

‘Islamic’ Preventive Medicine in the Noble Qur’an

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Abstract

Preventive medicine (*hıfzıssıhha*) forms a fundamental pillar of Islamic jurisprudence and medical ethics, prioritizing disease prevention over treatment. This study examines the holistic framework of preventive medicine presented in the Noble Qur’an and Sunnah, demonstrating how foundational Islamic principles predate modern hygiene and epidemiological standards by fourteen centuries. Through a qualitative analysis of textual evidence and classical commentary, the research categorizes Islamic preventive healthcare into four primary domains: the mitigation of contagious diseases through early quarantine protocols and strict moral boundaries; abstention from harmful substances; systemic bodily and environmental purification (*taharah*); and the maintenance of physical health via balanced nutrition. The findings reveal that Islamic health directives maintain a dual emphasis on physical and spiritual purity, establishing balance (*i’tidal*) between material and spiritual well-being while condemning both dietary excess (*israf*) and arbitrary deprivation. By instituting preventive guidelines—such as mandatory ablution, quarantine during epidemics, and the prioritization of protein-rich and wholesome (*tayyib*) foods—Islam establishes an enduring framework aimed at eradicating the root causes of illness. Ultimately, this research demonstrates that the health paradigms legislated in the Qur’an offer a comprehensive, timeless model for individual hygiene and public health preservation, aligning directly with the ultimate objectives of contemporary preventive medicine.

Keywords: Preventive Medicine, Qur’anic Hygiene, Public Health, Islamic Medicine, Balanced Nutrition.

Introduction

The primary objective of modern healthcare architectures is increasingly shifting from reactive intervention to proactive preservation. Within contemporary public health discourse, preventive medicine—historically conceptualized in the Islamic medical tradition under the umbrella term *hıfzıssıhha* (the preservation of health and hygiene)—is recognized as the most vital paradigm for sustaining population well-being.¹ At its foundational core, preventive medicine aims to safeguard individuals and communities from the onset of disease rather than merely alleviating symptoms after pathological manifestation occurs. The absolute prerequisite and cornerstone of this preventive strategy is absolute cleanliness (*taharah*). While modern epidemiological frameworks often trace the

¹ Sabri Çap, "Fransız Oryantalist Jean Gagnier’in (1670-1740) Hz. Peygamber’i Mükemmel Bir Doktor Olarak Nitelemesi ve Tıbb-ı Nebvî Hakkındaki Değerlendirmeleri," *Ondokuz Mayıs Üniversitesi İlahiyat Fakültesi Dergisi* 50 (2021): 175–199.

formal codification of public sanitation to the nineteenth-century sanitary movement in Europe, historical and textual analysis demonstrates that Islam systematically integrated comprehensive preventive healthcare into human civilization fourteen centuries ago. During the European Middle Ages, when urban centers lacked basic sanitation infrastructure and personal hygiene was frequently neglected, Islamic civilization established sophisticated public bathhouses (*hammams*), complex aqueducts, municipal waste management, and personal hygiene protocols rooted in divine law. A critical examination of medical history reveals that the European Renaissance was profoundly inspired by and built upon this Islamic concept of hygiene and public health. Far from being a purely internal rediscovery of Greco-Roman ideals, Western Europe's emergence from the sanitation crises of the Middle Ages was catalyzed by its direct exposure to Islamic biomedical science and civic infrastructure through key contact zones like Andalusian Spain (*Al-Andalus*), Norman Sicily, and Mediterranean trade routes.² In cities like Córdoba and Baghdad, public baths, paved streets, running water, and dedicated hospital (*bimaristan*) sanitation systems operated at a scale unimagined in medieval Europe.³ The translation movement of the eleventh through thirteenth centuries introduced foundational texts like Ibn Sina's (*Avicenna*) *Al-Qanun fi al-Tibb* (*The Canon of Medicine*) and Ali ibn al-Abbas al-Majusi's (*Haly Abbas*) *Kamil al-Sina'ah al-Tibbiyyah* to Western universities in Salerno, Bologna, and Paris, explicitly detailing environmental hygiene, body cleanliness, water purity, and dietetics as the primary guards against sickness. As European thinkers sought to rebuild their medical systems following the devastation of the Black Death, they adopted the public health paradigms, bathing habits, and containment strategies pioneered by Muslim physicians, laying the empirical groundwork for the Western sanitary renaissance.⁴

The historical necessity and profound foresight of Islamic preventive healthcare are vividly illustrated when contrasted with the devastating epidemiological crises that plagued Western antiquity and the medieval era. When the Justinian plague erupted across the Byzantine Empire and the West in 542 CE, the precise etiology, vector dynamics, and transmission modes of the disease were entirely unknown, causing it to persist for over four decades and claim millions of lives. Between the sixth century and 1862, Europe suffered through twenty-five major plague epidemics that periodically decimated up to half of the continent's population.⁵ In sharp contrast to the prevailing ignorance regarding contagion containment in late antiquity, the Prophet Muhammad (peace and blessings be upon him) laid down explicit, highly sophisticated public health containment guidelines in the seventh century: "*If you hear of an outbreak of plague in a land, do not enter it; and if the plague breaks out in a place while you are in it, do not leave that place.*" (*Sahih al-Bukhari, Tibb*, 30; *Sahih Muslim, Salam*, 92).⁶ This prophetic directive established the foundational mechanics of modern

² Isabella Bonati, "The (un) healthy poor: wealth, poverty, medicine and Health care in the Greco-Roman world," *Akroterion* 64 (2019): 15–43, <https://hdl.handle.net/10520/EJC-1d4c8278bb>.

³ Hasbullah Haji Abdul Rahman, "Development of Health Sciences and Related Institutions during the First Six Centuries of Islam," *Islamic Quarterly* 44, no. 4 (2000): 601.

⁴ Maide Barış, "Between Body and Soul: Muslims as Patients, Physicians, and Religious Scholars in the Ottoman Age of Epidemics," *Türkiye Klinikleri Journal of Medical Ethics-Law and History* 34, no. 1 (2026): 9–15, <https://doi.org/10.5336/mdethic.2025-112834>.

⁵ Johannes Preiser-Kapeller, W. A. McGrath, R. Pfister, et al., "The Circulation of *Yersinia pestis* in Central Eurasia before and during the First Plague Pandemic (Second to Eighth Century CE): Palaeogenetic and Historical Evidence and Sociopolitical, Ecological, and Climatic Factors," *Human Ecology* 53 (2025): 703–721, <https://doi.org/10.1007/s10745-025-00617-6>.

⁶ Mark Woodward, "Ramadan in the Plague Year: Indonesian Muslim Responses to the Onset of COVID-19," *Contemporary Islam* 18 (2024): 405–423, <https://doi.org/10.1007/s11562-023-00537-6>. Ian Freckelton, "COVID-19: Fear, Quackery, False Representations and the Law," *International Journal of Law and Psychiatry* 72 (2020): 101611, <https://doi.org/10.1016/j.ijlp.2020.101611>.

epidemiology—strict territorial containment and non-intercourse isolation, universally recognized today as quarantine and *cordon sanitaire*. While Western medical science did not formally codify quarantine protocols until the fourteenth century in Venice during the Black Death, the Noble Messenger of Islam (pbuh) had already instituted isolation as a binding ethical and legal imperative fourteen hundred years prior.

This early foundation was further developed by classical Muslim physician-scholars who operationalized prophetic guidance into empirical science. Polymaths like Abu Bakr al-Razi (*Rhazes*) pioneered hospital sanitation and clinical differentiation of infectious diseases,⁷ while Ibn Sina dedicated vast sections of *The Canon of Medicine* to the "Six Essential Causes" (*al-asbab al-sittah al-daruriyyah*) required to preserve health, focusing on air quality, food, movement, sleep, and metabolic balance.⁸ Later Andalusian physicians such as Ibn Khatima and Ibn al-Khatib provided definitive epidemiological proof of contagion during the Black Death, asserting through empirical observation that physical contact and shared garments transmitted the disease, thereby expanding the prophetic quarantine model into systematic public health policy.

