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ISLAMIC CONCEPT OF ACCOUNTABILITY

Prof. Dr. Hissamuddin Mansoori

Abstract

Islam emphasizes on accountability for the establishment of a healthy Islamic Society. Because if the individual and collective measure required for the scrutiny of the people are ignored, then bias, lawlessness and unjust practices prevails. In this research article, the rules governing the process of answerability and accountability of individuals and society are discussed. The protocols for the process are analyzed in detail so that it can be established that how Islam teaches us to scrutinize a person or ourselves or society so that conditions of justice are met accordingly. Since, in the perspective of Islam, the life in this world is temporary and is only an exam. Human beings are being monitored and all of their actions are being recorded. They will be accountable to their actions in the life after death. Hence, Islam teaches its believers to analyze their actions themselves before they will be answerable to Allah almighty on the Day of Judgment.

A BRIEF INTRODUCTION OF COMPLETE ARABIC TAFASEER OF INDO PAK SUB CONTINENT AND THEIR SCHOLIASTS

Dr. JahanAaraLutfi

Abstract

The Historical Record proves that Islam had deep and continuous relations with India from its beginnings. There was a regular flow of Muslim Scholars to preach the new religion to this part of this world, later a large number of the Muslim Scholars emerged from the Indian soil and traveled to the Hijaz-e-Muqaddasa and spent there a big part of their lives in the deep study of Quran, Hadith, Fiqh and Arabic language. When they returned to their motherland they started preaching and devoted their lives in order to understand the meaning and explanations of Quran according to the teaching of Prophet Muhammad(PBUH). They fulfilled their duties through speeches and writing. In this way they wrote Tafseer. By the few authentic references it has come into our knowledge that, in the beginning, Tafseer were written in Arabic. The first Tafseer was written by Ibn e Taaj, a named Jawahir e Quran. The second was written by MolanaNizamuddin bin al HussauniNesha Pori famous by the name of Nizam Aaruj, and the third by Mullah Jewan, a well-known scholar in Subcontinent. A brief introduction of some well-known commentators is presented in this article who contributed by Arabic Tafaser. They are substantial religious scholars and spiritual personalities, and their Tafaseer became widely read not only throughout the Subcontinent but in the Arab world also. Some of their work has been translated in Urdu, English and some other languages like the great work of Qazi Sanaullah Panipati

IN THE MODERN AGE ,THE PROBLEMS AND THEIR SOLUTIONS OF MISSUSES OF THE RIGHTS OF GUARDIAZNSHIP & TO GET PERMISSION FROM THE BRIDE REGARDING THE NIKAH

Tahmina Pervaiz

Abstract

Nikah is not only an agreement between two people. It has social and familial results. The traditions and the rules of the society play a role on the marriage. Therefore, no Nikah can be performed secretly. Islamic marriage requires the supervision of guardian at the time of Nikah.If the father or guardian renounce the duty of supervision or object to the marriage without Islamic basis,the civil or other lawful authority becomes the supervisor .According to the teaching of Holy Prophet (S.A.W) women's approval at the time of Nikah. In this era due to the lack of these rights people involve in different bad activities and ratio of court marriages are increases. It is necessary to find out the way of these rights regarding Islam due to which girl and parents both should not be effected.

INTERNET….SPREADING VULGARITY AND THE WISDOM OF LOWERING THE GAZE RESEARCH REVIEW IN THE LIGHT OF QURAN O HADITH

Hajra Aziz

Abstract

Internet is playing a vital role in this era. It has covered the distance between world and world has become global village through it but it's also using in meaningless activities and now a day the main negative use is for vulgarity. Access to such things is very easy either the beginner of internet can access to these types of material, videos etc. We cannot neglect the importance and need of internet but as a Muslim it is necessary to follow and keep in view the Islamic teachings and rules during using it.In this paper I will discuss the burning issue of vulgarity in our country. It is spreading very fast through internet which is eliminating and destroying our social values and modesty,current shameless cases against youngsters show the worst condition of our society .Quran order us for lowering thegaze,which is the best way to save the society from this machination .

