



# The Damages of Fabricating Medical Narrations to Religion and Health: History and Scope

Seyyed Majid Hosseini; Yahya Mirhoseini\* ; Ali Mohammad Mirjalili

Department of Qur'ān and Ḥadīth Sciences, Faculty of Theology, Meybod University, Meybod, Iran.

(Received: 2022-08-10 ; Revised: 2022-09-05; Accepted: 2022-09-06)

## Abstract

Medicine has an important place in human life. If this field is linked to religious beliefs or medical and health issues are attributed to religious leaders, they will be of more interest and acceptability to religious people. In this case, medical statements will go beyond worldly statements and take up a divine identity. Nonetheless, it is necessary to be aware of the damages of including medical statements in religious texts and to avoid fabricated health narrations by examining the history and truthfulness of those statements as well as controlling their quantity. A review of the Ḥadīth heritage shows that the topics in medicine and health make up a significant part of traditions, or religious narrations, and the frequency of fabricated medical statements that have slipped through traditions is considerable. In general, the damage caused by fabricated medical narrations can be viewed in the two areas of Sharī'a (religious law) and health. The most important health damages stem from wrong prescriptions and prolonged treatment periods. Incorrect advice may cause the illness or even the death of a person. As for religious beliefs and convictions, one may refer to damages such as disfiguring the beautiful face of Sharī'a, casting doubts on the validity of correct religious teachings, and damaging the beliefs of religious people.

**Keywords:** medical narrations, health, religion, Ḥadīth criticism, falsification, forgery.

## 1. Introduction

A review of the history of the Islamic civilization shows that the interest in learning and practicing medical narrations has recently increased among the public. Medical books based on such narrations, which were mostly available to scholars in the past, have now been translated into various languages, and there is no longer any language problem for the public to use them. The printing industry has also made these books easily accessible by publishing them on a large scale. Any reader may perform self-treatment by reading medical traditions regardless of how correct they are. In addition, the emergence of such concepts as "Islamic medicine," "Ḥadīth-based medicine" and "religious medicine," which sometimes take an extreme form, has put the modern and even traditional medicine to question. It is currently attracting more fans in the public mass (Areza'i & Girāmī, 2016, vol. 2: 454-484).

It should be pointed out that the teachings of the Prophet (s) and Imāms remaining in the form of traditions have been falsified and distorted in some cases. The large extent of falsification has moved Ḥadīth experts to verify written and oral narrations by finding their roots and sources. In this regard, Rijālī books have pointed to many narrators as forgers and falsifiers. They sometimes refer to these fake people as "Dajjāl" (hoaxer), "Kadhdhāb" (liar),

---

\* **Corresponding Author, Email:** Mirhoseini@meybod.ac.ir

or “Waddā’” (forger) due to the abundance of their forgery (Ibn ‘Adī, 1989, vol. 5: 51; Ibn Hibbān, n.d., vol. 1: 129; Najjāshī, 1986: 226; Shūshtarī, 1990, vol. 3: 306).

As a matter of fact, attributing a word or an idea to the Prophet (s) or an Imām (a) and repeating it to people greatly gains their trust in that word or idea. This can mislead those who are not able to distinguish the right from the wrong. When people hear fabricated traditions, they consider the words to be holy and as something coming from innocent tongues or divine revelation, little knowing that it is the product of a forger and does not pursue any goal other than misguidance. It is exactly this blind interest in Ḥadīth-based medical advice, lack of attention to the probable falsehood of religious narrations, negligence to avoid accepting fabricated traditions, and failure to identify authentic traditions that have posed a challenge to the philosophy of Ḥadīth narration, i.e., the growth and excellence of mankind.

When it comes to human health, fabricated narrations on medication bring about destructive effects. Wrong medical statements conveyed to the public through fabricated traditions are harmful to humans and inconsistent with experimental and scientific findings. They also ruin the image of the religion in the society. These two issues are discussed in this study. The history of forgery in the field of medical traditions and its scope are also examined to prove the incorrectness of the view that the forgery of medical traditions is very little and just limited to rare and special conditions.

This research is based on the descriptive-analytical method, as it is usually the case in humanities. It mainly aims at the history and extent of forgery as well as the damage caused by the forgery of medical traditions to religion and public health. This forms the novelty of the present study. Of course, there are a few other studies in this field, but they have dealt with the issue limitedly. For instance, the article by Ḥasan Anṣārī (2013) titled “From the heritage of forgers: The book of medicine of the Imāms attributed to the sons of Baṣṭam” should not be ignored, which is the only motivation of the book discussed. In another study, Ḥusaynāda and Sharīfī (2021: 37-48) have just discussed the motivations for forging traditions in medicine. In the absence of any other relevant study, therefore, it seems that the present study enjoys sufficient novelty.

