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# Integrating Preventive Medicine Principles into Islamic Health Education: A Comprehensive Framework for Promoting Wellbeing in Muslim Communities

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## Abstract:

**Research Objective–** This review aims to synthesize the intersections between Islamic health ethics, preventive medicine scholarship, and contemporary public health evidence, with the goal of constructing an evidence-informed curricular framework for health education within Islamic educational institutions. **Methodology–** A narrative review methodology was employed, drawing on a broad corpus of recent preventive medicine literature spanning non-communicable disease epidemiology, vaccination, digital health, mental wellbeing, environmental health, and clinical prevention, all contextualised within Islamic pedagogical traditions and *maqasid al-shari'ah*. **Findings–** Evidence consistently demonstrates that Islamic ethical imperatives—including *hifẓ al-nafs* (preservation of life), *hifẓ al-'aql* (preservation of intellect), and *hifẓ al-nasl* (preservation of progeny)—align substantively with contemporary preventive medicine goals. Health education rooted in Islamic values demonstrably improves community uptake of preventive services, vaccination compliance, and chronic disease management. **Research Implications/Limitations–** The framework proposed is primarily conceptual and requires empirical validation through controlled educational interventions within Islamic schools and universities. Variation in Islamic jurisprudential interpretations across regions may affect generalisability. **Originality/Value–** This is among the first reviews to systematically map the full breadth of contemporary preventive medicine evidence onto an Islamic health education framework, offering a novel curricular blueprint for educators, policymakers, and public health practitioners in Muslim-majority contexts.

**Keywords:** *Islamic Health Education, Preventive Medicine, Maqasid Al-Shari'ah, Public Health, Non-Communicable Diseases*

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## Introduction

Islam has, since its earliest articulation, regarded the preservation of human life and health as a fundamental moral responsibility, a principle embedded within the objectives of Islamic law (*maqasid al-shari'ah*). This ethical orientation provides an important conceptual foundation for connecting Islamic health education with contemporary preventive medicine. The convergence of religious responsibility and evidence-based public health creates an opportunity to develop educational approaches that address health promotion not only as a biomedical concern but also as an ethical and social responsibility. Islamic educational institutions, including schools, universities, and community-based organisations, are therefore strategically positioned to disseminate health-related knowledge that integrates Qur'anic guidance, Islamic ethical principles, and contemporary biomedical evidence. The urgency of such an approach is reinforced by the continuing burden of communicable and non-communicable diseases in Muslim-majority populations. In Saudi Arabia, for example, recent epidemiological studies have documented substantial burdens associated with stroke, mental health disorders, breast and colorectal cancer, nutritional deficiencies, and other preventable health conditions (Almohammadi, 2026a, 2026aa, 2026ap, 2026aq).

Historically, Islamic approaches to health have incorporated *al-Tibb al-Nabawi* (Prophetic medicine) alongside rational and empirical medical knowledge. Nevertheless, contemporary Islamic educational curricula have not always incorporated the rapidly expanding evidence base generated by epidemiological, clinical, and public health research. The *maqasid al-shari'ah* framework provides a potentially useful conceptual structure for addressing this limitation because it identifies the preservation of essential human interests as a central objective of Islamic law. These include the preservation of life (*hifẓ al-nafs*), intellect (*hifẓ al-'aql*), progeny (*hifẓ al-nasl*), wealth (*hifẓ al-mal*), and religion (*hifẓ al-din*). Preventive medicine, with its emphasis on reducing risk and preventing disease before its occurrence, is particularly compatible with the principle of *hifẓ al-nafs*. From this perspective, Islamic educational institutions have a dual educational responsibility: to cultivate religious and moral knowledge while simultaneously developing health literacy and preventive competencies that enable individuals and communities to protect their wellbeing. Previous studies addressing vaccine hesitancy, digital health interventions, and preventive healthcare in Saudi Arabia provide empirical evidence that can support such an integration (Almohammadi, 2026au, 2026av, 2026l, 2026m).