ORGAN TRANSPLANTATION IN THE LIGHT OF ISLAMIC TEACHING RESEARCH ARTICLE

Zeba Shahnaz Khatak

Abstract

With the advancement of medical science human being get the solution of many disabilities .Organ transplantation is one of this advancement .As the transplantation of any organ makes the life easier, On the other hand it creates many complication and ethical problems. Islam gives the complete concept of life and death ,body and soul to its believers due to which religious people have many questions about this issue because it creates the problem related Fiqh. Since such techniques have no precedent , so in this article we discuss the conflicting issue of organ transplantation and the definition of brain death .

EDUCATIONAL CONCEPT OF ALLAMA IQBAL

Asia Bibi

Abstract

Dr. Allama Muhammad Iqbal is one of the most prominent and acknowledged poet philosopher of Indo-Pak. He is also renowned for his devotees to all the Muslims of the world. Education is the basic source of managing human life. The key point in AllamaIqbal's educational philosophy therefore, is the training of human life. He had the wisdom to understand how important right ideals are for youth to follow. He understood Islam as the only way to gain a true purpose and method for existence, meaning it was not just a religion but a complete system for life. In this paper I will discuss Iqbal not only reminded the Muslims their glorious past but also showed them the way that how their fore-fathers achieved that position and dignity. He advised the Muslims to get and aspire for an education which will enable them to compete with other nations of the world. He stressed the point that they should not remain passive but should actively participate in different constructive activities so as to make their individuality sound in order to make their nation strong.

IMPORTANCE OF UNDERSTANDING THE CAUSES OF REVELATION OF QURANIC VERSES

Dr. Rehmat Ullah Ahsan

Abstract

When studying the Quranic injunction, we can conclude that there are two basic reasons for these revelations. First, there are those parts of the Quran that are not related to any specific situation or question during the prophet's time. Secondly, there are those parts of Quran that are related a specific context or a response to specific queries during that era; for instance offering of nafil prayers next to the Maqam-e-Ibrahim. An understanding of the specific context of these Quranic revelations and the background of those companions is essential for a thorough understanding of the Quran

THERAPEUTIC EVALUATION OF HIJAMA IN END STAGE / CHRONIC RENAL FAILURE PATIENTS

Muhammad Bilal

Abstract:

Objectives: To assess the therapeutic effectiveness of Hijama for the first time on Chronic Renal failure patients maintained on hemodialysis for past several years and whose urinary output is almost none.

Methods: 24 patients were selected randomly receiving hemodialysis for an average of 3 years in a government hospital, Karachi with the consent of the ethical committee of the hospital, nephrologist in charge and patients. The technique of Hijama was performed on each patient once weekly. Hijama was performed after their dialysis session. The serum Urea, Creatinine, complete blood count and electrolytes were checked prior to hijama as baseline values. The study was continued for a period of 6 months. Hence investigations were again recorded after performing hijamafor six months and the comparison was made.

Results: The patients' feedback which was recorded on every session showed that almost all of the patients reported a significant recovery from severe lethargy which they faced previously during the interval between the dialysis sessions. Anorexia was improved significantly. Insomnia was improved to a great extent and their quality of sleep was improved significantly compared to Insomnia previously. Systolic and diastolic blood pressure was improved in almost all of the patients. Before Hijama their blood pressure was almost always high which was lowered

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To almost normal in almost all of the patients. There was some lowering of Serum Creatinine and Urea level, but this improvement was not persistent. There were fluctuations in the serum levels of Creatinine and Urea. The hemoglobin level was improved in almost all of the patients. Prior to Hijama these patients frequently needed blood transfusions due to nephropathic anemia. But after the Hijama sessions their hemoglobin level was maintained. There was slight improvement in Urinary output in 2 out of 10 patients.

Conclusion

In this pilot study it was concluded that

1. Hijama can be performed safely on renal failure patients receiving dialysis.
2. Creatinine was significantly reduced after hijama.
3. Platelet count was improved highly significantly.
4. Electrolytes were improved significantly.
5. Favorable improvements were recorded in almost all rest of the parameters.
6. Hijama was beneficial for lethargy.
7. Hijama improves appetite.
8. Hijama improves quality of sleep
9. Overall quality of life is improved by Hijama.
10. Slight improvement in urinary output was recorded in 2 out of 24 patients.