## 2. Damages to religious beliefs caused by falsified medical narrations

It seems that fabricated and incorrect religious narrations in medicine initially undermine the faith of people. What these narrations do is to smudge the favorable image of Sharī’a in the society. Indeed, this category of fabricated statements lead to doubts about the authenticity of correct teachings, too, which weakens the beliefs of religious people.

Therefore, one of the ways to damage the acceptability of the religion is to make false statements and attribute them to religious leaders. In other words, the falsification of traditions sometimes becomes a platform for grudges and enmity of disbelievers and hypocrites. This is why Imām ‘Alī (a) considers Ḥadīth fabricators as one of the four groups of hypocrites, who are seemingly Muslims, wear a mask of religion, do not care about sins, and deliberately attribute lies to the Prophet of God (s) (Hilālī, 1985, vol. 2: 621-622; Kulaynī, 1987, vol. 1: 62-63). A similar statement is also mentioned by Imām Ṣādiq (a): “We are a family whom liars attribute lies to; they aim to tarnish our truthfulness in the eyes of the people” (Kashshī, 1989: 108). He also mentions the desire of a group of people to attribute false remarks to the Ahl al-Bayt as if God had made it obligatory for them (Dilbarī, 2013: 165; Kashshī, 1989: 135-136).

Medical themes have been a target of forgery. In this regard, Shaykh Ṣadūq believes that a group of medical narrations was created by enemies in order to ruin the image of Sharī’a in the eyes of people (Ibn Babawayh, 1994: 115). Forgery researchers have discussed the

damage caused by disbelievers and the doubt they have created about correct beliefs. In the same context, they have also pointed to the falsification of traditions with the aim of introducing incorrect and ridiculous beliefs into the collection of Islamic teachings and thus shaking the credibility of the religious sources that present authentic information (Mas'ūdī, 2019: 49).

Şaqar (n. d., vol. 2: 32) points out that some forgers pursued the aim of bringing a flaw to the character of the Prophet (s) by creating traditions about food and drinks under the Prophet's name, whereas those statements were not consistent with his correct words. This deception was actually for mocking the prophetic teachings. Some of the fabricated narrations mentioned in the book are "The spring of my nation comes with grapes and melons," "Whoever eats beans with their skins, God, the Exalted, will remove a disease from him in the same way," "Arugula is a bad vegetable," "Rice is from me and I am from rice," and "If rice was a person, he would be meek and patient."

Such fabricated statements are recorded in some Ḥadīth books, but they are marked as fake with the phrase "intended to defame the religion." This marking is the result of the authors' research on the authenticity of traditions, and the readers are supposed to evaluate the validity of a Ḥadīth in terms of both content and source before putting it to practice. Ibn Jawzī is one of those authors who has already marked some traditions with the degree of their validity. For example, he rules out the narration about the blessedness of lentils, their consecration by the prophets, and their ability to grant tender hearts and emotions (Ibn Jawzī, 1967, vol. 2: 295).

Another example regards the preventive effect of cucumber and meat on leprosy. As put by Ibn Jawzī (ibid), "May God never bless the forger of this ḥadīth because he made it up with the intention of introducing a flaw in the Sharī'a, so that the listener of the ḥadīth would ask himself what in cucumber and meat could ever prevent leprosy" (ibid, vol. 2: 294; q.v. Dhahabī, 2007, vol. 6: 598). Ibn Jawzī also mentions the narration "Drinking water on an empty stomach makes fat solid," but he puts it to question as "what is there in water that can ever solidify fat?" (Ibn Jawzī, 1967, vol. 3: 40).