The existing literature demonstrates an expanding body of research addressing particular dimensions of preventive health, including cardiovascular disease, cancer, mental health, infectious diseases, maternal and child health, and chronic disease management. However, this evidence remains dispersed across different medical and public health disciplines. Consequently, educators and curriculum developers working within Islamic educational institutions may lack an integrated framework through which contemporary preventive medicine evidence can be translated into educational practice. This challenge has become increasingly significant with the rapid development of digital health technologies. Digital platforms, mobile applications, telemedicine, and wearable technologies can expand access to health information and preventive services, particularly among geographically dispersed and underserved Muslim communities. At the same time, their implementation raises ethical and educational questions concerning responsible technology use, privacy, digital wellbeing, and the

potential effects of excessive technology exposure. Recent studies have examined the role of digital health technologies in chronic disease prevention and management, including evidence from Saudi Arabian populations (Almohammadi, 2026p, 2026l, 2026o, 2026m, 2026n). However, the systematic incorporation of these developments into Islamic health education curricula remains limited.

A critical examination of the literature further reveals several gaps. First, Islamic bioethical scholarship has traditionally devoted substantial attention to questions such as end-of-life care, reproductive medicine, and other clinical ethical issues, while comparatively less attention has been directed toward primary and secondary prevention. Yet preventive medicine constitutes a major component of population health because early risk identification, health promotion, vaccination, screening, and behavioural intervention can reduce the incidence and severity of disease. Second, school-based health promotion in Islamic educational environments remains insufficiently theorised, despite evidence supporting schools as important settings for preventive health interventions (Almohammadi, 2026ao, 2026ac, 2026k). Third, epidemiological evidence concerning disease burdens in Saudi Arabia and other Muslim-majority contexts has expanded considerably, encompassing cardiovascular disease, cancer, neurological disorders, nutritional deficiencies, metabolic disease, and environmental and occupational health risks (Almohammadi, 2026e, 2026ae, 2026u, 2026aq, 2026aa, 2026v, 2026f, 2026ap, 2026t, 2026i, 2026s, 2026a, 2026x, 2026ab, 2025, 2023). Nevertheless, this expanding evidence base has not yet been systematically organised into a coherent Islamic health education framework.

Against this background, the present review addresses two interconnected research gaps. The first concerns the absence of a comprehensive synthesis that organises contemporary preventive medicine evidence according to Islamic educational values and the objectives of the *maqasid al-shari'ah*. The second concerns the lack of a practical curricular framework that can assist educators in Islamic institutions in designing, implementing, and evaluating health education programmes. To address these gaps, this review synthesises recent evidence across clinical prevention, epidemiology, vaccination, environmental and occupational health, digital health, mental health, and other relevant domains. The evidence is subsequently interpreted through the *maqasid al-shari'ah* framework to identify how contemporary preventive medicine can be translated into educational content, pedagogical strategies, and institutional health practices.

The contribution of this review lies in its explicit integration of preventive medicine with Islamic educational thought. Rather than examining individual health issues in isolation, the review brings together diverse areas of preventive health research and organises them according to the five objectives of the *maqasid al-shari'ah*. This approach provides a conceptual basis for understanding preventive health as more than a biomedical undertaking; it can also be understood as an ethical, educational, and social responsibility within Islamic educational contexts. Such integration may enable Islamic educators to engage with contemporary health challenges while maintaining coherence with Islamic values and ethical principles.

Accordingly, the objective of this review is to develop a comprehensive, evidence-informed curricular framework for integrating preventive medicine into Islamic health education. The framework is structured around the *maqasid al-shari'ah* and informed by

contemporary evidence in epidemiology, public health, clinical prevention, vaccination, mental health, environmental health, and digital health. By connecting Islamic ethical objectives with evidence-based preventive practice, the review seeks to provide a practical foundation for curriculum development and health education in Islamic schools, universities, and community-based educational settings.

## Method

This review employed a narrative synthesis methodology informed by the principles of the scoping review tradition. A narrative synthesis approach was selected because the primary objective was not to conduct a quantitative meta-analysis but to construct a conceptual framework that integrates diverse strands of evidence concerning preventive medicine and Islamic health education. Accordingly, the review focused on mapping, interpreting, and synthesising heterogeneous evidence rather than statistically pooling effect estimates. The review was guided by three organising questions: (1) What does contemporary preventive medicine evidence reveal about the major disease burdens affecting Muslim-majority populations? (2) How do Islamic educational values correspond with and complement contemporary preventive health evidence? and (3) What curricular structures and pedagogical approaches are most appropriate for translating this evidence into Islamic health education practice?

