

Islam and Science for a COVID-19-Free World: The Case of Nigeria and Understanding Prophetic Traditions and Islamic Health Practices

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Abstract

This paper draws references from some selected prophetic traditions to examine Islamic health practices in respect of plagues and epidemics including the COVID-19 global pandemic that has impacted the conduct of Islamic daily, weekly and even annual worships. It asks the following questions: Are their lessons of past disasters such as plagues and epidemics, and responses to them in the prophetic traditions and other Islamic texts that can be of benefit for the present health challenges of COVID-19? What are the Islamic provisions for containing and mitigating against these health challenges of the deadly pandemic? How should Muslims embrace the new health regulations and restrictions such as social distancing and other related challenges? This paper engages these questions by interrogating the prophetic traditions on plagues and epidemics. It employs the historical and descriptive methods to explain the rich Islamic literature on health practices. It concludes that though many Muslim communities, especially in the northern parts of Nigeria have violated the lockdown restrictions, the WHO and federal government protocols on containing the spread of the COVID-19 in order to allow the observance of Islamic public prayers, this is at variance with essential Islamic health practices as embedded in Islamic classical texts.

Keywords: COVID 19, science, Islamic health practices, epidemics, prophetic traditions

Introduction

There is hardly any upheaval that has been devastating in contemporary human history than the COVID-19 pandemic. Though there have been several epidemics cum pandemics in history, none has been as shocking and overwhelming as the current pandemic, especially considering our advance scientific and medical knowledge. One major area where the pandemic effect has been significant is in the practice of religious observances and rituals. Some have argued that with the emergence of COVID-19, a re-evaluation or complete abrogation of religious ideals, values and traditions, which were hitherto considered sacred and inviolable has emerged as some new forms of worship have created new spaces where the sacred and the profane, the divine and the human now connect all around the world, Muslim communities in Nigeria inclusive. In Nigeria, President Muhammadu Buhari imposed a 2-week lockdown on Lagos and Ogun States and the Federal Capital Territory, Abuja to curtail the spread of the COVID- 19 on 29 March, 2020. The lockdown was later extended twice before it was changed to interstates lockdown on Monday, 1 May 2020; which was eventually lifted on 29 June 2020. Though the lockdown was intended to curtail and stop the spread of this virus, it inflicted untold suffering on the masses in a nation where about 80% of the population are estimated to live and work in densely populated areas with poor water, sanitation and hygiene infrastructure as could be seen in most Nigerian motor parks and markets

where mostly women sell who are likely to have less access to internet, thus suffering social exclusion during the lockdown, particularly between March and June, 2020. Most petty traders and small-scale business owners with no other sources of income were forced during the period to shut down their businesses and with the additional responsibility of caring for children due to school closures and the increase in the volume of their domestic and general workloads, there was a great likelihood of increase in the mental and emotional strain on women in particular. This has engendered depression and anxiety particularly among women of child bearing age living in low- and middle-income families (Obani, Maxwell and Iyayi, 2020).

This pathetic development has been compounded by the manner some religious leaders reacted to the lockdown. There were reports about religious leaders, lay preachers and imams who perhaps, “acting under instructions from God,” resisted the closure of their places of worship. In fact, there were reported cases of violent encounters between security agents and worshippers in churches and mosques who were unprepared to follow restrictions of movement and large gathering at places of worship. For instance, during the recent 1441 (2020) Ramadan night as well as the ‘Id festival congregational prayers amidst the health protocol such as social distancing put in place in the country by the federal government, many states, especially in the northern parts of Nigeria lifted the lockdown restrictions to allow the observance of the two unit Islamic prayers, leading to a gross violation of the federal government policy on containing the spread of the COVID-19.

Following the above, this paper examines the convergence between Islam and science with a view to uncovering Islamic strategies that can be adopted in the management of pandemics by interrogating some Prophetic traditions and Islamic texts on plagues and epidemics.

