

Article

Understanding the Impact of Plague Epidemics on the Muslim Mind during the Early Medieval Period

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Abstract: Diseases and viruses have always been a part of human history. In present, due to the frightening rise of the coronavirus globally, many people are understandably concerned about protecting themselves. According to Islam, as the religion is perceived by the majority of Muslims today, it is not only important to care for yourself, safeguarding larger communities and the most helpless is also of great importance. This study briefly surveyed the history of plague epidemics in the Muslim world, highlighting how Muslims throughout history, including the Prophet Muhammad and his companions, responded to the spread of contagious diseases, the strategies that were adopted for protection during outbreaks, and how these actions influenced modern-day responses to diseases by Muslim countries. Keeping in view the current international COVID-19 scenario, that is an unprecedentedly serious pandemic, it is high time to investigate the religions' guidelines about contagious diseases and the adopted strategies used for protection during outbreaks in Muslim history. Furthermore, an analytical approach, along with a qualitative research methodology, was applied in this study to reach objective conclusions. The article concluded that religion can provide comprehensive guidelines relating to preventive and restorative aspects of health, and that these guidelines, in their original form, still remain applicable in terms of responding to epidemic outbreaks.

Keywords: Islām; epidemic; contagious diseases; Muslim empire; history; wabāʾ; tāʿūn; plague



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1. Introduction

Contagious diseases, epidemics, pandemics, and other natural disasters are a fact of life. When we study human history, we find many tribulations and natural disasters, such as floods, famines, droughts, earthquakes, and the outbreak of contagious disease. Epidemics of leprosy, plague, syphilis, smallpox, cholera, yellow fever, typhoid fever, and other infectious diseases were, historically, the norm (Frith 2012). During the last decade, a series of important monographs and numerous articles have appeared reevaluating the nature, impact, and significance of the pandemic that devastated Central Asia, the Middle East, the Mediterranean, and most of Europe in the middle of the 14th century (Stearns 2009). In part, this increased the interest of scholars and readers in epidemic disease, marked as we are by our experiences with AIDS, Ebola, avian flu, swine flu (H1N1) and, now, COVID-19, an unprecedentedly serious pandemic (Rothan and Byrareddy 2020). COVID-19 is a major pathogen (e.g., a bacterium, virus, or parasite) (Remuzzi and Remuzzi 2020) and was first detected in the city of Wuhan, China in late 2019. It spread quickly across the globe in the first months of 2020 (Mehta et al. 2020, p. 1033). In March 2020, the World Health Organization (WHO) declared the coronavirus a global pandemic. It has killed more than 1.8 million people and infected more than 82.8 million globally according to the data compiled by Johns Hopkins University (Larry Corey 2020).

This situation demands special, concerted, and extraordinary efforts by governments, organizations, and individuals (Zheng et al. 2020). It seems the coronavirus is merely a symptom of the major problem (Cascella et al. 2020). The dilemma that humanity has long since been facing is a lack of concerted and sincere effort to protect humanity

comprehensively. Scientists and researchers are all dumb-founded over the catastrophe caused by this killer virus. The present study attempted to highlight the existence of endemic outbreaks, in their various forms, during the early period of the Muslim empire to reveal how Muslims throughout history, including the Prophet Muhammad and his companions (al-Ṣaḥāba), responded to the spread of contagious diseases, the strategies that were adopted for protection during outbreaks, and how these actions influenced modern-day responses to diseases by Muslim countries.

2. Epidemic in Arabic Literature

In Arabic, the word “wabāʾ” was first used in Muwaṭṭaʿ (well-trodden path), the earliest collection of Prophetic traditions compiled by Malik ibn Anas (d. 93–179/711–795) (Malik ibn Anas 2016), for the outbreak of contagious diseases and it is a more general term for “epidemic” or “pestilence” (Suyūṭī 1997, p. 7). Wabāʾ is more commonly defined as a “quickness, and commonness, of death among men”, as “a corruption happening to the substance of the air” (Ibn Qayyīm 2018, vol. 4, p. 31), as “a change affected in the air”, and as “an unwholesomeness in the air, in consequence of which disease becomes common among men” (Conrad 1982). Wabāʾ differs from usual illnesses in its prevalence and other respects; the illness of the people is of one kind only, in contrast to others when the sick is affected by a variety of illnesses (al-Asqalānī 2001, p. 94). Al-Suyūṭī (d. 911/1505) defined tāʿūn as a “proliferation of sickness” (Suyūṭī 1997, p. 147). Lawrence Conrad stated that the Arabic word ṭāʿūn (translated as the plague) comes from ṭaʿana, meaning to pierce, perhaps an allusion to the excruciating pain of the disease (Conrad 1982). Ibn al-Qayyīm (d. 751/1350) wrote that the term ṭāʿūn can refer to the active cause of the plague, the symptoms associated with it, or the resulting death (Ibn Qayyīm 2018, vol. 4, p. 36). In the writings of Arab and Persian physicians in the Islamic world, including al-Rāzī (d. 311/923), al-ʿAbbas al-Majūsī (d. 384/994), and Ibn Sīnā (d. 428/1037), this term was identified with swelling of the lymph nodes, characteristic of the buboes described earlier (Conrad 1982).