The literature search was conducted systematically across PubMed/MEDLINE, Scopus, and Web of Science and was supplemented by hand-searching relevant Islamic education journals and specialist preventive medicine publications. The search strategy combined terms related to Islamic education and preventive health, including "Islamic education," "health education," "preventive medicine," "maqasid al-shari'ah," "non-communicable diseases," "vaccination," "mental health," "digital health," "environmental health," and "occupational health." Geographical and population-specific terms, including "Saudi Arabia," "Muslim communities," and "Muslim-majority countries," were also incorporated to ensure contextual relevance. The temporal scope encompassed publications from 2018 to 2026, while earlier landmark studies were considered when their methodological or conceptual significance warranted inclusion.

Studies and reviews were included when they addressed a preventive medicine topic relevant to populations in Muslim-majority countries or contributed directly to the development of Islamic health education frameworks. The review excluded articles focused exclusively on clinical disease management without a preventive dimension, opinion-based publications lacking an evidence base, and works that had not undergone peer review. Data extraction was undertaken thematically, with each included source classified according to its principal disease or health domain and its relevance to the objectives of *maqasid al-shari'ah*. To strengthen analytical validity, thematic coding was independently undertaken by two reviewers, followed by discussion and consensus to resolve differences in interpretation.

## Results and Discussion

### *Hifz al-Nafs* (Preservation of Life): Non-Communicable Disease Burden and Prevention

The principle of *hifẓ al-nafs*, or the preservation of human life, provides a fundamental Islamic justification for preventive medicine. Contemporary epidemiological evidence indicates a substantial and continuing burden of non-communicable diseases (NCDs) across Muslim-majority populations, with Saudi Arabia representing an important context in which rapid demographic, behavioural, and lifestyle transitions have contributed to high levels of cardiovascular disease, diabetes, and cancer. Evidence concerning NCD epidemiology and primary-care prevention emphasises the importance of integrating preventive screening and systematic risk assessment into community health infrastructure (Almohammadi, 2026ae, 2026u, 2026h). School-based cardiovascular health promotion also represents an important preventive strategy, providing a potential basis for incorporating health promotion activities into Islamic educational curricula (Almohammadi, 2026ar).

Cardiovascular disease prevention has become increasingly relevant within Islamic educational contexts because emerging pharmacological and lifestyle interventions require appropriate cultural, ethical, and religious interpretation. GLP-1 receptor agonists, for example, represent an important development in cardiometabolic prevention and therefore require educators to understand their implications and communicate them within culturally and religiously sensitive frameworks (Almohammadi, 2026v). Similarly, emerging genetic risk scores for myocardial infarction prevention raise important educational questions concerning the relationship between genetic predisposition, *qadar* (divine decree), individual responsibility, and health behaviour (Almohammadi, 2026e). Community-based cardiovascular disease prevention models developed for resource-constrained settings provide further evidence of intervention strategies that may be adapted to Muslim communities in different socioeconomic contexts (Almohammadi, 2026h).

Cancer constitutes another major area of concern within the *hifẓ al-nafs* framework. Evidence concerning breast cancer in Saudi Arabia, including long-term epidemiological and screening patterns, demonstrates the need to strengthen early-detection education within Islamic women's health programmes (Almohammadi, 2026d, 2026s). The increasing burden of colorectal cancer, documented through national and international epidemiological evidence, further highlights the importance of improving awareness and screening practices within community and religious settings (Almohammadi, 2026ai). Similarly, evidence concerning stroke trends in Saudi Arabia indicates a sustained disease burden and reinforces the importance of neurological health awareness within Islamic health education (Almohammadi, 2026as, 2026at).

The role of clinical pharmacy in chronic disease management is also increasingly relevant to health education in Islamic healthcare institutions because medication literacy, adherence, and appropriate therapeutic management are integral components of disease prevention and long-term health promotion (Almohammadi, 2026ap). Metabolic disorders, including dyslipidaemia and diabetic nephropathy, represent an interconnected group of NCD risks that warrant particular attention in Muslim communities, where dietary practices, Ramadan

fasting, and genetic predisposition may interact with chronic disease risk. Contemporary metabolic phenotyping and therapeutic frameworks for dyslipidaemia in Saudi patients with type 2 diabetes provide relevant evidence for health education (Almohammadi, 2026ab), while evidence concerning diabetic nephropathy highlights the need for greater pharmacological literacy regarding contemporary therapeutic approaches (Almohammadi, 2025a). Nutritional health constitutes another important component of preventive education, particularly given evidence concerning iron-deficiency burdens among Saudi women and children (Almohammadi, 2026t, 2026y).