It should be noted that forgery with the aim of damaging the religion is usually what Zanādiqa (disbelievers) do. For example, the traditions expressing the properties of beans, the medicinal value of walnuts, and the pathogenicity of cheese as well as the traditions that consider Zamzam water or eggplants able to cure any pain were created by Zanādiqa and targeted the public faith in Islam (Mūsīlī Ḥanafī, 1987, vol. 2: 441). Sheikh Şadūq believes that Zanādiqa are dualists (Ibn Babawayh, 2008: 243) perhaps because most of them at his time were dualists, but Ṭabrasī considers whoever raises anti-Islamic thoughts as a Zindīq (Ṭabrisī, 1983, vol. 1: 244; vol. 2: 331, 334, & 336). In a narrations from Imām Kāzīm (a), the deniers and enemies of God and His messenger (s) are called Zindīqs. Moreover, referring to the Qur'ān 58:22, it is said that those who return from monotheism to atheism are introduced as Zindīq (Ibn Shu'ba Ḥarrānī, 1984: 405-406). Regardless of such definitions, what is generally accepted and discussed in the science of Ḥadīth is "in most cases, those who maliciously falsify or manipulate narrations in order to achieve their goals are called Zindīq" (Dihqān Mungābādī & Şafarī, 2011: 270).

Of course, there are some scholars who adopt an extreme approach. They deny all the narrations from the Prophet (s) in various experimental sciences such as medicine, and consider them completely fabricated with the intention of damaging people's faith (Nīyāzī, 1997: 523). This radical denial, however, is not consistent with the high frequency of medical narrations. By and large, it can be said that the unchecked presentation of medical narrations from religious sources as propaganda and bad defense against them both have adverse impacts on Islam, causing irreparable damages to Shī'a beliefs and giving an excuse to the enemies of Islam to mock Muslim sanctities. This can also denigrate the religion or raise the suspicion of

the conflict between science and religion (Karbāsīzādi, 2013: 164). By listing the defects of Akhbārī approach to Ḥadīth and citing the damages to religious beliefs, some believe that it is indecent to introduce medical narrations from holy sources with no logical basis on religious sciences and the scientific findings in medicine (Muhāhidī et al., 2016, vol. 2: 689).

### 3. Damages to the public health caused by falsified medical narrations

Putting wrong medical traditions into practice is considered a threat to the health of the society. Some damages are sure to occur from the medical point of view, and some have been mentioned or implied in the content of traditions. In this regard, Ḥadīth scholars have paid attention to the possible side effects of practicing fabricated medical narrations.

Nowadays, ignoring the possibility of disease transmission and contagion is a serious threat to the health of human societies, which is of relevance more than ever. Therefore, practicing the tradition “Lā ‘Adwī,” meaning they are not contagious, which is attributed to the Prophet (s) and negates disease contagion, can accelerate the transmission and spread of diseases<sup>1</sup>. This tradition is in conflict with another narration in which the Holy Prophet orders not to place a sick person next to a healthy one (Ibn Ḥanbal, 1996, vol. 15: 149). Apart from being incompatible with the certainties of human experience and medical knowledge, Ḥadīth suffers from the narrator’s hesitation, the denial of his words by the audience,<sup>2</sup> and the weakness of the chain of transmission. As these points suggest, such a tradition is most likely a fabricated one (Karīmīyān, 2016: 373; Tījānī Samāwī, n.d.: 412).

Another example is the confirmation of drinking blood. As narrated, somebody named Abū Ṭayyiba drank some of the Prophet’s blood after cupping him. When the Prophet asked the reason, the man said he did it to be blessed. Then, the Prophet considered the act as a protection from pain, illness, poverty, and distress. He also swore to God that the man would never enter the hell (Ibn Baṣṭām, 1991: 56-57; Majlisī, 1983, vol. 17: 33). This tradition is obviously in conflict with the verses of the Holy Qur’ān (Qur’ān 6:145) and the philosophy of avoiding drinking blood. According to Imām Ṣādiq (a), drinking blood is prohibited because it causes gall creation in the body, bad odor of breath and body, bad mood, diseases such as rabies, atrocity of the heart, and reduction of human compassion and mercy (Ḥurr ‘Āmilī, 1989, vol. 24: 100).

The health and hygiene issues are so important that they have been the excuse for the refinement of medical narrations in the religion. For example, there is a tradition about drinking a lot of water after a meal (Dhahabī, 1963, vol. 2: 512). Ibn Qayyim Jawzīya considered this narration invalid due to its contrast to experience and health. Instead, he comes up with the tradition “Drinking water after eating spoils the food, prevents it from settling in the stomach, and makes digestion difficult” (Ibn Qayyim Jawzīya, 1971: 52).