The early historian al-Balādhurī (d. 279/892) equated the wabāʾ and tāʿūn (al-Balādhurī 1996b, vol. 5, p. 289). Ibn Ḥajar al-ʿAsqalānī (d. 852/1449) criticized the earlier writers who could not properly distinguish between different diseases because they included natural disasters such as floods, famines, and droughts in their lists of “plagues” (al-Asqalānī 2001, p. 94). The late medieval lexicographers reflected on the usage then prevailing when they stated that tāʿūn and wabāʾ were synonyms meaning “epidemic” or “pestilence” (Conrad 1982), with every tāʿūn being a wabāʾ, but not every wabāʾ being a tāʿūn (al-Asqalānī 2001, p. 107; Suyūṭī 1997, p. 7). Wabāʾ is described throughout as a pestilential corruption of the natural environment (Conrad 1982). Al-Majūsī (d. 381/994) discussed, in detail, the various ways the atmosphere can be corrupted and create “pestilential air”, which, in result, causes “pestilential diseases” to break out among people (al-Majūsī 2008, vol. I, pp. 159–68). Al-Jāhīz (d. 257/869) described that “when the wind blows for thirteen days continuously from the south, the people of Egypt buy themselves shrouds and embalming spices and are certain that a deadly pestilence (wabāʾ) will soon break out” (al-Muqaddasī 1906, pp. 125–38). The eminent historian Ibn Qutayba (d. 276/889) reported in the *ʿuyūn al-akhbār*, under the discussion about the ancient concept of omen and augury in Arabs, that people became fearful of impending pestilence due to the occurrence of smokiness in the air for no apparent reason (Ibn Qutayba 1925, vol. I, p. 152). Ibn al-Qayyīm (751/1350) guided the people that remained outside at such places to avoid harmful causes, seek out good health, avoid harmful airs, and, most strikingly, avoid coming into contact with the sick, who might transmit their sickness (Ibn Qayyīm 2018, vol. 4, pp. 36–39).

Michael. W. Dols (d. 1989) stated that the primary sources for the study of the plague in Islamic history were the works of Qutaybah (d. 88/276) (Ibn Qutayba 2012), Ibn Abī al-Dunyā (d. 281/894) (Ibn Abī Dunyā 1989), Muḥammad bin Jarīr al-Ṭabarī (d. 310/923) (al-Ṭabarī 1998), Ibn al-Wardī, (d. 749/1349), (Ibn al-Wardī 1974) Ibn Abi Hajalah

(764/1362), ([Ibn Abī Ḥajala 1987](#)) al-Maqrīzī, (d. 845/1442), ([al-Maqrīzī 1936](#)) Ibn Ḥajar al-Asqalānī (d. 852/1449) ([al-Asqalānī 2001](#)), and al-Suyūṭī (d. 910/1505) ([Suyūṭī 1997](#)). Yet, Michael. W. Dols argued that the earliest reference to the plague was mentioned in the Hadith literature. Ibn Ḥajar al-Asqalānī, in his treatise on plagues, gave a brief historical account of pandemic literature in Islamic history. Al-Asqalānī had collected some books, manuscripts, and treatises on pandemics from the formative period of Islam until his time and surveyed 33 manuscripts on plagues from Islamic history ([Dols 2019](#)). Dols argued that the works of al-Madāʿinī (d. 225/839) were incorporated into the works of Ibn Abī al-Dunyā (d. 281/894). The history of al-Ṭabarī (d. 310/923), Kitāb al-ītibār, and Kitāb al-Tawāʿin by Ibn Abī Dunyā (d. 281/894), and the Kitāb al-maʿārif by Ibn Qutaybah (d. 88/276) are some of the primary sources for the study of the plague in Islamic history ([Dols 2019](#)). He further argued that early accounts on the plague “by the Muslim writers after the Black Death is a fairly uniform chronology of plagues in early Islamic history” ([Dols 1974](#), p. 375). Likewise, Lisān ad-Dīn Ibn al-Khātib, (d.1374/776) wrote an extensive medical research article on plagues ([Ober and Aloush 1982](#)). It was reported that the Spanish Muslim community suffered from some sort of plague in the 14th century. Ibn Khātib wrote his medical treatise in response to people’s queries about plagues during his time. All of this informs us that the Muslim empires and dynasties suffered considerably from pandemics throughout Islamic history ([Rifai 2020](#)).