Keywords:

Hijama: cupping therapy, hemodialysis, chronic renal failure, nephropathy

Introduction:

Chronic renal failure is a condition which develops slowly over a large period of time when the kidney function is gradually lost. If the condition is not managed by fluid replacement or kidney transplant, the condition is usually fatal. Initially, it is manifested only as a biochemical abnormality. Eventually, loss of the excretory, metabolic and endocrine functions of the kidney leads to the development of the clinical symptoms and signs of renal failure, which are referred to as uraemia. When death is likely without renal replacement therapy it is called end-stage renal failure (ESRF) (1)

Usually the biochemical markers of Serum Urea > 50 gm/dl and Serum Creatinine greater than 1.2 gm/dl are the indicators of CRF. The ESRF patients present usually with the serum Creatinine around 10 gm dl and serum Urea levels around 100 gm / dl.

The etiology of CRF is usually any condition which destroys the normal structure and function of the kidney[1]. Important causes are: (2)

Diseases	Proportion of ESRF	Comments
Congenital And Inherited	(5%)	E.g. Poly cystic Kidney diseases
Renal Artery Stenosis	(5%)	
Hypertension	(5-25%)	Racial or diagnostic differences
Glomerular Diseases	(10-20%)	IgA nephropathy is most common
Interstitial Diseases	(5-15%)	
Systemic Inflammatory Diseases	(5%)	e.g. SLE, vasculitis
Diabetes Mellitus	(20-40%)	Large racial and national differences
Unknown	(5-20%)	

Hijama, also known as bloodletting or wet cupping therapy, is an alternative mode of treatment, which relies solely on removal of subcutaneous blood (which is presumably the stagnant, toxin containing blood), is effective in treating many conditions including Low back pain, carpel tunnel syndrome, acute gouty arthritis, asthma, cardiac arrhythmia, insomnia, neck pain, migraine[4], facial paralysis and many other disorders.(3)

The effectiveness of Hijama on chronic renal failure patients was never examined before and this is the first study regarding this condition.

Materials and Methods:

Inclusion Criteria

Only those patients were selected who were suffering from chronic renal failure end stage randomly and were maintained on2-3 times weekly sessions ofdialysis.

Exclusion Criteria

The patients whose hemoglobin level was below seven were excluded from the study. Those patients whose condition was not stable to certain extent were also not included in the study.

Procedure of Hijama

Hijama was performed once weekly after the dialysis.

The patients were advised not to eat 3 hours before Hijama. Their body temperature before Hijamashould be normal. They were prohibited to take bath 3 hours before Hijama during winter.

Technique of Al-Hajama:

The technique of Al-Hajama which was used during the study is as follows:

1. The selected site on the body was cleansed with 75% alcohol swabs.
2. A sterilized vacuum cup was placed on the site and vacuum was created using a manual vacuum pump, enough to cause the cup to adhere to the skin and a force of suction was applied on the site.
3. The cup was removed after 5 minutes and very slight, superficial incisions were made with the help of sterilized surgical blade and the cup is placed again in the same manner as described above.
4. The cup was removed after 5-10 minutes later. The subcutaneous blood which was collected in the cup which clots readily is discarded immediately and the cup is destroyed prior to disposing off.
5. The incised area under the cup was cleaned with medicated wipes and honey is applied for antiseptic purposes and sterilized gauze is placed and secured with a tape bandage. (3)

Initially Hijama was performed at two sites at the level of C7 and T2, which is the usual starting points for hijama. After the first week, hijama was performed at the location of both Kidneys at the back and also on the front. Some other systemic points were also covered which are selected according to the Meridian system of acupuncture for kidney. These points were located on the lateral and medial fronts of the knees, above ankles and on the dorsal surface of feet just above the big toe.

The average volume of subcutaneous blood which was removed was approx. 5 ml from each patient. The sessions of Hijama were continued for a period of one

year. The investigations were recorded once monthly pre-dialysis. As the patients were on dialysis for more than a year, hence their reports of the checked parameters were present in the record of the hospital. The reports of six months prior to hijama were also collected and selected as control against which the parameters were compared after hijama. (4)

Statistical Analysis

Paired *t*- test was performed to evaluate the Statistical significance of the results before vs after Hijama values. Confidence interval was 95%.