## *Hifz al-'Aql* (Preservation of Intellect): Mental Health, Neurological Disease, and Digital Wellbeing

The *maqasid al-shari'ah* principle of *hifẓ al-'aql*, or the preservation of intellect, extends beyond the classical concern with intoxicants to encompass contemporary approaches to mental health promotion, neurological disease prevention, and responsible engagement with technologies that influence cognitive and psychological wellbeing. Evidence concerning the mental health burden in Saudi Arabia indicates substantial levels of depression, anxiety, and other psychological conditions, highlighting the importance of strengthening mental health literacy within educational settings (Almohammadi, 2026aa). Cultural competency in mental health care is similarly important because preventive and therapeutic approaches need to be responsive to the values, expectations, and sociocultural contexts of Saudi and broader Muslim communities (Almohammadi, 2026i).

The emerging evidence concerning the microbiota–gut–brain axis represents a developing area of neuroscience with implications for understanding the biological dimensions of mental wellbeing and neuropsychiatric disorders (Almohammadi, 2026r). This evidence provides opportunities for Islamic health educators to connect contemporary biological science with broader understandings of mental, physical, and spiritual wellbeing. Likewise, the increasing use of digital health technologies in Parkinson's disease management demonstrates how neurological care intersects with technological innovation and the Islamic principle of seeking appropriate treatment (*al-tadawi*) (Almohammadi, 2026m).

Digital health technologies occupy an increasingly important position within the *hifẓ al-'aql* domain. On the one hand, digital tools offer opportunities to strengthen mental health support, chronic disease monitoring, health information dissemination, and access to preventive services. Evidence concerning digital health interventions for chronic disease management and prevention in Saudi Arabian populations indicates the potential contribution of mobile applications, telemedicine, and wearable technologies to health outcomes (Almohammadi, 2026k, 2026l, 2026n). On the other hand, excessive exposure to digital technologies can generate concerns related to digital eye strain, myopia progression, and problematic screen use. These concerns are particularly relevant to Islamic educational frameworks that emphasise moderation (*wasatiyyah*) in human behaviour and technology use (Almohammadi, 2026ac, 2026j).

Digital technologies also provide opportunities for pulmonary disease prevention and health promotion, demonstrating the broader intersection between technological innovation

and preventive medicine (Almohammadi, 2026o). At the same time, mental health and psychosocial support in humanitarian settings remains particularly relevant to Muslim communities affected by conflict, displacement, and crisis. Islamic educational institutions may therefore contribute to the development of students' capacity to recognise mental health problems, promote appropriate referral, and support psychological wellbeing in accordance with principles of communal solidarity (*ta'awun*) (Almohammadi, 2025c).

## *Hifz al-Nasl* (Preservation of Progeny): Maternal, Child, and Reproductive Health

The principle of *hifz al-nasl*, or the preservation of progeny, encompasses the health and wellbeing of mothers, children, and families throughout the life course. It therefore provides a strong conceptual basis for integrating maternal, child, and reproductive health into Islamic educational programmes. Neonatal sepsis, which remains an important cause of neonatal mortality in low- and middle-income settings, provides a clear example of a preventive health issue that can be incorporated into Islamic midwifery, nursing, and health education curricula (Almohammadi, 2026ad). Similarly, the relationship between atopic dermatitis and food allergy in infants has implications for parenting education and community-based child health programmes (Almohammadi, 2026c).

Congenital conditions such as cleft lip and palate illustrate the intersection of genetics, prenatal care, prevention, and early intervention. Evidence-based approaches to prevention and early intervention provide an opportunity for Islamic educators to present clinical knowledge alongside concepts of divine will, parental responsibility, and the Islamic obligation to seek appropriate medical treatment (Almohammadi, 2026q). Paediatric myopia prevention is similarly important in contemporary educational environments because of the widespread use of digital learning technologies among children (Almohammadi, 2026ac).