Islam and Science: Muslim contributions

The COVID-19 appears to have awakened, once again, the classical contests between science and religion and between reason and revelation in the world of Islam. On the perceived divergence between Islam and human body of knowledge such as the social sciences and the abstract/physical sciences, some Islamic scholars such as al Faruqi (2016) have argued that science and Islam are intertwined. Though the West was unable to produce any serious science during the middle ages because of the dogma of the Church until after the scientists in the West rebelled against the Church that its science began to flourish, conversely; the Muslim world reached the peak of its scientific discovery following the instructions of the Qur’an and the Sunnah, to contemplate, think and reflect. Thus, scientific thought developed and science flourished in the Muslim world during the same dark ages in Europe and Muslim scholars therefore became the precursors and torchbearers of today’s modern scientific achievements. The remarkable contributions made by Muslims to modern science, as noted by Bernard Lewis, shook Europe out of its centuries-long slumber and thus to D.N. Dunlop (cited in Uthman, 2010), these scholars’ contributions to modern knowledge got to Europe during the tenth century and by the thirteen century their works virtually dominated all branches of knowledge throughout Europe.

Therefore, this paper will now examine Islamic health practices in respect of epidemics and pandemics by interrogating some Prophetic traditions and Islamic texts on epidemics.

Epidemics and Pandemics in Islamic History

COVID-19 is not the world first encounter with an epidemic or pandemic. In the year 17-18 AH (639-640 CE), what maybe regarded in Islamic history as the first severe pandemic, which has been defined as “a disease widespread over a whole country or large part of the world” (Oxford Dictionary, 2006: 648) broke out in a town called ‘*Amwās* in Palestine and “spread in most parts of Iraq, Syria and Egypt,” leading to the death of several companions of the Prophet Muhammad (SAW) such as Abū ‘Ubaydah Āmir ibn al-Jarrāh, the commander in chief of the Muslim armies as they fought the Byzantine Romans, Mu‘ādh ibn Jabal who succeeded him as the commander in chief after his death, Shuraḥbīl ibn Ḥasana, the son of Mu‘ādh, al-Fadl ibn al-‘Abbās, Abū Mālik al-Ash‘arī, al-Ḥārith ibn Ḥishām, Abū Jandal Suhayl ibn ‘Amr, ‘Utbah ibn Suhayl and Yazīd ibn Abī Sufyān (Khan, N.D: 21-22).

At the time of the of *al-ṭā‘ūn al-‘Amwās* (named after the town where it first broke out), the second caliph ‘Umar was on his way to ‘Amwās when he heard that it was infected with the and he returned back to Madīnah. Abū ‘Ubaydah on hearing this asked him why he was fleeing from the *Qadar* (decree of Allah) and he replied that he was fleeing from one *Qadar* of Allah to another *Qadar* and then reminded him of the saying of the Prophet (SAW) that if Muslims hear of the outbreak of an epidemic in a land, they should not enter it and if it breaks out in a land in which they are already inside, they should not leave it. After Abū ‘Ubaydah and his successor, Mu‘ādh fell victims to the ‘Amwās epidemic; ‘Amr ibn al-‘As who took charge of the remaining armies instructed the soldiers to scatter inside the caves, valleys and hills as epidemics are like fires and are more deadly when people are crowded in densely populated areas. Though he was challenged by a companion who saw the strategy as an innovation but he ignored the query (Ḥanbal, 1982).

To al-Ḥāfidh Ibn Kathīr (d. 774 AH), ‘Amwās, which was one of the two waves of the Plague of Justinian is the worst pandemic in early Islamic history. Though according to him, the armies of the Companions of the Prophet (SAW) as they engaged the armies of the Romans in 18 AH/640 CE lost over 25,000 Muslims lives, in the words of Philip Hitti, Abū ‘Ubaydah “fell victim at ‘Amwās (or ‘Amawās) to an epidemic which is said to have carried off 20,000 of his troops” (Hitti, 1970: 154).