It should be noted that, in order to maintain one’s health, drinking water (especially a lot) during and after a meal is prohibited from the point of view of traditional medicine. As the corresponding tradition reads,

If a person drinks a lot of water with food, many problems occur such as bloating, abdominal sounds, feeling of stretched joints, and indigestion when the food leaves the stomach earlier and causes diarrhea and sometimes vomiting. In this case, the body becomes weak. (Farajī Usburzī & Yāwarī, 2013: 362)

1. To see Sunni sources, q.v. Bukhārī, 1981, vol. 7: 17; Ibn Mājah, n. d. vol. 1: 17; Ibn Abī ‘Āṣim, 1991: 19. To see Shī’a sources, q.v. Kulaynī, 1987, vol. 8: 196; Ḥurr ‘Āmilī, 1989, vol. 8: 371.

2. Abū Hurayra, who was a narration transmitters of “Lā ‘Adwī,” denied this tradition by quoting the tradition “A sick person should not touch a healthy person.” Then, Abū Salma objected to his contradiction, but he grumbled under his nose in Abyssinian language (Bukhārī, 1981, vol. 7: 138).

It has also been mentioned,

Drinking water immediately after eating food leads to the lack of food contact with the surface of the stomach and disrupts the digestion process. The power of digestion is directly related to the heat of the stomach, and water can take this heat away from the stomach. When water is mixed with food, it goes to the liver from the veins. Because the liver cannot completely remove the water from the food, a lot of water remains under the skin and the underlying membranes; thus intestinal Polydipsia occurs. If it reaches the other organs through the blood, it causes fleshy Polydipsia. (Farajī Usburzī & Yāwarī, 2013: 364)<sup>1</sup>

#### 4. The history of forging medical traditions

Abusing traditions began from the very beginning, when Ḥadīth gained a special position as a source to understand the religion. Therefore, the history of forgery and falsification is as long as the history of Ḥadīth. The worries about forgery started from the very lifetime of the Prophet (s) (Bukhārī, 1981, vol. 1: 434; Kulaynī, 1987, vol. 1: 62). Imām ‘Alī (a) also mentioned the prevalence of heretical traditions and divided the Ḥadīth narrators into four groups, one of them being the hypocrites who deliberately attribute lies to the Prophet (s) (*Nahj al-balāgha*, 1993: Sermon 210). This concern was expressed by some other companions of the Prophet, too (Mīr Ḥusaynī & Şahrāyī Ardakānī, 2019: 187-199). The concern started to rise from the end of the first century and turned into an anxiety. As Dāraquṭnī sees it, a correct item amidst a set of traditions is like a white strand of hair on a black cow (Ibn Abī al-Ḥadīd, 1984, vol. 9: 105). In the traditions narrated from Imām Şādiq (a), there are often concerns about distortion even at the hand of those who are not known as liars (‘Ayyāshī, 1961, vol. 1: 83; Kulaynī, 1987, vol. 1: 64-65).

Moving from this general discussion to the specific subject of this study, it is to be noted that the first forgeries mostly had political, theological, and sectarian themes<sup>2</sup>, but there is some evidence of forgery in the field of medicine during the first century, too. For example, one can refer to Abū Hurayra’s narration about encouraging the eating of eggplants because it was the first plant that grew in the heaven (Ibn Qaysaranī, 1995: 50). Some researchers think

1. Dr. Ḥasan Akbarī, a pathologist in Iranian-Islamic medicine, believes:

The stomach performs several important actions on food, and consuming water and cold liquids while eating causes disturbances in the digestion of the food. The first stage of food digestion is abrasion with high pressure through the smooth muscles and folds of the surface of the stomach and its villi. The effect of gastric hydrochloric acid on the eaten food causes the breakdown of large molecules into small molecules that can be absorbed by cells. This process is inhibited by consuming water and cold drinks between meals. Taking cold drinks neutralizes this process, and, as a result, large molecules that cannot be absorbed enter the intestines. These substances are consumed by bacteria in the large intestine and cause severe bloating. Stomach acid and enzymes that digest proteins, fats, and sugars are diluted by the drinking of water and cool drinks between meals. As a result, the performance of these materials is reduced and digestion is not done completely.

