulets), and active adoption of Islamic virtues (e.g., reliance on God [*tawakkul*] and patience [*sabr*]). Clinicians' appreciation of these potential means of healing may be enhanced by utilizing an Islamic ontology schema that incorporates realms of existence such as the *lahūt*, *malakūt*, and *mithāl*.

For example, making supplication seeking God's healing from one's illness is a means for attracting divine attention that may lead to healing. The following Prophetic supplication provides an example of how a Muslim may utilize supplication as a potential means of healing: 'O *Allah* (God), Lord of mankind! Remove our suffering. Heal us as you are the healer (*al-Shafi*), and none can heal but you; a healing that leaves behind no ailment.' [Sahih Al-Bukhari, Hadith No. 5675; Sahih Muslim, Hadith No. 2191]. From an Islamic ontological perspective, human beings make such supplications with the hope of attracting divine healing, while they exist in the *ajsām*. Angels exist in the *malakūt* while serving as

the messengers for delivering these supplications to God,⁵ who exists in the *lahūt* (realm of Divine existence). In response to these supplications, God may instruct angels to deliver healing to human beings who then experience the effects of that healing in the *ajsām*.

Another example of a potential means of attracting divine attention for healing based on Prophetic advice is giving charity (*sadaqāh*) on behalf of an ill person. The following Prophetic saying (*Hadith*) encourages treating illness through charity: Abu Umamah reported that the Prophet of *Allah* (Muhammad) said: ‘Treat your sick by giving charity (*sadaqāh*).’ [Sahih al-Jamia’ No. 3358]. While charity is easily understood as directly benefiting other human beings who receive the charity, an understanding of how charity given to others can serve as a means of healing for an ill person is enhanced by utilizing an Islamic ontological perspective for in accordance with the Prophetic advise an ill person might give charity with the intention of attracting divine healing. This action is recorded by angels who exist in the *malakūt*. In response to the charity given with an intention to attract divine healing, God may instruct angels to deliver healing to the human beings who then experience the beneficial effects of that healing in the *ajsām*.

Muslims may use other potential means of healing such as incantations and/or amulets prescribed by traditional Muslim healers to attract divine attention. Traditional healers utilize prophetic advices and examples as the primary basis for the content of these prescriptions and supplement that knowledge with insights from dreams, interpreted based on prophetic knowledge, reported by the ill person or those close to the ill person. The incantations and amulets may facilitate healing by using Qur’anic verses and prophetic traditions to attract divine attention, but do not facilitate healing as ornaments or precious stones themselves. From an Islamic ontological perspective, human beings existing in the *ajsām* approach traditional healers with the intention of utilizing prescribed incantations and/or amulets as a means to attract divine attention for healing. Traditional healers then might provide prescriptions based on insights from the *mithāl* and in response God (in the *lahūt*) may instruct angels (existing in the *malakūt*) to deliver healing to the human beings who then experience the effects of that healing in the *ajsām*.

Additionally, a Muslim facing an illness is encouraged to adorn himself with virtues such as *tawakkul* (a firm belief and reliance and trust in God) and *sabr* (patience) that might also attract divine attention for healing. *Tawakkul*⁶ was defined by Ibn al-Arabi as completely relying and trusting God, without panicking, when there are no conventional means of healing available (Arabi). He further explains that Muslims are encouraged to seek and use means of healing available to them in the world but must actively rely on God as the source of healing.

The following Qur’anic verse describes this concept, ‘If God succours (helps) you, none can ever overcome you; but if He (God) should forsake you, who could succour (help) you

⁵ From the perspective of a human being who exists in the realm of creation, the angels in the *malakūt* provide a means to deliver supplications to God through their role as messengers. However, from the perspective of Islamic beliefs, God is not dependent in any way on creation and therefore, His knowledge of human supplications does not depend on delivery by angels.

⁶ There has been a lively debate among jurists and theologians regarding whether adoption of *tawakkul* involves leaving off of worldly means, and whether or not it involves a desire for a specific outcome. In the context of healing the debate can be rephrased as to whether *tawakkul* demands leaving off actions to facilitate healing and simply “resigning” the outcome to God. Accordingly there are various well-reasoned stances on the matter. For some insights into how the debate is a reflection into the different schools of Sunni law the reader is directed to the paper by Qureshi and Padela (2016). When Must A Patient Seek Healthcare? Bringing the Perspectives of Islamic Jurists and Clinicians into Dialogue. *Zygon* 51:3.

thereafter? In God, then, let the believers place their trust.’ (*Surah Āl ‘Imrān*, 3/160) (see footnote 4).