In addition, al-Dhahabī has also reported that between 448 and 449 AH, there was an epidemic that ravaged the towns in Muslim Spain and killed many people, which led to closure of Masājid because the people could not come out to pray (Al-Dhahabī, 1973 and 1998). Al-Ḥāfidh Aḥmad ibn Ḥajar al-‘Asqalānī, (d. 852 AH) records that in 749AH, there was an epidemic in Damascus, Syria and the leaders alongside the Islamic scholars gathered the people in a plain field and offered prayers to Allah to curb the epidemic. However, after the prayer, the devastation of the epidemic increased because it had spread amongst them as a result of the gathering. Similarly, he also recounts how in 827AH, there was a severe epidemic outbreak that accounted for the death of forty people almost on a daily basis and it was estimated that one thousand, seven hundred people died as a result of the epidemic. According to him, due to the epidemic, congregational prayers at the Ḥarām came to a halt because the people could do not come out for prayers for fear of being infected with the epidemic. In the same vein, ibn Ḥajar al-‘Asqalānī records that a similar

experience occurred in Egypt when it was hit by an epidemic in 833AH that led to the death of almost forty people in a single day. Thereafter, the people gathered at the outskirts of the town to offer supplications. After a few weeks of this gathering, the epidemic became more severe to the point that over a thousand persons kept dying daily. In short, after the gathering, the epidemic also became more severe and devastating (al-‘Asqalānī, N.D.: 329).

In the above examples of plagues are many Islamic teachings. For one, al-Ṭā‘ūn al-‘Amwās confirms the adoption of physical distancing occasioned by the directive of ‘Amr after he took charge of the remaining Muslim armies that they should scatter to the mountains, rocky hills, valleys and caves to curb the epidemic, which causes more havoc in densely populated areas. The physical distancing and attendant quarantine worked for his companions as they survived the epidemic (Ḥanbal, 1982) and conversely, the failure to observe these measures led to the massive loss of lives in the subsequent epidemics in Makkah and Egypt as described by ibn Ḥajar al-‘Asqalānī (N.D.: 329). The physical distancing and attendant quarantine are also supportive of the suspension of mosque attendance as the congregational prayers including the Friday prayer must have been suspended throughout the period that the plagues lasted.

Similarly, the saying of the Prophet (SAW) that Muslims should not enter any town where there is a breakout of epidemic or pandemic nor leave the town if they are already inside also demonstrates that faith in Islam, does not in any way prevent a Muslim from avoiding what is harmful or seeking to contain and militate against its adverse effects. More so, there are many other Prophetic traditions that directly support health protocols such as lockdown, isolation and quarantine in order to contain spreading an epidemic or pandemic. For example, the Prophet (SAW) is reported to have said about periods of trials and tribulations that “one sitting will be better than one standing, and one standing will be better than one walking, and one walking will be better than one running. If anyone will seek to come near them; they will overtake him. If anyone will find a refuge or shelter, he will take refuge to it.” and that “one sitting therein will be better than one walking, and one walking will be better than one running towards them” (Karim IV, 1939: 7 (no. 6 and 7)). The Prophet is also reported to have said that “There will not be a man whom during a plague patiently remains in his home, seeking reward, whilst knowing that he will not be afflicted except with what Allah has written for him except that for him will be the reward like that of a Martyr.” While commenting on this saying, al-‘Asqalānī writes that “this shows that whosoever has been characterized by the mentioned description will obtain the reward of a martyr even if he does not die (al-‘Asqalānī vol. 10, 1959: 194).

Furthermore, it is also reported that the Prophet (SAW) says that “... And flee away from leprosy as you flee away from a tiger.” In fact, “there was a man having leprosy in the deputation of ‘Saqif’ tribe” and “the Prophet (SAW) sent a man to him (saying)”: “we have taken oath of fealty from you, so return” (Karim II, 1939: 91 (no. 63) and 92 (no. 67)). He equally teaches Muslims when they sneeze “to cover his face with his hand or with his cloth” just as he prohibits anyone who eats garlic and onion to stay away from the *Masjid* unless he is able to make their smell ineffective (Karim I, 1939: 591 (no 79) and Karim III, 224 (no. 146).