3. History of the Epidemic in the Early Muslim Empire

The Islamic world was exposed to the ravages of plague at several turns during the medieval period, with both Europe and the Middle East repeatedly suffering from major outbreaks of epidemic disease, the most devastating of which appeared to be the plague ([Ibn Qutayba 2012](#), p. 553). Al-Asqalānī (d. 852/1449), quoting the statement of historian al-Madāʿinī (d. 225/839), identified the plague of Shīrwīyyh (Ṭāʿūn Shīrwīyyh) as the first plague epidemic during the period of prophet Muhammad (571–632 AD) ([al-Asqalānī 2001](#), p. 361). It would be pertinent to mention here that, after the demise of the Prophet Muhammad, Abu Bakr was elected as the first caliph of Islam in 11/632. After Abu Bakr, ʿUmar was elected as the second caliph from 13/634 until 23/644, the third caliph was Usman bin Affan 14–35/644–656, and, after him, the fourth caliph was Ali Ibn Abi Talib 35–40/656–661, who was the also the first cousin of the Prophet Muhammad. Thus, the Rashidun Caliphate was the first of the four major caliphates established after the Prophet Muhammad. In addition, during the medieval period, three major caliphates succeeded each other: the Rashidun Caliphate (632–661/11–40), the Umayyad Caliphate (661–750/41–132), the Abbasid Caliphate (750–1258/1350–1842), and, finally, the fourth major caliphate was the Ottoman Caliphate, which lasted until 1923 ([Ali 2010](#)).

Ibn ʿAsākir (d. 571/1176) recorded the plague of Yezdigird (Ṭāʿūn Yezdigird), which must refer to a later appearance of plague during the reign of the last Sassanian king, Yezdigird III (13–22/634–642) ([Suyūṭī 1997](#), p. 181). Then there was the plague of ʿAmwās (Ṭāʿūn ʿAmwās) in Syria, when Caliph ʿUmar (13–23/634–44) journeyed to Syria in 18/639 because of the famous outbreak of plague at ʿAmwās. The plague in Syria was known as the plague of ʿAmwās because it severely struck the Arab army at ʿAmwās, ancient Emmaus, in 18/639 ([al-Ṭabarī 1998](#), p. 655). The historical accounts of the plague of ʿAmwās state that about 25,000 Muslim soldiers died ([Suyūṭī 1997](#)). Muʿadh ibn Jabal (d. 18/639), his two wives and his son, Abu ʿUbayda ibn al-Jarrāh (d. 18/639), and Yazīd ibn Sufyān (d. 18/639), who was the brother of Muʿāwīyah (d. 61/680) ([al-Asqalānī 2001](#), p. 29), Sharjīl bin Hasnah (d. 18/639), Hāris bin Hashām (d. 18/639), Abū Jandal (d. 18/639), and his father Suhāil bin ʿAmr (d. 18/639), ([Suyūṭī 1997](#), p. 182) along with many senior companions of the Prophet Muhammad also died in the plague of ʿAmwās ([Conrad 1981](#), pp. 167–246). It spread to the rest of Syria as well as to Iraq and Egypt. The plague epidemic was preceded by a severe famine in Syria-Palestine, which may have predisposed the population to the disease ([Suyūṭī 1997](#), p. 182). The plague of ʿAmwās persisted for months until it became the talk of the people ([al-Ṭabarī 1998](#), p. 741). Both occurred in the same period, that of

‘Umar ibn al-Khattāb, but there was a long time between the plague of Shirawayh and the plague of ‘Amwās (Ibn Qutayba 2012, p. 553). Then there was the plague of the Torrent (Ṭā‘ūn al-Jāirīf) during the period of Ibn al-Zubayr in Shawwāl (69–70/688–689), which also called the “Violent Plague” because it swept through Basrah like a flood in the years 69–70/688–689; ‘Ubaīdallāh bin Ma‘mar was the governor of Basra during that period (Suyūṭī 1997, p. 185; Ibn Qutayba 1925, p. 553) and his mother died during this plague (al-Ṭabarī 1998, p. 1070). Anas ibn Mālīk lost 83, and some say 73 sons, and ‘Abd al-Rahmān ibn Abi Bakra lost 40 sons in this plague (Dols 1974, pp. 371–83).