For the absorption of iron, vitamin C, and many other vitamins and supplements, the acidic environment of the stomach is suitable, but drinking water while eating disrupts this environment and the body is left deprived of these very important substances. A decrease occurs in the energy of the surface cells of the stomach and intestines as well as the muscle cells in the wall of the stomach and intestines due to a decrease in the ambient temperature from 37 degrees Celsius, which is the best temperature for the highest performance of these cells. As a result of the reduction of cellular energy, intestinal laziness occurs, followed by chronic constipation, which is the mother of diseases. This complication occurs due to the consumption of water during meals. This also reduces the production of energy in the body. (Akbarī, 2013)

2. Some believe that forging traditions began during the political sedition and disputes of the first century (Abū Zuhv, 1959: 480).

that forgery dates back to the Abbasid era or a little earlier, but they consider it as a reaction of Ḥadīth narrators to the cultural enchantment in the face of Greek, Roman, and Iranian sciences that infiltrated into the Muslim world (Biḥbūdī, 1986: 7). As the first attempts in Ḥadīth criticism, one may refer to the book *Ilal* (diseases) by Ibn Abī Ḥātam, who gathered some of the weak or fabricated narrations on the subject of medicine (Ibn Abī Ḥātam, n.d., vol. 2: 320-329).

In the discussion of the history of forgery, one should pay attention to the expansionism of Ḥadīth scholars, especially after the advent of the translation era, and their efforts to prove that Islam, like scientific schools, cherishes medical issues. The Ḥadīth narrators who had succeeded to gain the support of statesmen at the end of the second century had a spirit of totalitarianism and sought authority so as to bring all branches of science under the umbrella of traditions, thus monopolizing science to Ḥadīth scholars (Pākatchī, 2000: 115). This spirit of not needing non-Ḥadīth sciences and the dissatisfaction of Ḥadīth scholars with the expansion of the imported sciences such as Greek medicine were the important factors that increased the activity of those scholars in the field of medicine (Āghājirī et al., 2010: 6-12). These efforts continued for many centuries, and the scholars started to write some books under the title *Prophetic Medicine* (Pākatchī, 2016: 29). This caused the conversion of the words of some doctors into traditions (Mīr Ḥusaynī, 2016: 234-235).

A conversation between the Christian physician Hārūn al-Rashīd and ‘Alī b. Ḥusayn Wāqidī is worth noting. Pointing out that the medical science and the science of religion serve as two fundamental ways of ensuring human happiness, the Christian doctor claims that the holy book of Muslims lacks medical contents. His intention was, of course, to scorn the religion of Islam, but Wāqidī reacted by referring to the verse “Eat and drink, but be not prodigal” (Qur’ān 7:31) and the prophetic narration “Stomach is the home of all pains, and abstinence is the best of all medicines. You must fulfill the right of the body in what you have given it a habit” (Makārim Shīrāzī, 1992, vol. 6: 153; Ṭabarānī, 2008, vol. 3: 434)<sup>1</sup>. This story may have no historical authenticity, but it reflects the discourse of that time, when the arrival of medicine from the conquered regions caused concerns about the medical heritage of Muslims. To conclude, it should be mentioned that the prevalence of this type of forgery has made some people consider the similarity of traditions to the words of doctors as a criterion for the falseness of those traditions (Ibn Qayyim Jawzīya, 1971, vol. 1: 64).

## 5. The extent of forgery in medical quotations from holy sources

Regarding the scope of forgery in medical traditions, some researchers have a minimalist view and consider the number of such traditions to be very few. As ‘Aṭṭār states, “It seems that deliberate lies against the Prophet (S) and Ahl al-Bayt in the field of medical traditions have had a low frequency because such traditions have not been effective in political biases or sectarian tendencies” (‘Aṭṭār, 2016: 160). Zurqānī is of the same view, too (Zurqānī, 2015, vol. 3: 66). To evaluate this point of view, it is to be noted that this type of reductionism or reducing the motives of forgery to political and sectarian biases is one-sided and ignores other motivations.

1. This expression, which is also attributed to Imām ‘Alī (a) (Rāwandī, 1987: 77) and Imām Kāzīm (a) (Ibn Baṣṭām, 1991: 4), has been evaluated as the words of doctors (Karamī, 1999, vol. 1: 105). Some have specifically mentioned Ḥārith b. Kalada, a physician contemporary to the Prophet (s) and considered this sentence to be his word (Zarkashī, 1406: 145). Others have attributed it to ‘Abd al-Malek bin abjar, the physician of ‘Umar b. ‘Abd al-‘Azīz when he converted to Islam (Ibn Abī Uṣaybi‘a, 2020: 165; q.v. Ma‘ārif & Ba‘azm, 2020: 78).