Results:

Table 1: Comparison of Biochemical parameters, before and after hijama

Parameters	Normal Values	Before Hijama Value	After Hijama Value
Urea	10-50 mg/dl	128.2 ± 3.94 mg/dl	132.60 ± 3.65 mg/dl
Creatinine	0.6-1.5 meq/L	8.519 ± 0.31 meq/L	7.57 ±0.25 meq/L*
Glucose	Up to 200 mg%	93.52 ± 2.44 mg%	98.48 ± 2.25 mg%

n=24; Average values ±S.E.M, *p value<0.05: Significant as compared to control, **p<0.001: Highly significant as compared to control

. **1. Biochemical Parameters:**

Table 1 reveals the comparison of Urea, Creatinine and Glucose between blood samples obtained before hijama and after hijama.

Blood samples obtained after hijama showed a significant decline in serum Creatinine level of 7.57 ±0.25meq/L as compared to the serum Creatinine level before hijama i.e. 8.519 ±0.31meq/L

Blood samples obtained after hijama showed an insignificant rise in serum Urea level i.e.

132.60 ±3.65 mg/dl.as compared to the serum Urea level before hijama i.e. 128.2 ±3.94 mg/dl

Blood samples obtained after hijama showed an insignificant rise in serum Glucose level i.e.

98.48 ±2.25 mg% as compared to the serum Glucose level before hijama i.e. 93.52 ±2.44 mg%

Table 2: Comparison of electrolytes, before and after hijama

Parameters	Normal Values	Before Hijama Value	After Hijama Value
Calcium	8.5-10.4 mg%	9.121 ± 0.098 mg%	9.446 ± 0.114 mg%
Sodium	136-140 meq/L	141.021 ±0.552 meq/L	140.104 ± 0.652 meq/L*
Potassium	3.6-5.2 meq/L	4.3854 ±0.0602 meq/L	4.1437 ± 0.049 meq/L*
Chloride	98-107 meq/L	97.71 ± 1.41 meq/L	100.63 ± 0.63 meq/L

n=24; Average values ±S.E.M, *p value<0.05: Significant as compared to control, **p<0.001: Highly significant as compared to control

2. Electrolytes:

Table 2 shows the comparison of serum electrolytes level before and after hijama.

Blood samples obtained after hijama showed an insignificant rise in serum Calcium level i.e.

9.446 ±0.114 mg% as compared to the serum Calcium level before hijama i.e.9.121±0.098 mg%

Blood samples obtained after hijama showed an insignificant decline in serum Sodium level i.e.

140.104 ±0.652meq/L as compared to the serum Sodium level before hijama i.e. 141.021±0.552 meq/L

Blood samples obtained after hijama showed a significant decline in serum Potassium level i.e.

4.1437 ±0.049meq/Las compared to the serum Potassium level before hijama i.e.4.385±0.0602meq/L

Blood samples obtained after hijama showed an insignificant rise in serum Chloride level i.e. 100.63 ±0.63meq/L as compared to the serum Chloride level before hijama i.e. 97.71 ±1.41meq/L

Table 3: Comparison of hematological parameters, before and after hijama

Parameters	Normal Values	Before Hijama Value	After Hijama Value
Hemoglobin	11.5-16.5 gm/dl	10.317 ± 0.171 gm/dl	10.402 ± 0.181 gm/dl
WBC	3.5-10.0x10^9/L	6.729 ± 0.156x10^9/L	6.300 ± 0.142x10^9/L
Platelet	100-400x10^9/L	146.25 ± 3.61x10^9/L	174.75 ±7.26x10^9/L**
HCT	35-55 %	31.337 ± 0.585 %	31.800 ± 0.607 %

n=24; Average values ±S.E.M, *p value<0.05: Significant as compared to control, **p<0.001: Highly significant as compared to control

3. Hematological Parameters:

Table 3reveals the comparison of Hematological parametersbetween samples before Hijamaand samples obtained after hijama.