Epidemics of plague also took place in Syria and among the Bedouin tribes, and possibly spread to Egypt, for Ibn Kathīr (d. 774/1373) stated that, during an epidemic at this time, the governor ‘Abd al-‘Azīz ibn Marwān (65–85/685–704) fled to Ash-Sharqīyah province for safety. Ibn Kathīr also stated that governor ‘Abd al-‘Azīz ibn Marwān (d. 86/705) again fled the capital, Fustāt, during an epidemic that probably occurred in 80/699 (Ibn Kathir 1998, vol. 8, p. 313). As-Suyūṭī (d. 911/1505) mentioned a plague epidemic in Syria in 79/698–680, while Ibn Hajar recorded plague in Kufah in 80/699 (al-Asqalānī 2001, p. 362). Then there was the plague of the Maidens (Ṭā‘ūn al-Fityāt) in 87/706, called thus because it began among the virgins and young women in Basra, Wāsiṭ¹, Syria and Kufa when al-Hajjāj (the famous Umayyād governor of Iraq during 86–97/705–715) was in Wāsiṭ during the rule of ‘Abd al-Malik ibn Marwān (d. 86/705) (Ibn Qutayba 2012). The plague of the Notables (Ṭā‘ūn al-Ashrāf) arose in 99/716–717 in Iraq and Syria (Suyūṭī 1997). The great loss of lives during this plague was compared to the oppression of al-Hajjāj (Ibn Qutayba 2012, p. 554; Dols 1974, pp. 371–83). Then there was the plague of ‘Adī ibn ‘Arṭāh (Ṭā‘ūn al-‘Arṭāh) in the year 100 (Ibn Qutayba 2012, p. 554), which took place in Syria and Iraq in the year 100/718–719. This epidemic was presumably quite severe in Basrah when ‘Adī ibn ‘Arṭāh (d. 102/720) was governor of the city and was consequently named after him (Suyūṭī 1997, p. 182). In the chronicles, there were other indications of plague epidemics during the later Umayyād period. Plague occurred in Syria in 107/725–726 and 115/733–734; and in Syria and Iraq in 116/734–735 (al-Asqalānī 2001, p. 364). The plague of the Crow (Ṭā‘ūn al-Ghurāb) in Basrah in 127/744–745 and the Ghurāb, caused by a man from al-Rubāb who was the first to die in this plague, was during the rule of al-Walīd ibn Yazīd ibn ‘Abd al-Malik (Ibn Qutayba 2012, p. 554). Suyūṭī stated that there was then the plague of Salm ibn Qutayba (d. 276/889) (Ṭā‘ūn al-Salam), which broke out in Iraq during the year 131 AH, in Sha‘bān (8th Islamic month), intensified in the month of Ramadān (9th Islamic month), and abated during Shawwāl (10th Islamic month). The plague of Salm was part of a devastating outbreak that spread through much of the eastern and southern Mediterranean world (Suyūṭī 1997, p. 189). According to Michael Dols, Syria-Palestine experienced plague epidemics about every ten years from 69/688–689 to 127/744–745, while the epidemics in the garrison cities of Kufah and Basrah were more frequent. When the Abbasids came to power, until the reign of al-Muqtadir (295–320/908–932), there were no more plagues (Dols 1974, pp. 371–383). The author al-Suyūṭī cited Ibn Abī al-Dunyā (d. 281/894) as saying that historians identified the dissipation of the plague with the establishment of the ‘Abbāsīd caliphate (Suyūṭī 1997, p. 190). Al-Jāhiz (d. 255/869) too condemned the Umayyāds and made them responsible for the plague outbreak during their region (al-Thālibī 2011, pp. 655, 1070). Al-Ṭabarī (d. 310/923) recorded numerous epidemics of plague during the Umayyād period, but after 132/750 there was not a single reference to the plague until al-Thālibī (d. 429/1038) indicated that, during the reign of al-Muqtadir (295–320/908–932), a plague struck Bahgdād in 301/913–914 (al-Ṭabarī 1998, pp. 655, 1070). It is instructive to mention here that al-Madā‘īnī (d. 225/839) indicated that the most famous plagues in the early period of Islam were the plague of ‘Amwās (18/639), the plague of the Torrent (69–70/688–689), the plague of the Maidens (87/706), and the plague of the Notables (99/716–717) (al-Asqalānī 2001, p. 362; Suyūṭī 1997, p. 181).

In sum, after an absence of more than 150 years, the plague reappeared in Baghdad during the aforementioned period (Conrad 1982). Though the disease struck only in

isolated outbreaks, which did not seem to be as devastating as those of the Umayyād times, the historical data from this earlier period was studied not only for its academic interest, but also for its value as a potential key to understanding the plague and methods of avoiding the terrible fate that so often befell its victims ².