The above Prophetic traditions therefore support such measures as prohibition of migration, attendance at congregational prayers, wearing of face cover or mask during the outbreak of

epidemics and pandemics. This is probably why Muslim countries or cities were on lockdown and events and gatherings were cancelled widely round these countries for months. For example, on the 19 March 2020, Saudi Arabia suspended daily congregational prayers and the weekly Friday prayers; thus, joining a long list of other countries such as Qatar, Kuwait, Turkey, Morocco and Malaysia that preceded it. It also halted all international flights, cancelled the ‘Umrah (the year-round lesser pilgrimage), closed schools, malls and restaurants, and asked people to stop going to work (al-jazeera, 2020). In the same vein on Sunday 29 March 2020, Nigeria declared a total lockdown on two states, Lagos and Ogun states as well as the federal capital territory, Abuja and all public worship came to a halt. Thus, the COVID-19 pandemic has basically been a health crisis though interwoven with economic, political, security and religious issues etc. For example, in third world countries like Nigeria, the decades of the neglect of the health sector as a result of the penchant of government officials for treating themselves abroad, lack of adequate databases of the citizenry and the absence of state social welfare packages for the unemployed and other vulnerable groups made the lockdown put in place to curtail the pandemic in many of these countries almost totally ineffective especially in Nigeria where it was more observed in the breach. This is apparently because the lockdown inflicted untold suffering on the masses in a nation where about 80% of the population estimated to be living below the poverty line can be described as ‘locked down by hunger’ even as many of those gainfully employed lost their jobs while some of those who are still employed in the private sector have not been receiving salaries. This pathetic development has no doubt adversely affect the general health of the people, especially their psycho-mental health, an aspect that is usually ignored in the management and care of the victims of the COVID-19 pandemic. Hence, the paper will now proceed to offering the Islamic solutions to the pandemic.

The COVID-19 and Islamic Practices Strategies and Solutions

In proffering Islamic health practices, strategies and solutions that address the above COVID-19 challenges, it is important to note that according to the Qur’an and prophetic traditions there is cure and healing in many plants, seeds, herbs and seeds for “all diseases except what Allah wills.” Due to these assertions, many Muslim scholars have studied and written on the medicinal values of plants and herbs in the treatment of mental ailments and the efficacy of aromatherapy. For instance, ibn Sīnā known in the West as Avicenna has written on the use of over 800 plants and oils for the treatment of mental challenges (Uthman and Opeewe, 2019: 37-40).

Furthermore, the above responses of the companions to the al-Ṭā‘ūn al-‘Amwās; which provide precedents in Islamic history in support of the protocols of physical distancing by people, lockdown of a community and isolation or quarantine of those infected during an epidemic is another strategy. In fact from the above precedent, it is obvious that as a result of the physical distancing strategy occasioned by the command of ‘Amr that all the detachments of the Muslim army should spread “out to the mountains, rocky hills and caves,” Friday and congregational prayers were therefore suspended for the few months that the epidemic lasted before the companions returned back from the mountains, hills and valleys to the city. It is also revealing that the physical distancing strategy of spreading “out to the mountains, rocky hills and caves” and isolating themselves helped the remaining companions after ‘Amr became the commander in chief to survive the epidemic.

Finally, it demonstrates that in times of Allah's trials, which a pandemic or epidemic denotes; Islam does not in any way prevent a Muslim from seeking its prevention and avoiding what its harmful impact. As a matter of fact, the verse of the Qur'an that "there comes forth from their bellies (bees), a drink of varying colour wherein is healing for people" (Q16: 68-69) is evidence that Muslims should search for cure and not resort to fatalism when there is an epidemic or pandemic. This assertion is confirmed by two traditions of the Prophet (SAW) that "Allah sent no disease for which He sent no cure" and "For every disease, there is a medicine. So, when the medicine is applied to the disease, he becomes cured by the permission of Allah". (Karim vol. II, 2019: 71).