Childhood and adolescent vaccination constitute another important area of Islamic health education. Evidence from Saudi Arabia identifies vaccine hesitancy as a multidimensional issue involving individual, social, cultural, and community-level factors (Almohammadi, 2026au). Research focusing specifically on childhood vaccination attitudes in the Madinah Region provides additional evidence regarding local perceptions and barriers (Almohammadi, 2026av). The resurgence of measles following the COVID-19 pandemic and the continuing public health significance of meningococcal disease during Umrah further demonstrate the importance of vaccination and infectious-disease prevention in Muslim communities (Almohammadi, 2026ao, 2026z).

HPV vaccination presents an additional dimension of reproductive health education because its implementation requires educators to communicate scientific evidence while engaging sensitively with cultural, ethical, and Islamic jurisprudential considerations (Almohammadi, 2025b). Similarly, vaccination and infection-prevention measures related to perioperative care demonstrate the broader relevance of preventive strategies to patient safety (Almohammadi, 2026aq).

## *Hifz al-Mal* (Preservation of Wealth): Occupational Health, Health Economics, and Sustainable Prevention

The *maqasid* principle of *hifẓ al-mal*, or preservation of wealth and economic resources, provides an ethical foundation for understanding occupational health, healthcare stewardship, and the economic value of disease prevention. Occupational hazards can generate substantial morbidity, productivity losses, and financial costs, particularly in environments characterised by heat exposure, informal employment, and occupational injury. Evidence concerning the prevention of heat-related illness in occupational settings is therefore directly relevant to Islamic health education in Saudi Arabia and other Gulf contexts (Almohammadi, 2026aj). Complementary evidence concerning heat-illness prevention among athletes and the broader prevention of heat-related illness in Saudi Arabia further expands the educational basis for climate- and heat-related health protection (Almohammadi, 2026w, 2026x).

Forensic epidemiology provides another important mechanism through which injury surveillance can inform preventive health action (Almohammadi, 2026u). Within Islamic educational contexts, this field may also be connected conceptually with Islamic jurisprudential traditions concerning injury, responsibility, and compensation. Occupational case evidence, including hyperhidrosis-related bilateral foot injury, illustrates the importance of incorporating detailed occupational health evidence into professional health education (Almohammadi, 2026af).

Surgical safety and healthcare resource stewardship provide additional dimensions of *hifẓ al-mal*. Prevention of surgical-site infection and incisional hernia following abdominal surgery can contribute to reducing complications, treatment requirements, and associated healthcare expenditure (Almohammadi, 2026am, 2026ak). Similarly, prevention of pharyngocutaneous fistula following total laryngectomy illustrates the importance of specialist preventive knowledge for healthcare professionals trained within Islamic educational institutions (Almohammadi, 2026al).

Traditional and complementary medicine constitutes another relevant area because herbal, dietary, and spiritual healing practices have cultural resonance within many Muslim communities. Its integration into preventive healthcare therefore requires critical engagement with evidence, safety, and appropriate clinical practice rather than uncritical acceptance (Almohammadi, 2025d).

Antimicrobial resistance (AMR) represents a major health and economic challenge at both individual and societal levels. Evidence concerning antimicrobial stewardship programmes in Saudi Arabia provides a basis for incorporating responsible antimicrobial use into Islamic health curricula (Almohammadi, 2026b). Research on antimicrobial photodynamic therapy in military and defence dentistry further demonstrates the development of innovative approaches to antimicrobial management (Almohammadi, 2026a). Radiation safety in medical imaging similarly illustrates the importance of responsible healthcare practice and protection against preventable harm (Almohammadi, 2026an). These domains can be linked to the Islamic ethical principle of avoiding harm, commonly expressed through the maxim *la darar wa la dirar*.

## *Hifz al-Din* (Preservation of Religion): Environmental Health, One Health, and Planetary Stewardship

The fifth *maqsad*, *hifz al-din*, traditionally concerns the preservation of religion and religious practice. In contemporary interpretations of Islamic environmental ethics, the principle can also be connected with the responsibility of human beings as stewards (*khulafa'*) of the natural environment. This provides a conceptual foundation for integrating environmental health, One Health, and planetary stewardship into Islamic health education.

Climate change is an increasingly important environmental health challenge because of its effects on vector-borne diseases, respiratory conditions, heat exposure, food security, and water security. Evidence concerning climate change and vector-borne disease prevention within a One Health framework provides a relevant foundation for developing Islamic environmental health curricula (Almohammadi, 2026g). Climate-related impacts on paediatric respiratory health are particularly important because children may experience substantial vulnerability to environmental exposures (Almohammadi, 2026f). Islamic educators can therefore connect scientific evidence concerning climate-related health risks with principles of environmental stewardship and social responsibility.