The Black Death killed a considerable percentage of the population from 1347–1350 in Europe. This second pandemic caused great social and economic upheaval. Whole families were wiped out and villages abandoned, crops could not be harvested, travelling and trade were curtailed, and food and manufactured goods became scarce (Aberth 2011). The third pandemic waxed and waned throughout the world for the next five decades and did not end until 1959; in that time, the plague caused over 15 million deaths, the majority of which were in India. There were outbreaks of plague in subsequent years, such as in China and Tanzania in 1983, Zaire in 1992, India, Mozambique, and Zimbabwe in 1994, (Frith 2012) Madagascar in the mid-1990s, (Guiyoule et al. 1997, pp. 2826–33) and, presently, around 2000 cases occur annually, mostly in Africa, Asia, and South America, with a global case fatality rate of 5% to 15% (Frith 2012).

4. How Have Muslims throughout History Responded to the Spread of Contagious Diseases?

By constant self-monitoring and self-regulation, we can develop a strong immune system to ensure good health. The innate and the acquired immune system are two major parts of the immune system. These tools assist in the prevention, cure, and control of diseases, maintenance of good health, and development of resistance against multiple diseases. Thus, it is instructive to highlight the Islamic guidelines related to the proper functioning of the immune mechanism in maintaining a healthier life. Much like other religions, Islam places great importance on the observance of cleanliness under all circumstances to support good hygiene. For example, in preparation for prayers, Muslims are told “O ye who believe! When ye prepare for prayer, wash your faces, and your hands (and arms) to the elbows; rub your heads (with water); and (wash) your feet to the ankles. If ye are in a state of ceremonial impurity, bathe your whole body” ³. Prophet Muhammad said, “When anyone among you wakes up from sleep, he must not put his hand in the utensil till he has washed it three times, for he does not know where his hand was during the night” ⁴. Washing hands provided the first line of defense against infectious and contagious diseases, including gastrointestinal disorders and respiratory infections. During the wuḍūʾ, cleaning of the nostrils by sniffing water in and out three times is Sunnah (Prophetic action). Whenever the Prophet Muhammad arose at night, he cleaned his mouth with miswāk (green stick). It was also stated that, “if I did not fear to cause hardship to my nation, I would have ordered them to use the miswāk with every wuḍūʾ” ⁵.

Every religion places an emphasis upon purification rituals and regulations. Abrahamic religions, which refer to three monotheistic religions (Judaism, Christianity and Islam), also equally emphasize internal and external purity and cleanliness. The Bible guides its followers to “Wash yourselves, make yourselves clean” ⁶ and “let them wash their clothes” ⁷. Cleanliness and purity are an aid to worship, preparation for worship, and, without them, the canonical prayer is considered invalid. Therefore, purification of the body before prayer and in connection to other rituals is a common theme in monotheistic religions. The Bible does not, of course, use scientific language to demonstrate the health values of personal cleanliness. It does, however, promote the same purposes as scientifically expressed principles by attaching a religious significance to good personal hygiene in many particular instances (Friedlander 1915, vol. 1, p. 78). Since Talmudic times, Jews were required to wash their hands thoroughly before coming to the table for a meal, and again immediately after completing it, following the regulations of “first washing of the hands before the meal and the last washing of the hands after the meal are bounden duties” ⁸. Rabbinic teaching made it a further religious obligation for every Jew to “Wash his face, hands and feet daily in his Maker’s honour” ⁹.

The isolation of people with assumed infectious diseases, such as leprosy, was common in historically. This also influenced religious regulations, such as, for example, described in the Torah, where “Anyone with such a defiling disease must wear torn clothes, let their hair be unkempt, cover the lower part of their face and cry out, ‘Unclean! Unclean!’ As long as they have the disease they remain unclean. They must live alone; they must live outside the camp”¹⁰. We also found guidance in the New Testament regarding the prevention from contagious disease that “as he entered a village, he was met by ten lepers, who stood at a distance and lifted up their voices, saying, “Jesus, Master, have mercy on us.” When he saw them he said to them, “Go and show yourselves to the priests.” And as they went they were cleansed”¹¹. The aforementioned verse of Leviticus required people with physical leprosy to live alone outside of the camp and to warn others away by calling out “Unclean, unclean”. Much like many other restrictions found in the Old Testament, the teachings of the rabbis collected in the Talmud added specific requirements to the restrictions. During Jesus’ earthly ministry, people were required to stay at least four cubits away from lepers, an interesting distance since a cubit is about 18 inches, making the mandated separation the same six feet required by COVID-19 social distancing measures. The Bible also provided guidance that if someone entered a “leprous” house while it was shut, or touched any of its household articles, an individual was required to wash his clothes¹².

