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Elderly Care in the History of Islamic Medicine: Ethical Foundations, Institutions, and Clinical Thought

Dr. Mamoun Mobayed

Senior Consultant Psychiatrist. Belfast (UK) & Doha (Qatar)

Abstract

The care of the elderly occupies a central yet underexplored place in the history of Islamic medicine. While modern healthcare systems increasingly grapple with ageing populations and case of dementia, classical Islamic civilisation developed integrated models of geriatric and psychogeriatric care grounded in ethical, social, and medical principles. This article examines historiographical gaps, theological foundations, institutional structures, and clinical insights, particularly the contributions of AbūZayd al-Balkhī, highlighting their relevance for contemporary medicine.

1. Introduction:

A persistent feature in many Western narratives of the history of science and medicine is a discontinuity between classical antiquity and the early modern period. Standard accounts often move from the achievements of Greek and Roman physicians directly to the European Renaissance, leaving a historiographical gap spanning approximately a millennium (c. 600–1600 CE), frequently characterised as the "Dark Ages." This framing, however, reflects a Eurocentric perspective rather than a global historical reality. While parts of Western Europe experienced institutional and intellectual contraction, the Islamic world witnessed a remarkable flourishing of scientific and medical scholarship, supported by translation movements, scholarly patronage, and the development of hospitals and centres of learning (Saliba, 2007; Pormann& Savage-Smith, 2007).

Far from representing a period of stagnation, this era, often referred to as the Islamic Golden Age, was crucial for the preservation and expansion of medical knowledge. Scholars such as Ibn Sina and Al-Razi not only translated Greek medical works but critically engaged with them, producing original contributions in clinical medicine, pharmacology, and medical theory. Much of Greco-Roman medical knowledge survived precisely because it was transmitted, systematised, and expanded within the Islamic intellectual tradition before being reintroduced into Europe through Latin translations (Gutas, 1998; Montgomery, 2000).

Within this broader intellectual context, Islamic civilisation developed a distinctive and sophisticated approach to ageing and elderly care. Ageing was understood not merely as biological decline but as a meaningful stage of life requiring adapted clinical care, ethical sensitivity, and social responsibility. Physicians recognised age-related vulnerability, while institutions such as bīmāristāns provided organised, universal care for the chronically ill and elderly centuries before the emergence of modern geriatric medicine (Ragab, 2015).
Among the most significant contributors to this tradition is Abu Zayd al-Balkhi, whose integration of psychological and physical health provides a foundational model for what would now be termed psychogeriatrics.

2. Ethical and Theological Foundations of Elderly Care:

Islamic teachings establish a robust moral framework for the care of older adults. The Qur'an affirms inherent human dignity (Qur'an 17:70) and commands compassion and humility toward ageing parents (Qur'an 17:23–24; 31:14), framing elder care as a religious and ethical obligation (Sachedina, 2009).

Prophetic traditions reinforce this ethos by emphasising respect for elders and mercy toward the vulnerable. These teachings ensured that ageing and cognitive decline did not diminish moral worth but instead intensified the obligation of care (Badri, 2000).

3. Social and Institutional Models of Care:

Islamic societies operationalised these ethical principles through a multi-layered system of care:

- Family-based care, rooted in filial responsibility
- Community obligation (farḍkifāyah) toward vulnerable elders
- Charitable endowments (waqf) supporting housing and care services
- Hospitals (bīmāristāns) providing free and universal treatment

These institutions integrated physical, psychological, and spiritual care, representing one of the earliest holistic healthcare systems (Ragab, 2015).

4. Clinical Perspectives on Ageing in Classical Islamic Medicine:

Classical physicians such as Ibn Sina and Al-Razi identified ageing as a distinct physiological stage requiring tailored intervention.

In The Canon of Medicine, Ibn Sina described diminished vitality, increased fragility, and the need for dietary and environmental modifications. Al-Razi highlighted the interaction between mental and physical illness and advocated humane, individualised care (Dols, 1992).

These contributions represent an early form of geriatric medicine grounded in clinical observation and therapeutic adaptation.

5. Ab Zayd al-Balkh and the Integration of Physical and Psychological Care:

A major development in Islamic medical thought emerges in the work of Abu Zayd al-Balkhi. In Masalih al-Abdanwa al-Anfus (Sustenance for Bodies and Psyche), he articulated a comprehensive theory of health integrating body and soul.

He writes:

"The human being is composed of both body and soul, and neither can remain sound without the well-being of the other."

5.1 Ageing as a Natural Stage:

Al-Balkhī recognised old age as a stage characterised by declining physical strength and reduced resilience. He advised moderation in lifestyle and avoidance of excessive exertion .

5.2 Diet and Physical Health:

He recommended lighter, easily digestible foods and reduced intake, acknowledging the weakening of digestion with age. This reflects an early preventative approach to geriatric care.

5.3 Movement and Function:

Gentle physical activity was encouraged to preserve strength without causing harm:

"Moderate activity strengthens the body and helps preserve health."

5.4 Psychological and Emotional Health:

Al-Balkhī emphasised that sadness, anxiety, and loneliness accelerate physical decline. Emotional well-being was therefore central to maintaining health in old age.

5.5 Social Care:

He highlighted the importance of companionship and positive social interaction, recognising their therapeutic value in maintaining mental health.

5.6 Holistic Integration:

His core principle, that body and soul are interdependent, anticipates the modern biopsychosocial model and establishes one of the earliest frameworks for psychogeriatrics.

6. Psychogeriatrics and Cognitive Decline:

Islamic medical literature described cognitive decline using terms such as al-kharaf, recognising it as a medical condition rather than a moral failing (Dols, 1992).

The Qur'an (16:70) acknowledges cognitive regression in old age, reinforcing a non-stigmatising understanding of dementia and related conditions.

7. Legal and Ethical Frameworks: Capacity and Guardianship:

Islamic jurisprudence developed nuanced models of decision-making capacity (ahliyyah), recognising it as gradual and domain-specific (Hallaq, 2009).

Guardianship (wilāyah) functioned as a protective mechanism, ensuring the welfare of cognitively impaired individuals while preserving their dignity and rights (Sachedina, 2009).

8. Spiritual and Psychological Dimensions of Care:

Spiritual care formed an integral part of medical practice. Compassionate communication, emotional reassurance, and preservation of dignity were emphasised, particularly for vulnerable elderly individuals.

9. Contemporary Relevance:

The Islamic historical model, particularly through figures such as al-Balkhī, offers valuable insights for modern healthcare:

- Integration of physical, psychological, and spiritual care
- Early recognition of geriatric and psychogeriatric needs
- Preventative and person-centred approaches
- Ethical frameworks for dementia and capacity
- Emphasis on dignity and non-stigmatisation

10. Conclusion:

The Islamic medical tradition presents a deeply integrated model of elderly care that combines clinical expertise with ethical responsibility. The contributions of AbūZayd al-Balkhī are especially significant in demonstrating an early synthesis of physical and psychological medicine.
As modern healthcare systems confront the challenges of ageing populations, this tradition offers enduring principles for holistic, compassionate, and ethically grounded care.

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