This shows that "Islam teaches that there is a cure for every ailment" and Muslims are therefore enjoined to ensure that sound "health should be maintained and pursued through adequate medical care and treatment" (Uthman and Opeewe, 2019: 22 and 23)." reference can also be made to general injunctions of the Qur'an that promote the values of purification and general hygiene such as (74:4), remarking "God loves those who are clean" (2:222).

Conclusion:

The paper interrogates some of the Prophetic traditions in respect of epidemics and pandemics and drawing on the Ṭā'ūn al-‘Amwās and other epidemics/pandemics in Islamic history and the coping strategies adopted by the companions as well as other general and specific Islamic teachings, it offers Islamic health practices, strategies and solutions that will help confront the challenges presented by the COVID-19. The Islamic health practices include the prohibition of migration, physical distancing and suspension of Friday congregational prayer, which was not possible until the epidemic had passed after almost a year and the people returned to their dwellings in the city. These health practices no doubt provide support for the WHO protocols.

These Islamic health practices prove beyond any doubt that Islam approves of the WHO protocols in the containment of the COVID-19 pandemic. Similarly, the Prophetic tradition indirectly approves not shaking hands during the COVID-19 and any other pandemic or epidemic. This is further supported by the Prophet traditions that prayers should be observed at homes during heavy rain, storm or flooding. As reported by ‘Abdullah ibn al-Ḥārith and Imām Muḥammad ibn Sirin, ‘Abdullah ibn ‘Abbās once addressed the people on an extremely rainy Friday and when the Mu‘ādhin stood to announce the prayer, he directed him that "after you say, ‘Ashhadu ana Muhammadan Rasūlallāh (SAW), do not say: come to prayer but rather say, pray in your homes." It was as though the people disliked his directive that the Jumu‘ah prayer should be suspended, so ‘Abdullah said, "the one who is better than me (meaning the Prophet (SAW) had done this. The Friday prayer is a set ruling but I dislike to bring you out whilst you walk in mud and rain" (Karim, 1939). This tradition grants permission for the temporary suspension of the daily congregational prayers to prevent harm to the worshippers during rain. Therefore, prayers should be totally suspended during the COVID-19 pandemic that is deadlier and fatal.

Islamic texts also support scientific/medical research to find cure and treatment for illnesses such as the verse of the Qur'an that declares that "there comes forth from their bellies (bees), a drink of

varying colour wherein is healing for people” (Q16: 68-69) and traditions of the Prophet (SAW) that “Allah sent no disease for which He sent no cure” and “For every disease, there is a medicine. So when the medicine is applied to the disease, he becomes cured by the permission of Allah” (ibid).

In addition are Islamic texts that promote the values of purification and general hygiene such as (74:4), remarking “God loves those who are clean” (2:222). “Cleanliness is half of faith,” “Whoever makes ablution over a state of purity will have ten merits recorded for him” and “The key to paradise is prayer, and the key to prayer is cleanliness” (Uthman and Opeewe, 2019: 663 and 670).” The texts clearly support the strategies of washing hands with water and soap or using hand sanitizer as they are means of attaining cleanliness.

It might therefore not be wrong to assert that the reappraisal of Islamic texts in regards to Islamic practices, traditions and rituals in COVID-19 situations confirms that the evolution of practical Islamic attitudes and actions on the re-ordering of Islamic worship in the context of COVID-19 is permissible. It is expected that the findings from the research will be useful to policy-makers, Islamic scholars and Muslims in general among others in reviewing the response to the COVID-19 emergency in Nigeria. The expected output might in turn contribute to the formulation of Islamic solutions that will help Muslims confront the health, socio-cultural, political, religious and economic challenges presented by the COVID-19. It may also further enhance the various governments and Muslim communities’ coordinated efforts at reopening public places such as the mosques, schools and economies in the midst of the COVID-19.

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