In order to prove the considerable range of fabricated narrations, it is helpful to take some insight from the *Encyclopedia of Ahādīth and Weak and Forged Works* which contains 825 fabricated and weak narrations on medical topics. These narrations have been extracted from Sunnī sources of traditions, and have been organized in 37 pages (Ḥalabī, 1999, vol. 14: 336-373). In this Encyclopedia, 366 traditions in the chapter of Al-Ashriba (the drinks) and 1232 traditions in the chapter of Al-Aṭ'ama (the foods) are considered invalid (Mihriẓī, 2008: 392). Some believe that almost 95% of medical traditions have problems in sources and documentation, and only 5% are considered correct (Ayāzī, 2016: 518). Perhaps it was because of this lack of trust that those traditions had no considerable place in medical sources. For example, the fifteen authentic Iranian medical books written from the 2<sup>nd</sup> to the 13<sup>th</sup> century rarely contain traditions, and none of them discusses subjects such as Islamic medicine, prophetic medicine, or Imāms' medicine. There are only very few medical narrations from religious figures used in a special way in the works of 'Aqīlī Khurāsānī (12<sup>th</sup> century) and Ḥāj Muḥammad Karīm Kirmānī (13<sup>th</sup> century) (Muhāhidī et al., 2016: 160-163). It is concluded that the number of fabricated narrations is not as low as claimed by some people, nor has forgery been as widespread for medical purposes as for other motives.

## 6. Conclusion

In this study, it was found that medical issues have provided enough motives for creating and fabricating traditions. This type of forgery, like other fields of Ḥadīth forgery, began in the first century of Islam, but it grew a lot after the movement of translation and the entry of medical books into the Muslim world. Regarding the rate of fabricated medical narrations, there are two extreme views. One considers them too few and the other too many. However, what is certain is that the quantity of false reports in this field is not small. During the history, people's support for their religion and health has provided a suitable context for opportunists to present their stories in the form of traditions. Nowadays, the ignorants are called to follow these seemingly holy health instructions, but they hardly try to examine the veracity of those narrations. This can undermine the religious beliefs in the society and threaten the health of individuals.