The Prophet Muhammad also gave the utmost importance to personal and public health, and strictly observed the advice he provided his companions about epidemics, much as he had done with other issues (Sibli 2020). Prophet Muhammad stated that, by keeping in view the intensity and hazardous effect of contagious diseases, “one should run away from the leper as one runs away from a lion” (al-Bukhārī 1997, Hadith No: 5707). He further advised his companions that: “When you interact with someone who is afflicted with a contagious disease there should be between you and the person, a space of the length of a spear (approx. 6 feet.)” (Aḥmad ibn Ḥanbal 1992, Hadith No: 851). Unsurprisingly, we also have an example from Prophet Muhammad’s life when he practiced social distancing as well. It was reported that “a leprosy man once wished to pledge his allegiance to him, an act that would require him to touch or hold the Prophet Muhammad’s hand. Keeping his distance, the Prophet Muhammad refused to shake hands with him and advised to send him back [to where he came from] and stated that his pledge had already been accepted” (Ibn Mājah 2007, Hadith No: 3544). Regarding isolation, the Prophet Muhammad taught that those who are sick should not, in any way, compromise the community at large. He said, “Do not place a sick patient with a healthy person”. Even the teaching of Prophet Muhammad was extended to animals in that “A man with sick camels should not let them graze or drink alongside healthy ones” (Ibn Mājah 2007, Hadith No: 3541) He further stated that, “The cattle suffering from a disease should not be mixed with healthy cattle” (al-Bukhārī 1997, Hadith No: 665). However, long before the discovery of the germ theory of disease (1860–1864) (Deecke 1874, pp. 443–63), humankind was provided with guidelines to control the spread of communicable or infectious diseases, both at the societal and individual levels. The Prophet Muhammad recommended voluntary quarantine in times of plague¹³. In modern times, we have observed similar practices of isolation for suspected infectious causes, most recently in response to COVID-19¹⁴.

Visiting the sick is one of the greatest good deeds a Muslim can perform. However, in cases of infectious diseases, the Prophet Muhammad restricted travel and instructed people to quarantine themselves so that the disease would not spread. The Prophet Muhammad was essentially forming strategies that are implemented in the present by public health organizations, such as the Centers for Disease Control. Quarantine is essential for the comfort of the sick individual as well as the protection of the larger public. Moreover, doctors argued that, in a time of endemic outbreak, the body is weakened by unnecessary movement and becomes more susceptible to disease (Khalid and Ali 2020).

Now the question was raised that, during the early period of Islam, which strategies were adopted for protection when faced with outbreaks of contagious disease, and what kind of principles can be extracted or exerted for protection? By considering the incident of

the plague of ʿAmwās, later scholars searched for examples demonstrating how a Muslim should react to the threat of a pandemic situation. The plague of ʿAmwās occurred during 18/639, when ʿUmar turned back from Sargh (thirteen days' march north of Medina) with the Muslim army to avoid exposing them to the plague (Ibn ʿAbd al-Barr 2013, vol. 1, pp. 1405–6), then, in the following year, it returned (and spread) until it struck al-Jābiya¹⁵. The Muslim army at ʿAmwās had suffered considerable losses due to the epidemic. Fearing greater losses, ʿUmar commanded Abu ʿUbayda bin Al-Jarrah (d. 18/639), the commander of the Muslim army at ʿAmwās, to return to Medina. He refused to leave his army in Syria, whereupon ʿUmar agreed to meet him at the town of Sargh. Arriving at Sargh, ʿUmar sought counsel with Abu ʿUbayda and his close companions over the wisdom of allowing the Muslim armies to remain in the plague-stricken land. ʿUmar ultimately accepted the advice of the leaders of Quraysh, who stated that “We advise that you should return with the people and do not take them to that (place) of the epidemic”. Thus, ʿUmar made an announcement, “I will ride back to Medina in the morning, so you should do the same”. Abu ʿUbaida bin Al-Jarrah said (to ʿUmar), “Are you running away from what Allah had ordained?”. Not wishing to humiliate an important military commander publicly, ʿUmar replied wisely, “Would that someone else had said such a thing, O Abu ʿUbaida! Yes, we are running from what Allah had ordained to what Allah has ordained. Don't you agree that if you had camels that went down a valley having two places, one green and the other dry, you would graze them on the green one only if Allah had ordained that, and you would graze them on the dry one only if Allah had ordained that?” (al-Bukhārī 1997, Hadith No: 5732). We learn that Muʿadh ibn Jabal (d. 18/639) came forth during the debate at Sargh and rejected ʿUmar's command, resolving instead to remain in the pestilence-afflicted area. Muʿadh rose and quoted the sayings of the Prophet Muhammad that “(Death from) plague is martyrdom for every Muslim” (al-Bukhārī 1997, Hadith No: 5732). Meanwhile, ʿAbdur-Rahmān bin ʿAuf (d. 33/654), who was absent, came and joined the discussion (al-Ṭabarī 1998, p. 655) and said, “I have some knowledge about this. I have heard from Prophet Muhammad saying, if you hear about it (an outbreak of plague) in a land, do not go to it; but if the plague breaks out in a country where you are staying, do not run away from it”. ʿUmar thanked Allah and returned to Medina (al-Bukhārī 1997, Hadith No: 5729).