In stark contrast to this holistic, prevention-first model established in the Qur'an and Sunnah, contemporary modern secular medicine operates predominantly under a reactive, interventionist, and profit-driven paradigm. While technological innovations in surgery and diagnostic tools are undeniable, the structural incentives of modern healthcare are heavily skewed toward pharmaceutical reliance and complex medical machinery aimed primarily at commercial monetization. Distinguished contemporary bioethicists, epidemiologists, and medical critics have increasingly challenged the vulnerabilities inherent in Western medicine's commercial alignment, pointing out that pharmaceutical business models thrive on managing lifelong chronic conditions and suppressing symptoms rather than eradicating root causes through environmental and lifestyle modifications. This over-medicalization converts natural physiological shifts into lucrative clinical pathologies while institutional curricula neglect basic nutrition, environmental hygiene, and dietary restraint.⁹ Consequently, "diseases of civilization"—such as metabolic syndrome, cardiovascular disease, and chronic inflammation resulting from overconsumption, sedentary habits, and stress—continue to escalate globally precisely because commercial healthcare treats downstream effects while leaving upstream causes untouched.

By contrast, the Qur'anic framework treats bodily health as a sacred trust (*amanah*) rather than a marketplace commodity, categorizing preventive directives under four structural pillars: contagion control, abstention from harmful substances, rigorous personal cleanliness (*taharah*), and physical health through balanced nutrition. Almighty Allah commands moderation and warns against metabolic extravagance: "*Eat and drink, but do not be extravagant. Indeed, He does not love the extravagant.*" (Qur'an 7:31). Exegesis by classical commentators like Ahmed Mustafa al-Maraghi notes that extravagance (*israf*) is the exact benchmark by which physiological harm arises, emphasizing that Islam strictly enjoins a middle course between excess (*ifrat*) and neglect (*tefrit*). Similarly, the Qur'an prohibits sexual intimacy during specialized physiological states like

⁷ Biam Saydo et al., "A Medieval Approach to Head Injuries: Exploring the Contributions of Ibn Zakariya al-Razi (865–925) During the Golden Era of Islamic Medicine," *Journal of Clinical Neuroscience* 142 (2025): 111708, <https://doi.org/10.1016/j.jocn.2025.111708>.

⁸ Yasser F. Almealawy et al., "Ibn Sina's Contributions to Epilepsy Management: Innovations from the Islamic Golden Age," *Journal of Clinical Neuroscience* 136 (2025): 111256, <https://doi.org/10.1016/j.jocn.2025.111256>.

⁹ James Davies, Brian A. Pace, dan Neşe Devenot, "Beyond the Psychedelic Hype: Exploring the Persistence of the Neoliberal Paradigm," *Journal of Psychedelic Studies* 7, no. S1 (2023): 9–21, <https://doi.org/10.1556/2054.2023.00273>.

menstruation (Qur'an 2:222), designating it as harm (*adhā*) to prevent bacterial infection and pelvic inflammation—a medical wisdom recognized by modern gynecology centuries later. Ultimately, the primary pillars of modern preventive healthcare were comprehensively instituted by the Noble Qur'an and the prophetic Sunnah 1,400 years ago, offering a timeless, integrated model that bridges physical purity with spiritual integrity while providing a vital corrective to the commercialized vulnerabilities of modern medical systems.

Despite the expanding body of literature exploring the intersection of religious traditions and historical public health, a significant research gap persists regarding the systematic synthesis of Qur'anic and prophetic health directives through the modern epidemiological framework of preventive medicine (*hifzıssıhha*).¹⁰ Existing scholarship frequently treats Islamic medical history either as a mere historical bridge to Western clinical developments or as isolated theological commentary, often overlooking its cohesive, legal, and biophysiological architecture. Addressing this oversight, the present study offers novel scholarship by systematically categorizing Islamic health paradigms into a fourfold structural framework—contagion mitigation, toxicological abstention, systemic purification (*taharah*), and balanced nutrition (*i'tidal*)—while demonstrating how these divine mandates predated modern epidemiological and hygienic protocols by fourteen centuries. Furthermore, this article moves beyond traditional historical narratives by establishing a direct critical dialogue between the holistic, root-cause-oriented ethos of Islamic preventive jurisprudence and the commercialized, intervention-heavy vulnerabilities of contemporary secular medicine. Ultimately, the central aim of this article is to utilize qualitative textual analysis of the Qur'an, Sunnah, and classical exegesis to prove that Islamic preventive guidelines establish a timeless, integrated model of public health that harmonizes physical and spiritual purity to preserve human life at its foundational core.

Finding and Discussion

The provisions regarding preventive medicine in the Qur'an and Sunnah outlined above can be briefly elaborated as follows:

1. Prevention of Contagious Diseases

The domain of epidemiology and public health (*hifzıssıhha*) within Islamic history represents a profound synthesis of divine law (*Shari'ah*), empirical science, and social governance. In the Ottoman-Turkish medical tradition, this discipline was not merely theoretical; it was institutionalized as a foundational imperative of statecraft and medical ethics. Ottoman-Turkish medicine (*Osmanlı Tıbbı*), building upon classical Islamic biomedical science, codified preventive measures against contagious diseases through a holistic framework that integrated legal rulings (*fıqh*), clinical observation (*tabābat*), and public sanitation mandates (*tanzifāt*). At the core of this tradition lies the foundational principle that shielding the body from harm (*def-i mefāsīd*) takes absolute precedence over seeking a cure (*celb-i menāfi*).¹¹ Through a rigorous examination of the Noble Qur'an, the Sunnah, and classical Ottoman medical literature, the prevention of contagious diseases emerges as

¹⁰ Özgür Yatkın, "Bakteriyolog Doktor Server Kâmil (Tokgöz)'ün 'Mufasssal Hıfz-ı Sıhhat' Adlı Eseri Üzerinden Hastalıklara Karşı Sağlığın Korunmasına Yönelik Tarihsel Bir Araştırma" (Tesis Magister, Çanakkale Onsekiz Mart Üniversitesi, 2025). p. 3-4, 118, 120, 161, 181, 203

¹¹ Miri Shefer-Mossensohn, *Ottoman Medicine: Healing and Medical Institutions, 1500–1700* (Albany: State University of New York Press, 2010). p. 29, 48, 50, 211, 214

a multi-layered legal and biological defense mechanism designed to safeguard human lineage (*neslin muhafazası*) and public well-being (*sıhhat-i umūmiyye*).