## References

### *The Noble Qur'ān*

- Nahj al-balāgha (1993), based on Subhī Ṣāliḥ's version. Qom, Hijrat Publications.
- Abū Zuhv, M. (1959), *Al-Ḥadīth wa Al-Muḥaddithūn*. Cairo, Dār al-Fikr al-'Arabī.
- Āghājirī, S. H, B. Ṣiddīqī, & B. Karīmī (2010), "Muslim medicine in the 19th century: its roots and theoretical foundations." *Journal of Cultural History Studies*. vol. 3, no. 10, 1-27.
- Akbarī, H. (2013), Interview with ISNA reporter of Tehran University of Medical Sciences. <https://www.isna.ir/news/92022818633/> acc. 2022/06/08
- Anṣārī, Ḥ. (2013), "From the heritage of forgers: The book of medicine of the Imāms attributed to the sons of Baṣṭām." In *The collection of historical studies in the field of Islam and Shī'a* (pp. 693-703). Tehran, Islamic Council Library.
- Areza'i, H., & M. H. Girāmī (2016), "The interaction of medicine and religion: Review and Study of Approaches in Contemporary Iran." In *A collection of selected articles of the Health System in Islam Conference* (pp. 454-483). Mashhad, Irmīyā Book.
- 'Aṭṭār, M. (2016), "The position of medical traditions in the discourse of the age and the approaches of the future." translated by M. A. Taqawī. In *A collection of essays on the validation of medical traditions* (pp. 133-163). Tehran, Iran Traditional Medicine Publications.
- Ayāzī, M. A. (2016), "Islamic medicine, science or guidance? Examining the presuppositions of understanding Qur'ān and Ḥadīth in medical issues." In A. A. Gushāyish (Ed.), *A collection of selected articles of the health system conference in Islam* (pp. 485-523). Mashhad, Irmīyā Book.
- 'Ayyāshī, M. (1961), *Kitāb al-tafsīr*. Tehran, Scientific Publishing House.
- Bihbūdī, M. B. (1986), "With professor Muḥammad Bāqir Bihbūdī in the field of Riwayāt and Dirāyat of Ḥadīth." *Kayhan Cultural Magazine*, no. 31, 3-8.
- Bukhārī, M. (1981), *al-Jāmi' ṣaḥīḥ*. Beirut, Dar al-Fikr.
- Dihqān Mungābādī, B. A., & H. Ṣafarī. (2011), "Investigating the role of Zanādiqa in forging Ḥadīth." *Journal of Ḥadīth Research*, no. 6, 91-276.
- Dilbarī, A. (2013), *Pathology of Ḥadīth understanding*. Mashhad, Raḍawī University of Islamic Sciences.
- Dhahabī, M. (1963), *Mīzān al-i'tidāl fī naqd al-Rijāl*. Edited by A. M. Al-Bajawī, Beirut, Dār al-Ma'rifa li-Tībā'a wa al-Nashr.
- Id. (2007), *Sayr a'lām al-nablā*. Cairo, Dār al-Ḥadīth.
- Farajī Usburzī, A., & M. Yāwarī (2013), "A comparative study of the rules of drinking water in traditional Iranian medicine with common medicine." *Traditional Medicine of Islam and Iran*, vol. 4, no. 4, 359-369.
- Ḥalabī, A. (1999), *Encyclopedia of traditions and weak fake works*. Riyadh, Al-Ma'ārif School.
- Hilālī, S. (1985), *Kitāb Sulaym b. Qays al- Hilālī*. Qom, Nashr al-Hādī .
- Hurr 'Āmilī, M. Ḥ. (1989), *Wasā'il al-Shī'a*. Qom, Āl Al-Bayt Foundation.
- Ḥusaynzāda, A., & M. Sharīfī (2021), "Authors of medical narratives, causes and motivations." *Journal of Islamic Studies in Health*, vol. 5, no.4, 37-48.
- Ibn Abī 'Āṣim, A. (1991), *Al-Āḥād wa al-mathānī*. Edited by B. F. Al-Jawabira, n.p, Dār al-Diraya..
- Ibn Abī al-Ḥadīd, A. (1984), *Sharḥ Nahj al-balāghah*. Qom, Āyatullāh al-Mar'ashī Library.
- Ibn Abī Ḥātam, A. D. (n.d.), *al-'Ilal*. n. p. Al-Maktab al-Shāmīla version.
- Ibn Abī Uṣaybi'a, A. (2020), *Uyū ul-anbā' fī ṭabaqāt al-aṭibbā*. Edited by Dr. Nazār Riḍā, Beirut, Dār Maktaba Al-Ḥayāt.
- Ibn 'Adī, A. (1989), *Al-Kāmil*. Edited by Y. M. Ghazawī, Beirut, Dār al-Fikr.
- Ibn Babawayh, M. (1994), *I'tiqādāt al-Imāmīyya*. Qom, Shaykh Mufīd Congress.
- Id. (2008), *Al-Tawḥīd*. Edited by H. Ḥusaynī, Qom, Jāmi'a al-Mudarrisīn, Qom.
- Ibn Baṣṭām, A. (1991), *Ṭibb al-A'imma* by Ibn Baṣṭām. Edited by the effort of M. M. Khursān, Qom, Dār al-Sharīf al-Raḍī.
- Ibn Ḥanbal, A. (1996), *Musnad*. Edited by S. A. M. Shākir, Cairo, Dār al-Ḥadīth.
- Ibn Ḥibbān, M. (n.d.), *Al-Majrūḥīn*. Edited by M. I. Zāyid, Mecca, Dār al-Bāz lil-Nashr wa al-Tawzī'.
- Ibn Jawzī, A. (1967), *Al-Mawḍū'āt*. Medina, al-Maktaba al-Salafīyya.
- Ibn Mājah, M. (n.d.), *Sunan*. Edited by M. F. 'Abd al-Bāqī, Beirut, Dār al-Fikr.