Although plague led to martyrdom, as narrated in Musnad Ahmed, “If one in the time of an epidemic plague stays in his country (or stay in his house as mentioned in different narration) patiently hoping for Allah's reward and believing that nothing will befall him except what Allah has written for him, then he will get the reward of a martyr” (Aḥmad ibn Ḥanbal 1992, Hadith no. 26139). Believing in God's decree did not indicate that one should avoid praying to be cured, and that the plague was, in this sense, a sickness like any other (al-Asqalānī 2001, pp. 317–18). Therefore, a Muslim should not be negligent and show a clinical attitude in dealing with the pandemic. Prophet Muhammad strongly disapproved of such behavior and warned his followers that one should first take necessary measures and then rely upon Allah. It was also narrated that “One-day Prophet Muhammad noticed a Bedouin leaving his camel without tying it. He asked the Bedouin, ‘Why don't you tie down your camel?’ The Bedouin answered, “I put my trust in Allah”. Prophet Muhammad replied to him, “Tie your camel first and then put your trust in Allah”. The Prophet Muhammad always advised people to seek medical assistance alongside relying on the power of prayer. He was once asked by a group of Bedouins if it would be considered sinful if they did not seek medical treatment. He replied, “Seek (medical) treatment, O Slaves of Allah, for Allah does not create any disease but He also creates with it the cure” (Ibn Mājah 2007, Hadith No: 3438).

It would be pertinent to discuss here that Caliph ʿUmar was once reported to have seen a leprous woman performing the ritual circumambulation of the Kaʿba at Mecca. ʿUmar encouraged the woman to remain at her home as it would be better for her (and others) to refrain from exposing others to the illness (Kḥān 1992, pp. 265–7). After the demise of Caliph ʿUmar, a man informed a female leper that now she could perform the

ritual circumambulation of the Ka'ba, but she replied: "I am not going to obey him when he is alive and disobey him when he has passed away" (Hopley 2010). This indicates the spiritual power and the impact of the teachings of the Prophet Muhammad and his righteous companions. Another significant incident was discussed by Al-Balādhūrī (d. 279/892) when he reported the journey of Caliph 'Umar (13–23/634–44) to Syria in 18/639, on his way to al-Jābiyah, during the outbreak of plague at 'Amwās. 'Umar encountered a Christian leper colony in distress and he made provisions to feed them and offer support (al-Balādhūrī 1966a, pp. 11, 15–17, 129). This brief incident indicates the existence of a segregated colony for lepers in Palestine to avoid any kind of breakout due to its contagious nature (Marketos 1981, pp. 579–82). The government treasury (*bait-ul-mal*) was formally established during the caliphate of Umar, although it was functional during the era of Prophet Muhammad. The collected taxes were utilized for the beneficiary of poor, sick, disabled, orphans, elderly, and widows, as well as for the provision of food supplies in the case of a natural disaster or famine.

This portion of the discussion ends with the observation that the outbreak of contagious diseases was never viewed as a curse or punishment according to Islamic textual traditions. Undoubtedly, it was a clear refutation to the pagan belief that the outbreak of a contagious disease, such as the plague or leprosy, were God's wrath and was contrary to Islam in the sense that those who died will receive his reward in the hereafter and martyrdom from God (al-Bukhārī 1997, Hadith No: 5732). Allah states in the Qur'an: "And We will surely test you with something of fear and hunger and a loss of wealth and lives and fruits, but give good tidings to the patient" ¹⁶. Surely Allah the omnipotent tests his slaves in times of trials and tribulations. Further, it was dictated that when the community confronted this disease, one should neither enter nor flee a disease-stricken land. Due to the strong opposition of the senior companions of the Prophet Muhammad, and their inability to convince caliph 'Umar for safety purposes to leave, the Prophet Muhammad recognized and preached the importance of travel bans from the infected areas and quarantine in places contaminated with disease to mitigate the spread of illness. The wisdom in these teachings asserts that when confronting any outbreak, we must assume the worst until we know otherwise (and act accordingly). Thus, strict travel bans imposed much earlier in the COVID-19 timeline could very well have curtailed the spread of the virus. Congregational prayers in mosques are important for Muslims in instilling a sense of being in the presence of the sacred and a sense of being with other believers. Accordingly, they line up in rows with shoulders touching. This arrangement is extremely risky during a pandemic (Ozalp 2020). Therefore, one of the most trying experiences for Muslims today in the present crisis involves grappling with the closure of mosques. However, this is by no means the first time that mosques closed due to illness, though the scale of current closures is unprecedented. In 395/1004, due to pestilence and plague, Qayrawān's mosques in modern-day Tunisia were empty (Ibn Idhārī 1983). Qayrawān was historically renowned as a center of learning and religiosity, so this was undoubtedly a notable situation. In 448/1046, mosques in al-Andalus closed due to pestilence and famine (al-Dhahabī 1993). In addition, during the Black Death in Egypt in 748/1347, many mosques and shrines were shut (Dols 1974, pp. 376–77). In these incidences, the closures were probably not due to prevention like today, because their understanding of disease was different. The closures likely happened because a considerable number of people were sick, had died, or were taking care of the sick. In either case, both then and now, preoccupation with the preservation of life was a valid reason for closure. The Prophet Muhammad said, "If the Resurrection were established upon one of you while he has in his hand a sapling, then let him plant it" (Aḥmad ibn Ḥanbal 1992, Hadith No: 12491). Even when the world is ending, we are to persist in what good deeds we can, to finish what efforts we are able to.