Active reliance and trust in God as the Healer does not preclude *using* conventional or other means to seek healing, but it does preclude *relying* on these means as the source of healing as this would be against the concept of *tawakkul* (Akhtar 2015). A Muslim who practices active reliance and trust in God when means of healing are available may be more capable of relying on God without panicking when conventional means of healing are not found.

Sabr in times of misfortune has been defined by Al-Ghazali (A.D. 1058–1111)⁷ as ‘patience’ with its opposites referred to as ‘restless anxiety’ (*jaz’*) and a ‘violent outburst of grief’ (*hala’*). The Qu’ran describes that God is with those with *sabr* and Muslims are encouraged to develop and exemplify this characteristic when seeking God’s help, ‘O you who have attained to faith! Seek aid with steadfast patience (*sabr*) and prayer: for, behold, God is with those who are patient in adversity (those with *sabr*).’ (*Surah Al-Baqarah*, 2/153) (see footnote 4). The following Prophetic saying (*Hadith Qudsi*) specifically encourages the practicing of *tawakkul* and *sabr* in the context of illness:

Prophet Muhammad said ‘God, Almighty and Glorious, said, “If I put my servant to the test with a trial [of illness], and he endures it (has *sabr*) and does not express distrust of Me (has *tawakkul*) before those who come to visit him, I shall give him flesh better than his flesh, and blood better than his blood. If I grant him health, he [rises] without sin; and if I decree his death, it is to My mercy [he returns].”’ (Al-Ghazali 2010).⁸

From an Islamic ontological perspective, developing and practicing of *tawakkul* and *sabr* by a Muslim in the *ajsām* is intended to actively attract divine attention (from the *lahūt*) for healing in this worldly life and mercy and forgiveness in the eternal afterlife. While practicing *tawakkul* and *sabr* do not preclude the use of conventional or other means of healing, describing these practices using an Islamic ontological schema may provide insights into how to assess patient responses and attitudes toward illness and healing.

Conclusion

Healthcare practitioners are becoming increasingly aware that patients may choose to utilize faith-based healing practices in place of, or in conjunction with, conventional medicine based on spiritual and/or religious understandings. Elucidating foundational ontological understandings based on religious traditions may clarify why patients and clinicians have differing understandings of ‘who’ heals and ‘what’ are means for healing.

⁷ Abu Hamid al-Ghazali, known as al-Ghazali, is noteworthy as one of the great theologians, mystics, and jurists of the twelfth century. He is referred to as *Hujjat-al-Islam* (the ‘authority’ or ‘proof’ of Islam) based on the breadth of his scholarship and spirituality. For an introduction to his life and works, please refer to H. Littlejohn’s translation of Book 32 of the *Revival of the Religious Sciences* (2010, reprinted 2013, Cambridge: The Islamic Texts Society).

⁸ This hadith qudsi is quoted here as provided by al-Ghazali. There is a slightly different transmission in al-Mustadrak of al-Hākim (Abū ‘Abd Allāh Muḥammad b. ‘Abd Allāh) that translates as, “If I test my believing servant and he does not complain about me to his visitors, I release him from his sickness and then I give him flesh better than his flesh and blood better than his blood. Then his deeds will restart [as his sins are forgiven].” [Al-Hākim, 1:500, *Al-Mustadrak ‘alā l-ṣaḥīḥayn*. Beirut: Dār al-Kutub al-‘Ilmiyyah, 1990]. Al-Hākim states that the hadith is sound according to the criteria of al-Bukhārī and Muslim although they did not transmit it.

This paper describes an Islamic ontological schema, based on a reading of Islamic theological and metaphysical frameworks, that includes the following realms: *lahūt* (Divine existence), *malakūt* (world of spirits), *mithāl* (world of forms and similitudes), and *ajsām* (world of corporeal bodies). Based on the proposed schema, God is the one who sends forth healing from the *lahūt* (realm of divine existence) and therefore, a primary focus for healing is to understand ‘how’ one attracts divine attention so as to bring about relief for their illness. This viewpoint can be contrasted with conventional medicine in which healing is often attributed to the medicine, surgery, or other treatment modality utilized. Islamic ontological schema-based *means* of healing include conventional medicine, but conventional medicine would not be viewed as the *cause* of healing. Furthermore, religion-based means (e.g., supplication, charity, prescribed incantations/amulets), and active adoption of Islamic virtues (e.g., reliance on God [*tawakkul*] and patience [*sabr*]) may be utilized by patients who view these additional actions as means for attracting divine attention to their illness.

An ontological schema-based description of causes and means of healing can service a more holistic model of healthcare by integrating the overlapping worlds of religion and medicine and can support clinicians seeking to further understand and assess patient responses and attitudes toward illness and healing.

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Compliance with Ethical Standards

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