Islam and its supreme Scripture, the Noble Qur'an, have instituted preemptive measures and commanded their execution to ensure the protection and preservation of the individual and human lineage. The principle of deterrence and preemptive action—conceptualized in Islamic jurisprudence as *sedd-i zerāi'* (blocking the pathways to harm)—occupies the forefront of the measures introduced by the Qur'an. In accordance with this legal and biomedical principle, the Qur'an strictly forbids extramarital sexual relations (*zinā*) and the behavioral avenues leading to them, introducing preventive restrictions long before biological pathologies manifest. Historically and contemporaneously, infectious diseases pose a severe threat to human survival and demographic stability. Foremost among these are venereal diseases such as syphilis (*frengi*), gonorrhea (*bel soğukluğu*), and chancroid, alongside modern viral pandemics like HIV/AIDS.¹² Given that the primary epidemiological vectors for these debilitating conditions are extramarital intercourse, casual promiscuity, and unnatural sexual acts (*livāta*), Islam's resolute stance against these acts demonstrates a profound bio-ethical foresight.¹³

Alongside spiritual and moral wisdoms, Islam prohibited immorality (*fahşā'*) for explicit health-related reasons, systematically dismantling the behavioral pipelines that facilitate transmission. Almighty Allah commands: "Do not approach immoralities, whether open or secret." (Qur'an 6:151) and "And do not approach unlawful sexual intercourse. Indeed, it is ever an immorality and an evil way." (Qur'an 17:32). The linguistic nuance of the Qur'anic command is medically significant: Allah does not merely state "do not commit adultery," but rather "do not approach" (*lā taqrabū*). In epidemiological terms, this command erects a primary prophylactic barrier. The physical wound inflicted by illicit sexual behavior on the social fabric is devastating; the foundational prerequisite of social stability is the family unit and the preservation of lineage (*nesil*). Adultery acts as a potent biological and social pathogen that destroys both elements, leaving populations vulnerable to systemic infection and social decay. The Qur'anic method of preventing venereal contagion relies on establishing preventive behavioral boundaries right from the start. The divine text identifies the uncontrolled gaze as the primary psychological spark in the chain of transmission. Thus, it commands men first (Qur'an 24:30) and then women (Qur'an 24:31) to lower their gaze (*gözü haramdan sakınmak*) and conceal their private attributes (*'avret*). By prohibiting the initial glance—the first step in the behavioral progression of looking, smiling, conversing, meeting, and seclusion (*halvet*)—the Qur'an neutralizes the risk of infection at its origin.¹⁴

The preventive principles articulated in the Qur'an and Sunnah found their most sophisticated historical application in Ottoman medical history. Ottoman physicians (*hekimler*) and scholars understood that contagious diseases (*emrāz-ı sâriye*) required both behavioral restraint and rigorous public health infrastructure. When bubonic plague (*tâ'ūn*) and cholera (*kolera*) periodically threatened the Empire, Ottoman scholars drew directly upon prophetic directives to formulate state containment strategies. The concept of isolating infected regions—established by the Prophet Muhammad's (pbuh) directive on plague—was codified in Ottoman administrative law. During times of pestilence, Ottoman authorities instituted strict containment barriers known as *kordun kordonu*

¹² A. Göksu dan F. Afyoncu, "Bel Soğukluğunu Frengiden Ayırmak: Risâle-i Durûre'l-Muhât," *Lokman Hekim Dergisi* 14, no. 3 (2024): 525–536, <https://doi.org/10.31020/mutftd.1508944>.

¹³ İbrahim Canan, *Kütüb-i Sitte Hadis Ansiklopedisi* (Ankara: Akçağ Yayınları). XI:383

¹⁴ Celal Kırca, *Quran and Science* (Piscataway, NJ: Gorgias Press, 2023), <https://doi.org/10.31826/9781463246839>. p. 235–237

(sanitary cordons) around affected quarters. The establishment of dedicated quarantine stations (*karantinahāna*) across the Empire in the nineteenth century under Sultan Mahmud II was officially legitimized through *fatwas* (legal rulings) issued by the *Şeyhülislām*, who declared that seeking protection against contagion via quarantine was fully compliant with Islamic law (*Şerʿat*).¹⁵ Furthermore, Ottoman epidemiology emphasized environmental hygiene (*çevre temizliği*) and air purification (*havanın ıslahı*). Recognizing that atmospheric moisture and stagnant air could harbor infectious miasmas, Ottoman physicians developed complex fumigation protocols (*buhoor*) using aromatic resins, vinegar, and sulfur to disinfect clothing, mail, and public spaces (*taʿfīn*)—a direct historical precursor to modern chemical sterilization.

The theoretical and practical advancement of preventive medicine within Turkish culture was driven by a distinguished lineage of scholars, polymaths, and imperial chief physicians (*Hekimbaşı*). Prominent among them was Akşemseddin (1389–1459 CE), a Sufi master and tutor to Sultan Mehmed the Conqueror (*Fatih Sultan Mehmed*). In his celebrated medical treatise *Maddat al-Hayat* (*Material of Life*), Akşemseddin postulated the existence of microscopic infectious agents centuries before Louis Pasteur and Robert Koch, asserting that disease passes from person to person by means of living seeds (*tohum*) so small they cannot be seen.¹⁶ Later, traveler Evliya Çelebi (1611–1682 CE) documented Ottoman municipal sanitation, public bathhouse (*hammam*) hygiene, and systematic quarantine measures in his *Seyahatnâme*.¹⁷ In the nineteenth century, Şanizade Mehmed Ataullah Efendi (1771–1826 CE) integrated modern European epidemiological concepts into traditional Ottoman *hıfzıssıhha* in his anatomical work *Mirʾāt al-Abdān*, advocating strongly for systematic vaccination (*aşı*). Imperial Chief Physician Mustafa Behçet Efendi (1774–1834 CE) authored the *Kolera Risalesi* and established the first official Quarantine Council (*Meclis-i Tahaffuz*) in 1838.¹⁸ Finally, Dr. Besim Ömer Pasha (1862–1940 CE) modernized late-Ottoman public health, maternal hygiene, and child welfare (*hıfzıssıhha-i etfāl*), helping establish the Turkish Red Crescent (*Hilāl-i Ahmar*) sanitation frameworks for the public good (*sıhhat-i umūmiyye*).¹⁹

In addition to sexual boundaries and spatial containment, the Qurʾān explicitly links the prevention of contagious and metabolic diseases to the consumption of clean, uncorrupted provisions. Microbial contamination in food and water supplies historically served as the secondary vector for devastating enteric epidemics, including typhoid, dysentery, and cholera. Clear directives in the Noble Qurʾān mandate absolute alimentary purity: "This day [all] good foods (*tayyibāt*) have been made lawful for you." (Qurʾan 5:5), "O you who have believed, eat from the good things which We have provided for you." (Qurʾan 2:172), and "O mankind, eat from whatever is on earth [that is] lawful and good (*halāl* and *tayyib*)." (Qurʾan 2:168). In Islamic jurisprudence, the term *halāl* refers to legal permissibility, whereas *tayyib* denotes wholesome, pristine, and biologically safe items. Ottoman health inspectors (*Muhtasib*) enforced strict municipal standards (*İhtisāb*) across food markets,

¹⁵ Hatice Kübra Kahya, "From Fıkıh to Law: The 1911 İstibdāl Law and the Ottoman Reconfiguration of Islamic Legal Authority," *Islamic Law and Society* (2025): 1–31, <https://doi.org/10.1163/15685195-bja10079>.

¹⁶ Osman Şevki Uludağ, *Beş Buçuk Asırlık Türk Tabâbet Tarihi* (İstanbul, 1969), 35–36.

¹⁷ Ahmet Gülenç, "Evliya Çelebi'nin Seyahatname Adlı Eserinde 17. Yüzyıl Cizre ve Çevresine Dair Gözlemler," *Şirnak Üniversitesi İlahiyat Fakültesi Dergisi*, no. 28 (2022): 53–75, <https://doi.org/10.35415/sirnakifd.1084656>.

¹⁸ A. Aciduman dan G. Aciduman, "Hekimbaşı Muştafâ Behcet Efendi'nin Rûhye Risâlesi üzerine bir çalışma: Eser gerçekten Störck'ten bir çeviri mi?," *Lokman Hekim Dergisi* 11, no. 1 (2021): 40–72, <https://doi.org/10.31020/mutftd.706973>.

¹⁹ Nazan Maksudyan, "Modernization of Welfare or Further Deprivation? State Provisions for Foundlings in the Late Ottoman Empire," *The Journal of the History of Childhood and Youth* 2, no. 3 (2009): 361–392, <https://doi.org/10.1353/hcy.0.0071>.

inspecting butcher shops, bakeries, and water fountains to ensure food was free from decay, adulteration, or biological pathogens. By demanding that food be both *halāl* and *tayyib*, the Qur'an establishes a comprehensive dietary barrier that shields the human digestive tract from toxicological, parasitic, and bacterial threats. When combined with the behavioral prohibitions against sexual immorality and the spatial protocols of quarantine, Islamic *hıfzıssıhha* forms an unbreakable, multi-layered defense against contagious pathology—a timeless model of public health that Ottoman civilization cultivated and bequeathed to modern medical history.