Blood samples obtained after hijama showed an insignificant rise in blood Hemoglobin level i.e. 10.402±0.181 gm/dl as compared to the blood Hemoglobin level before Hijama i.e.10.317 ±0.171 gm/dl

Blood samples obtained after hijama showed an insignificant decline in white blood cells count i.e. 6.300 ±0.142 x10^9/Las compared to white blood cells count before Hijama i.e.6.729 ±0.156 x10^9/L

Blood samples obtained after hijama showed a significant rise in Platelet count i.e. 174.75 ±7.26 x10^9/Las compared to Platelet count before hijama i.e.146.25 ± 3.61 x10^9/L

Blood samples obtained after hijama showed an insignificant rise in Hematocrit count i.e. 31.800 0.607 % as compared to Hematocrit count before hijama i.e.31.337±0.585 %

Table 4:Comparison of Health related Quality of Life parameters before and after Hijama

No	Parameters	Scale Worst to best	Before Hijama Value	After Hijama Value
1	Insomnia	0 - 10	2.167 ± 0.206	6.250 ± 0.320**
2	Anorexia	0 - 10	2.125 ± 0.139	6.083 ± 0.306**
3	Fatigue	0 - 10	2.583 ± 0.158	6.583 ± 0.240**
4	Quality of Life	0 - 10	1.833 ± 0.143	5.667 ± 0.155**
5	Energy	0 - 10	1.708 ± 0.127	5.375 ± 0.232**

n=48; Average values ±S.E.M, *p value<0.05: Significant as compared to control, **p<0.001: Highly significant as compared to control

4. **Health related Quality of Life parameters**

Table 4 reveals the Comparison of Health related Quality of Life parameters before and after Hijama. All 5 parameters which were analyzed improved highly significantly after Hijama when compared to before Hijama values

Discussion:

The study was aimed at evaluating the therapeutic effectiveness of Hijama in chronic / end stage renal failure patients. The objective as well as the subjective parameters selected for analysis, are important and relevant in the patients of Chronic renal failure maintained on dialysis.

There was a significant improvement in serum Creatinine level. Although Urea was increased up to 4 mg/dl but that is statistically insignificant. Blood Glucose level rose significantly ($p=0.05$) due to improvement in appetite and played an important role in the improvement in lethargy.(5)

Sodium level is critical in the patients of renal failure. After Hijama, Sodium level improved to normal level while before Hijama it was higher than normal.(6)

Potassium is also very important for the CRF patients. Potassium level was improved significantly after Hijama.

Chloride was below the normal range before Hijama and it improved significantly so that after Hijama normal level was achieved.(7)

There was a slight improvement in hemoglobin level although statistically insignificant but highly significant in this case clinically because it is a good reason to believe that hemoglobin level is not reduced after Hijama. This is very important conclusion for the patients of ESRF as erythropoietin is not produced adequately in these patients and hemoglobin remains at lower side normally.(8)

Another important improvement is measured in platelet count which has improved highly significantly ($p<0.001$). As we know that these patients receive blood thinning drugs at every session of dialysis, as a result of which blood platelet count remains lowered continuously.

The significance of subjective changes can be understood by observing the quality of life of ESRF patients. When the patients of chronic renal failure are advised

Dialysis or Kidney implant, the morale of the patients falls instantly. They await death while maintained on dialysis for years to come. A feeling of uncertainty and hopelessness ensues. The main reason behind this low morale is the physiological adverse effects of dialysis which are most common in the ESRF patients.(9)

These physiological adverse effects include Severe Lethargy, weakness, Insomnia and anorexia. Due to these effects, the patients are unable to do any work, study or take part in any activity. After hijama all of these conditions improved significantly. Some of the patients were able to go to work as before. They felt energetic, appetite was improved and insomnia was better. As the patients were able to do some work, the feeling of hopelessness was gone. Since the patients were no more a burden on their relatives as compared to before hijama, their relationship with other people was improved and they felt confident about the outcome of the Hijama and dialysis.(10)

Conclusion:

The therapeutic effectiveness of hijama was proven as a supportive therapy in the patients of chronic renal failure maintained on dialysis for the improvement of biochemical, electrolyte and hematological parameters and more importantly quality of life of patients through alleviation of Insomnia, Lethargy, Anorexia and overall moral of the patient. No side effects of Hijama were observed in the patients. Hence the technique of Hijama can be applied safely on the patients of chronic renal failure as an adjunct treatment to dialysis.

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