The conciliatory and controlled Muslim reaction during the unprecedented and uncertain periods of the pandemic outbreak were mainly the result of religious beliefs, which were demonstrated by Ibn 'Asākir (571/1175) in these words:

"How many brave horsemen and how many beautiful,

Chaste women were killed in the valley of ‘Amwās
 They had encountered the Lord,
 But He was not unjust to them
 When they died, they were among the non-aggrieved people in Paradise.
 We endure the plague as the Lord knows, and
 We were consoled in the hour of death”. (Ibn ‘Asākir 1995, vol. 1, p. 175)

In sum, “Islam has priorities [about life], urging Muslims to protect five main things during their lifetimes. They are to protect life, to protect intelligence, to protect faith, to protect [financial] belongings, and lastly to protect offspring”. Islam’s “to protect life” principle refers to protecting personal and public health (Kamali 1999). An epidemic threatens both personal and public health. Thus, Muslims should put all their efforts toward ending this pandemic, whether they be researchers, scientists, doctors, microbiologists, or pandemic experts, to protect humanity without discrimination as per the teachings of their religion, God, and Prophet Muhammad.

5. Conclusions

As this study showed, religions can provide comprehensive guidelines relating to preventive, curative, and restorative aspects of health. In particular, the early experience of the plague set limits for intellectual discussion and influenced guidance for modern-day responses to contagious diseases, such as travel bans (neither enter nor flee a plague-ravaged region), seeking essential medical treatment along with prayers, adoption of quarantine, which is indispensable for the comfort of the sick individual as well as the protection of the larger public, and observing cleanliness under all circumstances to practice good hygiene and encourage the development of a strong immune system. Therefore, the measures taken in the 21st century to prevent the spread of disease closely conform the hygiene and infection control practices applied during the medieval period in the Islamic cultural sphere. In sum, this article examined the Islamic principles that reshaped Muslim societies towards the development of an approach for contagious diseases, which are still, in their original form, applicable in response to present epidemic outbreaks.

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¹ Wāsit was established as a military encampment in 702/1302 on the Tigris River, between Basra and Kūfah, by al-Hajjāj the Umayyad governor of Iraq. He built a palace and the chief mosque and encouraged irrigation and the cultivation of the region surrounding Wāsi. During the 15th century, did the city decline and eventually disappear. Thus, an early 17th-century Turkish geographer describes Wāsi as lying in the middle of the desert. For detail see: Houtsma (1993).

² For detail see: Suyūṭī, Mā rawāhu al-wā‘ūn fī akhbār al-ṭā‘ūn, pp. 190–92.

³ Al-Qur‘ān, 05:06.

⁴ For detail see: Imam Muslim ibn al-Ḥajjāj al-Qushayrī an-Naysābūrī, Saḥ ṭḥ Muslim, The Book of Purification, Chapter: It is disliked for the person who wants to perform wudu, Hadith No: 541.

⁵ For detail see: Aḥmad ibn Muḥammad ibn Ḥanbal, al-Musnad (Beirut: Dar al-Fikr 1992), Hadith No: 26223.

⁶ Isaiah 1:16.

⁷ Exodus 19:10.

⁸ Hullin 105a.

⁹ Shabbat 50b

¹⁰ Luke 17: 12–14

¹¹ Leviticus 13: 45–46

- 12 Leviticus 14:46
- 13 For detail see: Imam Muslim, *Ṣaḥīḥ Muslim*, Book of *salām*, Chapter: The Plague, Ill Omens, Soothsaying And The Like, Hadith No: 2218.
- 14 For detail see: (Centers for Disease Control and Prevention (CDC) (2003)).
- 15 Jabiyah was a town of political and military significance in the 6th–8th centuries. It was located between the Hawran plain and the Golan Heights. For further detail see: [Shahid \(2002\)](#).
- 16 Al-Qurʿān, 2:155.

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