2. Abstaining from Harmful Foods and Beverages

The prohibition of specific consumables in Islamic law constitutes a core structural pillar of Qur'anic preventive medicine (*hıfzıssıhha*). Within the Ottoman-Turkish medical tradition, dietary restrictions were not viewed merely as abstract ritual boundaries, but as vital biological safeguards designed to preserve physiological equilibrium (*mizāc*) and prevent toxicological damage. Ottoman physicians (*hekimler*) frequently cited legal directives regarding unlawful substances alongside empirical dietary science, asserting that the preservation of physical health requires absolute abstention from biologically harmful ingestibles (*zararlı gıdalardan içtinab*). The philosophical foundation of this tradition relies heavily on key Turkish concepts framing Islamic medical thought: *def'-i mefāsid* (the legal-medical imperative of repelling harm before seeking benefit), *mizāc-ı mu'tedil* (the preservation of an optimal, balanced physiological constitution), and *tahāret-i bātın ve zāhir* (the intrinsic connection between inner spiritual purity and outer bodily cleanliness). Central to this philosophy is the concept of *hıfz-ı sıhhat*—the active maintenance of bodily harmony through adherence to divine boundaries.²⁰

The Noble Qur'an lays down clear legal boundaries prohibiting substances that degrade metabolic health, cognitive capacity, or anatomical integrity, declaring: "*He has only forbidden you dead animals, blood, the flesh of swine, and that which has been dedicated to other than Allah.*" (Qur'an 2:173). Similarly, regarding intoxicating substances and mind-altering agents, the Qur'an commands: "*O you who have believed, indeed, intoxicants, gambling, stone altars [for sacrifice], and divining arrows are but defilement from the work of Satan, so avoid it that you may be successful.*" (Qur'an 5:90). In Islamic jurisprudence and bioethics, the foundational legal principle of Prohibition of Harm (*la darar wa la dirar*) dictates that any item capable of causing biological degradation must be rendered illicit (*harām*).²¹

Contemporary Western biomedical, toxicological, and nutritional research strongly validates the profound clinical foresight behind these seventh-century prohibitions. Regarding carrion and unslaughtered meat (*maytah*), dead animals undergo immediate post-mortem autolysis and bacterial proliferation; Western microbiological studies confirm that consumption carries severe risks of foodborne toxicities, bacterial septicemia, and infection from putrefactive pathogens. Concerning flowing blood (*dam masfūh*), blood acts as a high-risk culture medium for systemic bacterial pathogens, cellular waste products such as urea and uric acid, and circulating viruses. Western veterinary and food safety research confirms that complete exsanguination during ritual slaughter

²⁰ Özgür Yatkın, "Bakteriyolog Doktor Server Kâmil (Tokgöz)'ün 'Mufasssal Hıfz-ı Sıhhat' Adlı Eseri Üzerinden Hastalıklara Karşı Sağlığın Korunmasına Yönelik Tarihsel Bir Araştırma" (Tesis Magister, Çanakkale Onsekiz Mart Üniversitesi, 2025). p. 3-4, 118, 120

²¹ Seyed Morteza Naghib dan Mohammad Ali Khorasani, "Alcohol in Drug Delivery Systems: Scientific Roles and Islamic Ethical Considerations in Muslim Contexts," *Current Pharmaceutical Design* (2026), <https://doi.org/10.2174/0113816128428853251208121535>.

(*dhabīḥah*) dramatically reduces microbial load and preserves muscle tissue integrity. Likewise, Western epidemiological research historically linked pork (*khnazīr*) consumption to dangerous parasitic zoonoses—including *Trichinella spiralis* (trichinosis) and *Taenia solium* (neurocysticercosis)—while modern nutritional oncology underscores that heavy consumption of processed pork products correlates with elevated risks of colorectal cancers and metabolic disorders.²² Finally, modern Western medicine unequivocally classifies ethanol as a Group 1 human carcinogen, neurotoxin, and potent hepatotoxin, confirming that alcohol is a primary cause of hepatic cirrhosis, structural brain atrophy, cardiovascular deterioration, and high social mortality—thereby fully endorsing the Qur'anic mandate of absolute abstinence over mere moderation.

Ottoman scholars systematically integrated these Qur'anic prohibitions into public health administration. Imperial Chief Physicians (*Hekimbaşı*) and municipal inspectors (*Muhtasib*) regulated city markets (*hisbah*) to prevent the sale of tainted meat, spoiled produce, or adulterated liquids. In his seminal work *Tabī'atnāme*, the medieval Ottoman physician Tebīb-i Şervānī emphasized that dietary intake directly shapes bodily humors (*ahlāt-ı erba'a*) and physical vitality, arguing that consuming unclean or forbidden items alters metabolic balance and generates corrupted humors (*ahlāt-ı faside*) that lay the biological groundwork for chronic systemic illness.²³ Furthermore, classical Ottoman commentators highlighted that Islamic dietary laws operate on the supreme legal and bio-ethical principle of Safeguarding Intellect and Body (*hifẓ al-'aql wa al-badan*). Intoxicants destroy the cognitive capacity ('*aql*) required for moral accountability and personal hygiene, while toxic foods compromise cellular health. By prohibiting these substances outright, the Qur'an establishes a preemptive toxicological barrier that eliminates root environmental and nutritional causes of disease long before clinical pathology mandates medical intervention.

3. Bodily Cleanliness and Health

The systematic mandating of bodily cleanliness (*taharah*) in Islamic jurisprudence constitutes the most direct historical precursor to modern personal hygiene and dermatological preventive medicine (*hifẓıssıhha*). Within Ottoman-Turkish medical culture, physical purification was never reduced to mere ritual formality; rather, it was understood as an active, daily physiological maintenance protocol essential for preserving systemic equilibrium (*mizāc*) and shielding the organism from external infectious agents (*haricī mızırāt*).²⁴ The philosophical framework of Ottoman hygiene grounded itself in key Turkish biomedical concepts: *tahāret-i bedeniyye* (comprehensive bodily purification), *nefāset-i cildiyye* (dermatological health and integrity), *tanzīfāt-ı umūmiyye* (civic and public sanitation), and *hifẓ-ı 'āfiyet* (the proactive protection of biological well-being). Central to this tradition was the integrated view of human health as an indivisible duality, captured in the classical Ottoman dictum *tahāret-i zāhiriyye ve bāṭınıyye*—the premise that physical cleanliness of the body (*zāhir*) directly conditions spiritual clarity and internal homeostasis (*bāṭın*).

Centuries ago, Islam addressed bodily cleanliness—which medicine heavily emphasizes today—from the perspective of both physical and spiritual health, establishing rigorous principles and legal rulings

²² Sameh Abuseir, "Meat-borne Parasites in the Arab World: A Review in a One Health Perspective," *Parasitology Research* 120, no. 12 (2021): 4153–4166, <https://doi.org/10.1007/s00436-021-07149-0>.

²³ Zamina Asgerova, "Azerbaijani Scientists and Craftsmen Who Immigrated to the Ottoman State (15th-16th Centuries)," *Akademik Tarih ve Düşünce Dergisi* 10, no. 2 (2023): 397–409, <https://izlik.org/JA52JF35DH>.