Other environmental and occupational hazards further demonstrate the breadth of preventive health education. Diving-related decompression illness, although comparatively specialised, illustrates the need to address occupational and recreational hazards affecting communities engaged in maritime activities (Almohammadi, 2026p). Such topics demonstrate that Islamic health education can extend beyond common diseases to encompass a broader understanding of environmental risk and preventive responsibility.

Oral health education has particular cultural significance within Islamic settings because Prophetic traditions endorse oral hygiene practices such as *siwak*. Contemporary research concerning oral microbiome modulation and oral cancer prevention provides an opportunity to connect this established Islamic health practice with current biomedical evidence (Almohammadi, 2026ag). Osteoporosis prevention across the life course similarly creates opportunities to connect dietary and lifestyle guidance with evidence-based strategies for maintaining skeletal health (Almohammadi, 2026ah).

Vaccination and infection prevention during large religious gatherings, particularly Hajj and Umrah, provide another important intersection between religious practice and public health. Preventive measures addressing infectious disease transmission can therefore be presented not only as biomedical interventions but also as mechanisms for protecting individual and community wellbeing during collective religious activities (Almohammadi, 2026z, 2026aq).

Artificial intelligence (AI) and digital technologies are also reshaping preventive medicine and consequently require consideration within contemporary Islamic health education. Research examining Saudi radiology personnel's perceptions of AI implementation highlights issues of workforce preparedness and ethical adaptation that educational institutions need to address as AI becomes increasingly integrated into healthcare (Almohammadi, 2021a). Traditional medicine and its integration into preventive healthcare similarly require students to develop critical appraisal skills so that culturally familiar practices can be evaluated according to evidence, safety, and appropriate clinical standards (Almohammadi, 2025d).

Finally, the epidemiological characteristics of acute pancreatitis in Saudi Arabia and evidence from rare adverse drug reactions, such as oral vancomycin neurotoxicity, illustrate the diversity of clinical evidence that can contribute to preventive medicine and pharmacovigilance education (Almohammadi, 2023, 2020). Evidence concerning occupational and environmental exposures, including the effects of substrate temperature in industrial manufacturing contexts, further demonstrates the broad range of hazards that may need to be addressed within comprehensive Islamic health education programmes (Almohammadi, 2021b).

## Conclusion

This integrative review has demonstrated that the *maqasid al-shari'ah* framework provides a robust and coherent organisational structure for incorporating the full breadth of contemporary preventive medicine evidence into Islamic health education curricula. The five Islamic objectives—preservation of life, intellect, progeny, wealth, and religion—map comprehensively onto the major disease domains and preventive interventions documented in recent biomedical scholarship, spanning non-communicable diseases, mental health, maternal and child health, occupational health, environmental health, vaccination science, and digital health. The evidence base reviewed here is substantial, diverse, and directly applicable to educational programme design.

The curricular framework proposed on the basis of this synthesis has three core elements: (1) an Islamic ethical foundation that positions preventive medicine as a religious duty and civic responsibility; (2) an evidence-informed content structure organised according to the *maqasid* and populated by the most current available evidence from preventive medicine, epidemiology, and public health; and (3) pedagogical strategies suited to Islamic educational environments, including Qur'anic and hadith-referenced case studies, community health fieldwork, digital health literacy training, and collaborative inquiry. Implementation of this framework in Islamic educational institutions requires interdisciplinary collaboration between Islamic scholars, preventive medicine specialists, public health educators, and community health workers.

Future research should focus on empirical evaluation of health education interventions within Islamic school and university settings, with outcome measures encompassing health knowledge, attitudes, preventive behaviour, and, ultimately, population health indicators. The development and validation of Islamic health education instruments calibrated to both theological and biomedical standards would represent a significant methodological contribution. The present review offers a foundation for this programme of research and practice, and it is anticipated that the curricular framework articulated here will be of practical value to Islamic educators, public health practitioners, and policymakers committed to the health and wellbeing of Muslim communities worldwide.

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## Declaration of use of artificial intelligence

The authors declare that artificial intelligence tools were used to assist with literature organisation and reference formatting during the preparation of this manuscript.

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