- Ibn Qaysaranī, M. (1995), *Tadhkira al-Ḥifāz*. Riyadh, Dār al-Samī'i.
- Ibn Qayyim Jawzīya, M. (1971), *Al-Manār al-munīf fī al-ṣaḥīḥ wa al-ḍa'īf*. Aleppo, Islamic Press Library.
- Ibn Shu'ba Harrānī, Ḥ. (1984), *Tuḥaf al-'uqūl*. Edited by A. A. Ghaffārī, Qom, Teachers' University.
- Karamī, M. (1999), *Al-Fawā'id al-mawḍū'a fī al-aḥādīth al-mawḍū'a*. Edited by the effort of M. b. L. al-Ṣabbāgh. Riyadh, Dār al-Warrāq.
- Karbāsīzādī, A. (2013), "From the medicine of narrators to the wisdom of doctors." *Ḥadīth Hawzha*, no. 4, 147-172.
- Karīmīyān, M. (2016), "Ḥadīth Lā 'Adwī: Attribution and conceptology." *Ulūm Ḥadīth*, no. 79, 77-355.
- Kashshī, M. (1989), *Rijāl*. Mashhad, Mashhad University Press Institute.
- Kulaynī, M. (1987), *Al-Kāfī*. Edited by A. A. Ghaffārī & M. Ākhundī, Tehran, Dār al-Kutub al-Islāmīyya.
- Ma'ārif, M., & M. Ba'azm (2020), "The geometry of the title of Islamic medicine." *Qur'an and Religious Enlightenment Bi-Quarterly*, vol. 1, no. 2, 73-92.
- Majlisī, M. B. (1983), *Bihār al-anwār*. Beirut, Dār Iḥyā' al-Turāth al-'Arabī.
- Makārim Shīrāzī, N. (1992), *Tafsīr nimūna* (10<sup>th</sup> ed.). Tehran, Dār al-Kutub al-Islāmīyya.
- Mas'ūdī, A. (2019), *Forgery and criticism of Ḥadīth*. Tehran, SAMT Publishing House.
- Mihriżī, M. (2008), "An analysis on the writings of al-Mawḍū'āt in Sunnīs based on the book "Al-Mawsū'a Al-aḥādīth wa al-āthār al-ḍa'īfa wa al-mawḍū'a." *Ulūm Ḥadīth*, no. 49-50.
- Mīr Ḥusaynī, Y. (2016), "The identity and authenticity of medical narratives with an external criticism approach." In M. Salmān Nizhād (Eds.), *A collection of essays on the relationship between Islam and medicine* (vol. 1, pp. 226-256), Mashhad, Irmīyā Book.
- Mīr Ḥusaynī, Y., & K. Ṣaḥrāyī Ardakānī (2019), "Āyisha and the narrations of the Companions: The first external critiques of Ḥadīth." *Research Journal of Historical Studies of Qur'an and Ḥadīth*, vol. 26, no. 67, 181-206.
- Muhāhidī, M., S. A. Muẓaffarpūr, & N. Gurjī (2016), "School of Islamic medicine with the approach of reporting and upcoming questions." In *A collection of selected articles of the Health System in Islam Conference* (pp. 675-690). Mashhad, Irmīyā Book.
- Mūshīlī Ḥanafī, U. (1987), *Al-Mughnī 'an al-ḥifẓ wa al-kitāb*. Beirut, Dār al-Kitāb al-'Arabī.
- Najjāshī, A. (1986), *Rijāl al-Najjāshī*. Qom, Islamic Publishing House.
- Nīyāzī, I. (1997), *Dīn al-sulṭān (Al-Burhān)*. Beirut, Al-Ahālī.
- Pākatchī, A. (2000), *Companions of Ḥadīth*. Islamic Encyclopedia, Tehran, Center of Islamic Encyclopedia.
- Id. (2016), "An introduction to essays on the validation and understanding of medical traditions." In Y. Mīr Ḥusaynī (Ed.), *The collection of essays on the validation and understanding of medical traditions* (pp. 13-44). Tehran, Iran Traditional Medicine Publications.
- Rāwandī, Q. (1987), *Al-Da'awāt*. Edited by S. M. B. Muwaḥḥid Abṭaḥī Iṣfahānī, Qom, Imām al-Mahdī (a) School.
- Ṣaqar, Sh. (n.d.), *Dalīl al-wā'iz ilā adillah al-mawā'iz*. Alexandria, Dār al-Faṭḥ al-Islāmī.
- Shūshṭarī, M. T. (1990), *Qāmūs al-Rijāl*. Qom, Islamic Publishing House.
- Ṭabarānī, S. (2008), *Al-Tafsīr al-khabīr*. Irbid, Dār al-Kutub al-Thaqafī.
- Ṭabrisī, A. (1983), *Al-Iḥtijāj alā ahl al-lijāj*. Edited by M. B. Khursān, Mashhad, Murtaḍā Publishing House.
- Tījānī Samāwī, M. (n.d.), *Fas'alū Ahl al-Dhikr*. Edited by Doctrinal Research Center, n.p., Doctrinal Research Center.
- Zarkashī, M. (1406), *Al-La'ālī al-manthūr fī al-Aḥādīth*. Beirut, Dār al-Kutub al-'Ilmīyya.
- Zurqānī, Ḥ. (2015), *Prescriptions by Ahl al-Bayt (a) for prevention and treatment*. Qom, Sarbidārān.