²⁴ Ebru Boyar, "Medicine in Practice: European Influences on the Ottoman Medical Habitat," *Turkish Historical Review* 9, no. 3 (2018): 213–241, <https://doi.org/10.1163/18775462-00903001>.

aimed at protecting human health. Islam considers physical cleanliness an indispensable condition for worship, designating it as the very key to prayer (*namaz*). Cleanliness is also framed as a prerequisite for the perfection of faith, as declared by the Prophet Muhammad (peace and blessings be upon him): "*Cleanliness is half of faith.*" (Sahih Muslim, *Taharah*, 1).²⁵ The purity emphasized here is absolute, encompassing both physical cleanliness (*maddî temizlik*) and spiritual purification (*mānevî temizlik*).²⁶ Islamic jurisprudence systematically divides bodily cleanliness into two structural categories: *taharah from najasah* (physical purification from material filth) and *taharah from hadath* (ritual purification from states of biological impurity).

Taharah from *hadath*²⁷ addresses states of ritual impurity that canonically prevent acts of worship, categorizing them into major and minor states. Major *hadath* encompasses states requiring full-body ritual bathing (*ghusl* / Turkish: *boy abdesti*), specifically major ritual impurity (*janabah*), menstruation (*hayd*), and post-natal bleeding (*nifas*). Minor *hadath* refers to states requiring partial ablution (*wudu* / Turkish: *abdest*), such as urination, defecation, and other excretory functions that nullify ritual readiness. The Noble Qur'an explicitly commands these purification protocols, stating: "*O you who have believed, when you rise to [perform] prayer, wash your faces and your forearms to the elbows and wipe over your heads and wash your feet to the ankles. And if you are in a state of janābah, then purify yourselves.*" (Qur'an 5:6). Additional Qur'anic directives prohibit approaching prayer in states of impurity: "*O you who have believed, do not approach prayer while you are intoxicated until you know what you are saying or in a state of janābah, except those passing through [a place of prayer], until you have washed yourselves.*" (Qur'an 4:43), and address physiological states: "*They ask you about menstruation. Say, 'It is harm, so keep away from wives during menstruation. And do not approach them until they are pure.'*" (Qur'an 2:222).

Beyond the obligation of *ghusl* following *janabah*, menstruation, and post-natal bleeding, the Prophet (pbuh) commanded every Muslim to bathe at least once a week (Ahmad b. Hanbal, *Musnad*, I:304). Prayer represents standing before Almighty Allah, requiring complete bodily and spiritual readiness, for which ablution serves as the structural prerequisite.²⁸ Complementing this is *taharah from najasah*, which mandates the physical removal of material filth (*najis*)—such as un-exsanguinated blood, semen, urine, or fecal matter—from a person's skin, garments, and place of worship as a prerequisite for legal validity. Contemporary Western biomedical research, epidemiology, and dermatology strongly validate the clinical efficacy of these daily Islamic purification rituals. Modern dermatological science confirms that partial ablution (*wudū* / *abdest*), performed multiple times daily, targets the exact anatomical sites highest in microbial density and transient pathogenic colonization—the hands, face, nasal cavity, oral mucosa, forearms, and feet. Western epidemiological studies confirm that routine handwashing and facial-nasal irrigation significantly reduce the transmission of respiratory viruses, enteric pathogens, and bacterial

²⁵ Bilal Irfan et al., "Considering Islamic Frameworks to Infectious Disease Prevention," *Open Forum Infectious Diseases* 12, no. 10 (2025): ofaf011, <https://doi.org/10.1093/ofid/ofaf011>.

²⁶ İbrahim Canan, *İslam'da Çevre Sağlığı* (İstanbul: Cihan Yayınları, 1986). p. 66

²⁷ Any substance emerging from the human body that necessitates *wudu* or *ghusl*—such as urine, feces, semen, *madhy* (prostatic fluid), *wady*, blood, pus, yellowish fluid, a mouthful of vomit, or menstrual and post-natal blood—is classified as major filth (*najasah ghalizah*). Regarding the threshold of *najasah ghalizah* that impairs the validity of prayer (*salah*): If the heavy filth is a dry substance, it must not exceed one *dirham* (approximately 3 grams). Any amount exceeding 3 grams invalidates the prayer. If it is a liquid substance, it must not cover an area larger than the hollow of the palm (*al-āyah*). Contamination exceeding the palm's surface area invalidates the prayer (See: Heyet, *Bir Müslümanın Yol Haritası* (İstanbul: Işık Yayınları, 2005)., pp. 307–308).

²⁸ Sayyid Qutb, *Fi Zilal al-Qur'an* (Beirut: Dar al-Shuruq, 1980). vol. II, p. 849

infections transmitted via the fecal-oral route. Nasal rinsing (*istinşâq*), a mandatory sunnah component of *wudû*, effectively removes particulate matter, allergens, and pathogenic mucosal biofilms, enhancing the natural clearance mechanisms of the upper respiratory tract.²⁹

Furthermore, the mandatory oral hygiene protocol via the miswak (*Salvadora persica*) has been extensively evaluated in Western dental literature; studies published by the World Health Organization (WHO) and international dental journals confirm that *Salvadora persica* contains natural antimicrobial agents, silica micro-particles, sulfur, and fluorides that inhibit *Streptococcus mutans*, disrupt oral plaque biofilms, and prevent periodontal disease as effectively as modern synthetic toothbrushes. Similarly, full-body ritual bathing (*ghusl* / *boy abdesti*) accelerates skin exfoliation, removes accumulated sebum and metabolic sweat excretions, and preserves the acid mantle of the skin, thereby safeguarding cutaneous barrier function against opportunistic fungal and bacterial dermatoses.

In Ottoman medical history, these divine mandates served as the structural blueprint for civic health infrastructure and institutional public hygiene. Ottoman physicians (*hekimler*) recognized that bodily purity was impossible without civic sanitation, leading to the creation of an extensive network of public bathhouses (*hammam* / *çifte hammamlar*), neighborhood fountains (*çeşme*), and aqueduct systems (*su yolları*) built around mosques and urban centers. The sixteenth-century imperial chief physician Hekimbaşı Ahî Çelebi highlighted in his medical writings that routine thermal bathing combined with mechanical exfoliation (*kese*) stimulated cutaneous capillary circulation, facilitated metabolic waste elimination through sweat glands (*'arak*), and prevented systemic humor stagnation. Famed Ottoman traveler Evliya Çelebi detailed in his *Seyahatnâme* the rigorous sanitation standards enforced within Ottoman cities, observing that municipal officers (*Muhtasib*) conducted routine inspections of public bathhouses, water sources, and barbershops, enforcing the sterilization of razor blades and towels to prevent the spread of skin infections (*cildiyye hastalıkları*).³⁰

During the late Ottoman era, pioneering physician Dr. Besim Ömer Pasha formalized these traditional hygiene protocols into modern public health curricula through his landmark treatises on personal hygiene (*hıfzıssıhha-i şahsiyye*) and infant sanitation (*hıfzıssıhha-i etfāl*), demonstrating that Islamic *taharah* provided an existing socio-cultural foundation for modern microbiology and antiseptic medicine.³¹ By embedding hand hygiene, oral and nasal purification, garment sanitation, environmental cleanliness, and water purity into daily religious duties and *fitrah*-based practices (such as trimming nails and body hair removal), the Qur'an and Sunnah established an enduring, preventive biological barrier that shields the human body from environmental pathogens long before clinical pathology emerges.

It would be erroneous to restrict cleanliness solely to physical purity (*maddî temizlik*). Purity of the heart (*kalp temizliği*), purification of the self (*nefis temizliği*), integrity of intention (*ihlâs*), and moral excellence (*ahlâq*) are required alongside—and even prior to—bodily cleanliness. Just as Islam

²⁹ Yasser M. Almansour et al., "Religious and Cultural Considerations for the Dermatologic Care of Muslim Communities: A Narrative Review of Patient-Centered Strategies," *American Journal of Clinical Dermatology* 27 (2026): 503–514, <https://doi.org/10.1007/s40257-026-01020-7>.

³⁰ Ahmet Gülenç, "Evliya Çelebi'nin Seyahatname Adlı Eserinde 17. Yüzyıl Cizre ve Çevresine Dair Gözlemler," *Şirnak Üniversitesi İlahiyat Fakültesi Dergisi*, no. 28 (2022): 53–75, <https://doi.org/10.35415/sirnakifd.1084656>.

³¹ Nazan Maksudyan, "Modernization of Welfare or Further Deprivation? State Provisions for Foundlings in the Late Ottoman Empire," *The Journal of the History of Childhood and Youth* 2, no. 3 (2009): 361–392, <https://doi.org/10.1353/hcy.0.0071>.

maintains absolute balance (*i'tidāl*) in all human endeavors, it establishes a harmonious equilibrium between the material (*māddī*) and spiritual (*mānevī*) dimensions of human existence. Therefore, it is impossible to sever physical cleanliness from spiritual cleanliness in Islamic jurisprudence and philosophy. Although spiritual and inner purity are explicitly emphasized across numerous divine contexts, the two dimensions are fundamentally intertwined, operating as complementary aspects of holistic well-being (*hifz-ı 'āfiyet*). Within the Ottoman-Turkish intellectual and medical tradition, this integration found its highest expression in the concept of *tahāret-i bâṭniyye ve zāhiriyye*—the philosophical understanding that external bodily hygiene (*zāhir*) and internal psycho-spiritual health (*bāṭn*) are mutually dependent. Ottoman physician-scholars (*hekimler*) recognized that neuro-psychiatric stability, emotional regulation, and moral rectitude directly influence physical physiology. In his celebrated medical and ethical writings, the famed Ottoman scholar and Sufi thinker Kinalızāde Alī Efendi (1510–1572 CE), author of *Ahlāq-ı 'Alā'ī*, argued that spiritual vices such as malice (*hased*), arrogance (*kibir*), and moral corruption alter the metabolic equilibrium (*mizāc*) of the human body, generating corrupted humors (*ahlāt-ı faside*) that ultimately manifest as somatic pathology.³² Similarly, early Ottoman psychiatric hospitals—such as the *Bimaristans* of Edirne, Bursa, and Istanbul—treated mental and spiritual distress through a combination of hydrotherapy, aromatic purification (*buhoor*), music therapy (*makam*), and moral counseling, demonstrating a sophisticated historical awareness of psychoneuroimmunology long before modern clinical codification.

Where cleanliness (*taharah*) is mentioned in the Noble Qur'an, it does not refer exclusively to purification from material filth (*najasah*). Rather, the divine text uses the concept of purity to denote comprehensive biological, moral, and psychological integrity. Regarding purity of heart (*kalp temizliği*), the Qur'an emphasizes that internal modesty and psychological purity safeguard inter-gender decorum and emotional health: "...that is purer for your hearts and their hearts." (Qur'an 33:53). Concerning purity from immorality and adultery (*fahṣā'dan temizlenme*), moral cleanliness acts as a shield against venereal disease and social disintegration, as illustrated by the historical account of the Prophet Lot's people: "...Expel the family of Lot from your city. Indeed, they are people who keep themselves pure [abstaining from adultery and immorality]." (Qur'an 27:56). In terms of the purity of wealth from unlawful gain (*helal kazanç ve mal temizliği*), consuming socio-economically wholesome provisions safeguards physical health and psychological peace, as Allah commands: "Take from their wealth a charity by which you purify them and cause them to increase..." (Qur'an 9:103). Finally, regarding purity from idolatry, hypocrisy, and falsehood (*şirk ve nifaktan purifikasyon*), spiritual impurities degrade human moral cognitive capacity, which the Qur'an contrasts with divine purification: "O Messenger, let them not grieve you who hasten into disbelief... They are the ones for whom Allah does not intend to purify their hearts..." (Qur'an 5:41) and "O you who have believed, indeed the polytheists are unclean (*najas*), so let them not approach al-Masjid al-Haram after this, their [final] year." (Qur'an 9:28).

Contemporary Western medical literature increasingly validates this dual Islamic framework through the fields of psychoneuroimmunology, behavioral medicine, and psychosomatic physiology. Modern clinical studies confirm that severe moral distress, chronic hostility, unmanaged psychological conflict, and ethical dissonance trigger sustained activation of the sympathetic nervous system and the hypothalamic-pituitary-adrenal (HPA) axis. This chronic activation leads to elevated baseline cortisol levels, systemic inflammation, impaired cell-mediated immunity, and increased susceptibility to cardiovascular and autoimmune disorders. Conversely, religious practices that foster inner purity, intentionality (*niyet*), and emotional forgiveness demonstrate measurable clinical benefits, including

³² Alp Eren Topal and Einar Wigen, "Diagnosing the State: Medical Metaphors in Ottoman Political Writing," *Die Welt des Islams* 62, no. 3 (2022): 299–324, <https://doi.org/10.1163/15700607-62030002>.

lower blood pressure, enhanced immune cell activity, and reduced markers of oxidative stress. By linking physical ablution (*wudu*) and environmental sanitation directly to spiritual intentionality (*ihlās*) and cardiac purity (*qalb salīm*), the Qur'anic paradigm of *mānevî temizlik* establishes an integrated psychosomatic barrier—demonstrating that true preventive healthcare (*hifzissihha*) requires the simultaneous preservation of body, mind, and spirit.³³

4. Preserving Physical Health through Balanced Nutrition

One of the most vital concerns of preventive medicine (*hifzissihha*) is nutrition. Consuming adequate and balanced nutrients to preserve health—thereby preventing diseases that may arise within the body—is among the primary objectives of preventive medical science. Proper nutrition is the best preventive measure against numerous chronic and infectious pathologies. Even in the absence of a specific disease, malnutrition or poor diet leads to metabolic discomfort, physical weakness, and systemic lethargy. A clear distinction must be made between starvation (*açlık*) and poor nutrition (*sūʿ-i gıdā*): starvation involves little to no food intake, occurring during severe famines, wars, sieges, or mass migrations, causing acute nutritional disorders.³⁴ (Zeki Râgıp Yalım, *Body Care*, Ankara, 1944, p. 2). Since one of the fundamental objectives of Islam is the preservation of human life and physical health (*hifz-ı nefis ve beden*), the Noble Qur'an provides notable indications regarding nutrition and urges human beings to reflect deeply upon its physiological mechanisms (Tantawi Jawhari, *Al-Jawahir fi Tafsir al-Qur'an*, Egypt, 1350/1931, I:241–243).

Highlighting essential food types in human dietetics, the Qur'an directs our attention to high-biological-value protein sources necessary for muscle growth, cellular repair, and tissue regeneration—such as livestock meat (*lahm*), fresh fish (*lahm tariyyan*), and milk (*leben*)—as well as essential plant-based foods and fruits, including dates, grapes, wheat, pomegranates, vegetables, garlic, cucumbers, onions, lentils, figs, and olives (Afzalur Rahman, *Encyclopaedia of Seerah*, I:342). Mentioning nutrient-dense vegetable oils and natural honey, the divine text specifically points to the distinct therapeutic and pharmacological significance of apiculture. The Noble Qur'an explicitly outlines these complementary dietary elements: "*Then let mankind look at his food: How We poured down water in torrents, then We broke open the earth, splitting it open, and caused to grow within it grain, and grapes and herbage, and olives and palm trees, and gardens of dense foliage, and fruit and grass—as enjoyment for you and your grazing livestock.*" (Qur'an 80:24–32; Afzalur Rahman, op. cit., I:343). The foodstuffs mentioned in the Qur'an naturally supply the complete spectrum of proteins, complex carbohydrates, healthy lipid profiles, micro-minerals, and vitamins required to sustain human life—a foundational point central to contemporary clinical dietetics. In his classical commentary on Verse 61 of Surah al-Baqarah, Tantawi Jawhari observes that the plant-based foods mentioned therein hold great medical and preventive significance, elaborating extensively on their physiological utility (Tantawi, op. cit., I:78). Regarding honey, which occupies a prominent position in both nutritional therapy and historical pharmacology (*islah-ı gıdā*), Almighty Allah reveals: "*And your Lord inspired to the bee, 'Take for yourself among the mountains, houses [hives], and among the trees and in that which they construct. Then eat from all the fruits and follow the ways of your Lord*

³³ G. Hussein Rassool dan Mugheera Luqman, "Ibn Qayyim Al-Jawzīyah's Islāmic Psychology: Psychological and Spiritual Diseases," *Journal of Spirituality in Mental Health* 25, no. 2 (2023): 144–159, <https://doi.org/10.1080/19349637.2022.2068467>.

³⁴ Zeki Ragıp Yalım, "Modern Cemiyetlerde Saadet Ülküsü: Sağlık [The Ideal of Wellbeing in Modern Societies: Health]," dalam *C.H.P. Konferansları Serisi* (Ankara: C.H.P. Yayınları, 1939), p. 80

laid down [for you]. There emerges from their bellies a drink, varying in colors, in which there is healing for people. Indeed in that is a sign for a people who give thought." (Qur'an 16:68–69).

Looking at Divine revelation, we observe a clear structural emphasis on balanced nutrition with a pronounced priority placed on protein intake. Proteins constitute the most essential cellular building blocks, a biological reality emphasized throughout Qur'anic narratives. Illustrating the hospitality of Prophet Abraham, the Qur'an notes: *"And he hastened to bring a roasted calf."* (Qur'an 11:69), and in Surah adh-Dhariyat: *"And he brought a fat calf and placed it before them. He said, 'Will you not eat?'"* (Qur'an 51:26–27). Furthermore, the Qur'an highlights poultry as a favored, high-quality animal protein source in Paradise: *"...and the meat of fowl, from whatever they desire."* (Qur'an 56:21). Regarding the nutritional density and protein superiority of certain foods, Surah al-A'raf recounts the divine favors granted to the Children of Israel: *"And We sent down to you manna and quails, [saying], 'Eat from the good things with which We have provided you.'" (Qur'an 7:160). When they ungratefully demanded to exchange this nutrient-dense protein diet for lower-density agricultural produce, Prophet Moses rebuked them: "And [remember] when you said, 'O Moses, we can never endure one [kind of] food. So call upon your Lord to bring forth for us from the earth its green herbs, its cucumbers, its garlic, its lentils, and its onions.' He said, 'Would you exchange what is better for what is less?'" (Qur'an 2:61)—an expression highlighting the biological superiority of complete animal proteins over exclusive plant produce. Marine protein is similarly designated as a clean, highly digestible nutrition source: *"And it is He who subjected the sea for you to eat from its tender meat..."* (Qur'an 16:14), and Surah Fatir reiterates: *"...and from each you eat tender meat..."* (Qur'an 35:12). The essential role of fresh whole milk in biological sustenance is likewise elucidated: *"And indeed, for you in grazing livestock is a lesson. We give you drink from what is in their bellies... and for you therein are many benefits..."* (Qur'an 23:21), while Surah an-Nahl describes its biochemical synthesis: *"We give you drink from what is in their bellies—between excretion and blood—pure milk, palatable to drinkers."* (Qur'an 16:66). In summary, Divine revelation encompasses all foundational nutritional elements and dietary principles necessary for human vitality and preventive health (Polat Has, *Nutrition from the Time of Our Prophet (pbuh) to the Present*, Izmir, 1991, T.Ö.V. Pub., pp. 15–17).*

Within Ottoman-Turkish medical history, these Qur'anic nutritional principles were codified into the medical framework of *i'tidāl-i gıdā* (dietary moderation and metabolic balance) and *perhiz* (therapeutic dietary restriction). Ottoman physicians (*hekimler*) recognized that health depended on matching nutritional intake to an individual's innate metabolic temperament (*mizāc*). Classical Ottoman medical texts, such as the *Tuhfe-i Mubarizi* by Hekim Bereket and the dietary treatises of Ibn Serif (*Yadigar*), explicitly warned against both severe nutritional deficiency and dietary extravagance (*isrāf*). Ottoman medical philosophy divided foods into categories of primary nutrients (*gıdā-yı mutlak*) and medicinal foods (*gıdā-yı devā'ī*), identifying honey (*asele*), black seed (*çörek otu*), olive oil (*zeytinyağı*), and goat's milk as foundational agents for preserving systemic homeostasis (*ahlaṭ-ı erba'a*). Late Ottoman public health pioneer Dr. Besim Ömer Pasha, in his landmark work on preventive medicine and child hygiene (*Hıfzıssıhha-i Etfāl*), integrated these classical Islamic dietetic principles with modern 19th-century European nutrition science, advocating for balanced

protein-to-carbohydrate ratios and warning against the severe gastrointestinal and metabolic disorders caused by unhygienic or imbalanced diets.³⁵

Contemporary Western nutritional science and clinical research strongly validate the biomedical accuracy of these Qur'anic dietetic guidelines. Modern nutritional biochemistry confirms that animal and aquatic proteins supply all nine essential amino acids required for muscle protein synthesis, enzyme production, and immune function, supporting the Qur'anic emphasis on meat, fowl, and fish (*lahm tariyyan*) as bio-available nutrients. Modern clinical trials on the Mediterranean diet—rich in olives, olive oil, figs, pomegranates, grapes, and legumes highlighted in Surah 80—confirm dramatic reductions in cardiovascular disease, metabolic syndrome, systemic inflammation, and type-2 diabetes. Furthermore, modern medical research on natural honey confirms its potent antimicrobial, anti-inflammatory, and antioxidant properties; clinical studies validate honey's efficacy in bio-film disruption, gastrointestinal ulcer healing, and upper respiratory tract infection management due to its high enzymatic production of hydrogen peroxide and low pH. Western research on bovine and caprine milk confirms its status as a complete emulsion of calcium, bioactive peptides, fat-soluble vitamins, and conjugated linoleic acid (CLA), supporting bone density and metabolic regulation. By establishing a balance between complete proteins, complex plant carbohydrates, therapeutic honey, and fresh lipids, the Qur'anic dietary framework establishes a robust preventive nutritional barrier against chronic metabolic and degenerative diseases.

Any substance ingested orally by living beings to sustain biological life is defined as a "nutrient." Nutrition constitutes the ingestion and cellular utilization of essential elements required for physical growth, organ development, immunologic defense, structural maintenance, and a long, productive life (Ayşe Baysal, *Nutrition*, p. 4). The developmental growth of children, vital organ functioning, tissue regeneration, and the mechanical energy required for daily physical activities are all directly supplied through nutrients and systemic metabolic processing. Within this biological framework, preventive healthcare (*hifzıssıhha*) necessitates a precise understanding of the distinct physiological threats posed by both overnutrition/unbalanced nutrition (*isrāf ve sū'-i beslenme*) and undernutrition/unbalanced nutrition (*sū'-i gıdā ve yetersiz beslenme*).

Overnutrition and unbalanced consumption inevitably degrade metabolic homeostasis, directly resulting in visceral obesity (*obezite / semizlik*). Every additional kilogram of adipose tissue accumulated beyond optimal biological mass represents a severe structural burden on vital organs, particularly the cardiovascular system, kidney function, and pancreatic metabolic pathways. Mitigating this risk, the Noble Qur'an establishes a foundational dietary mandate: "*Eat and drink, but do not be extravagant [consume in a balanced manner without exceeding physiological limits].*" (Qur'an 7:31). The Noble Prophet (peace and blessings be upon him) practically codified this principle of metabolic equilibrium (*i'tidāl*), declaring: "*A human being fills no vessel worse than his stomach. A few morsels to keep his spine upright are sufficient for a person. But if he must eat more, then let one-third be for his food, one-third for his drink, and one-third for his breath.*" (Tirmidhi, *Zuhd*, 47; Ibn Majah, *At'imah*, 50). Interpreting the Qur'anic warning against dietary extravagance (*isrāf*) in the most exemplary manner, the Messenger of Allah further warned: "*What I fear most for my Ummah is large bellies, excessive sleep, and indolence.*" (al-Jami' al-Saghir, I:190). This Hadith underscores that eating in strict moderation, managing caloric density, and maintaining a balanced

³⁵ Nazan Maksudyan, "Modernization of Welfare or Further Deprivation? State Provisions for Foundlings in the Late Ottoman Empire," *The Journal of the History of Childhood and Youth* 2, no. 3 (2009): 361–392, <https://doi.org/10.1353/hcy.0.0071>.

diet is not merely a personal choice, but a spiritual and physiological duty incumbent upon every individual.

Conversely, undernutrition and unbalanced restriction disrupt essential cellular maintenance, severe growth impairment, and baseline physiological degradation; thus, adequate, diverse, and balanced nutrition serves as the primary cornerstone of preventive health. Undernutrition is the direct etiology of specific micronutrient deficiency syndromes—including beriberi (thiamine deficiency), pellagra (niacin deficiency), scurvy (vitamin C deficiency), marasmus (severe caloric starvation), xerophthalmia (vitamin A deficiency), and rickets (vitamin D deficiency). Furthermore, chronic nutritional insufficiency compromises cell-mediated immunity, accelerating the incidence, severity, and mortality rates of infectious pathologies such as measles, pertussis, tuberculosis, and diarrheal illnesses. On a systemic level, widespread malnutrition leads directly to societal instability and reduced collective vitality.

Addressing the physiological dangers of arbitrary dietary restriction and undernutrition, the Noble Qur'an explicitly prohibits unjustified self-deprivation: "*O you who have believed, do not prohibit the good things which Allah has made lawful to you.*" (Qur'an 5:87). To maintain adequate, balanced nutrition and satisfy complete amino acid, lipid, and micro-element requirements, an individual must consume sufficient proportions of all pure and lawful food categories provided by Allah. Refraining from vital food groups due to unfounded cultural, personal, or ascetic notions leads directly to complex clinical complications. Almighty Allah commands the consumption of diverse, wholesome foods while rebuking arbitrary abstinence, emphasizing that optimal health requires utilizing a broad spectrum of nutrient sources. Becoming clinically obese through overeating or becoming emaciated through excessive dietary restriction are equally detrimental to human survival. By commanding adequate, balanced consumption across all nutrient types, Islam and its supreme Scripture protect human beings from both extreme hyper-caloric excess and hypo-caloric deficiency, safeguarding human health through timeless dietetic principles.

In Ottoman medical history, these scriptural directives against both *isrāf* (overeating) and extreme self-mortification formed the foundation of *hifz-ı mizāc* (preservation of metabolic equilibrium). Renowned Ottoman medical scholars, including Hacı Pasha (d. 1413 CE) in his authoritative treatise *Şifā'ü'l-Āqām*, and Şānizāde Mehmed'Ataullāh Efendi (1771–1826 CE), emphasized that disease stems primarily from digestive disruption (*hazım-ı faside*). Ottoman physicians classified stomach distension and overconsumption as the chief source of systemic autointoxication, arguing that excessive food intake leads to incomplete gastric digestion (*sū'-i hazım*), generating toxic metabolic remnants (*ahlāt-ı faside*) that flood the bloodstream and clog vascular pathways. Ottoman hospital (*darüşşifa*) menus and imperial dietary codes explicitly reflected the prophetic rule of thirds, structuring patient diets around strict caloric moderation, balanced nutrient diversity, and therapeutic fasting (*perhiz*) to allow the body's self-healing capacity (*kuvvet-i müdebbire-i beden*) to clear metabolic waste. Late Ottoman public health pioneer Dr. Besim Ömer Pasha further translated these traditional concepts into modern clinical terminology, arguing that the Qur'anic prohibition of *isrāf* provided an early framework for controlling modern lifestyle disorders, metabolic syndrome, and nutritional deficiencies.³⁶

³⁶ Nazan Maksudyan, "Modernization of Welfare or Further Deprivation? State Provisions for Foundlings in the Late Ottoman Empire," *The Journal of the History of Childhood and Youth* 2, no. 3 (2009): 361–392, <https://doi.org/10.1353/hcy.0.0071>.

Modern Western biomedical science and clinical nutrition rigorously validate this dual Islamic model of dietary moderation and nutritional diversity. Contemporary research confirms that chronic overnutrition and excessive caloric intake trigger hyperinsulinemia, insulin resistance, systemic low-grade inflammation, oxidative stress, and ectopic lipid deposition, driving the global epidemics of type 2 diabetes, non-alcoholic fatty liver disease (NAFLD), and cardiovascular disease. The prophetic directive to restrict stomach volume to one-third food, one-third liquid, and one-third air aligns precisely with modern gastroenterological findings regarding gastric mechanoreceptors, satiety signaling (via leptin and ghrelin pathway regulation), and the prevention of gastroesophageal reflux disease (GERD). Simultaneously, modern nutritional science confirms that restrictive diets excluding entire nutrient classes lead to subclinical micronutrient deficiencies, impaired gut microbiome diversity, and compromised baseline immunocompetence. By commanding moderate consumption across a diverse array of lawful, nutrient-dense foods, the Qur'anic framework establishes an optimal preventive standard that protects against both metabolic toxicity and nutritional starvation.

Conclusion

The integration of Qur'anic directives, prophetic traditions (*Sunnah*), Ottoman-Turkish medical heritage, and contemporary Western clinical science reveals that Islamic jurisprudence (*fiqh*) is intrinsically a comprehensive system of preventive medicine (*hifzissihha*). Prioritizing proactive disease prevention (*hifz-i 'āfiyet*) over reactive therapeutic intervention, Islam embeds clinical health maintenance directly into daily religious duties, establishing a paradigm that modern medicine strives to achieve today against the rising tide of chronic "diseases of civilization." This framework systematically eliminates disease-causing factors through four foundational pillars: the strict containment of contagious pathogens through quarantine protocols (*karantina*), absolute abstinence from harmful intoxicants (*tahrīm*), daily bodily and mucosal cleanliness (*tahāret-i bedeniyye*), and metabolic balance through dietary moderation (*i'tidāl-i gıdā*). Historically codified by Ottoman physician-scholars—from Hekimbaşı Ahî Çelebi to late-Ottoman public health pioneer Dr. Besim Ömer Pasha—this synthesis recognized that physical purity (*zāhir*) and psycho-spiritual integrity (*bāḥin*) operate as an indivisible duality governing metabolic equilibrium (*mizāc*). Modern Western biomedical research, microbiology, epidemiology, and psychoneuroimmunology continuously validate these classical practices, proving that prophetic mucosal sanitation, dietary moderation, and moral intentionality effectively reduce pathogenic colonization, mitigate systemic inflammation, and prevent chronic lifestyle pathologies. The inclusion of these health preservation principles in a Scripture revealed over fourteen centuries ago holds profound scientific significance for modern public health. By elevating physical cleanliness to half of faith, transforming nutritional balance into a spiritual duty, and framing epidemic containment as a moral imperative, Islam establishes a holistic preventive standard designed for all humanity. Ultimately, the primary objective of Islamic medicine is the cultivation of physically, mentally, and spiritually sound individuals (*sağlıklı fert*) who collectively form a resilient, disease-resistant global society (*sağlıklı cemiyet*).

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