

This is a repository copy of The Role of the Qur'an and Sunnah in Oral Health..

White Rose Research Online URL for this paper: http://eprints.whiterose.ac.uk/91521/

Version: Accepted Version

Article:

Owens, J. and Sami, W. (2015) The Role of the Qur'an and Sunnah in Oral Health. Journal of Religion and Health. ISSN 0022-4197

https://doi.org/10.1007/s10943-015-0095-5

Reuse

Unless indicated otherwise, fulltext items are protected by copyright with all rights reserved. The copyright exception in section 29 of the Copyright, Designs and Patents Act 1988 allows the making of a single copy solely for the purpose of non-commercial research or private study within the limits of fair dealing. The publisher or other rights-holder may allow further reproduction and re-use of this version - refer to the White Rose Research Online record for this item. Where records identify the publisher as the copyright holder, users can verify any specific terms of use on the publisher's website.

Takedown

If you consider content in White Rose Research Online to be in breach of UK law, please notify us by emailing eprints@whiterose.ac.uk including the URL of the record and the reason for the withdrawal request.



Journal of Religion and Health The Role of the Qur'an and Sunnah in Oral Health -- Manuscript Draft--

Manuscript Number:	JORH-D-14-00206R2
Full Title:	The Role of the Qur'an and Sunnah in Oral Health
Article Type:	Original Research
Keywords:	oral health; Islam; Qu'ran; sunnah; religiosity; health promotion
Corresponding Author:	Janine Owens University of Sheffield Sheffield, South Yorkshire UNITED KINGDOM
Corresponding Author Secondary Information:	
Corresponding Author's Institution:	University of Sheffield
Corresponding Author's Secondary Institution:	
First Author:	Janine Owens
First Author Secondary Information:	
Order of Authors:	Janine Owens
	Wesam Sami
Order of Authors Secondary Information:	
Funding Information:	
Abstract:	The aim of this study was to explore the ways in which the main texts in Islam; Holy Qur'an, and the Sunnah of the Prophet Mohammed (pbuh) contribute to understandings of oral health. The AHadith provide a guidance for oral health related behaviour (OHRB) but were written at a time when their symbolic meanings were perhaps vastly different to those of today. In gaining more insight into the ways Islamic HRB shape oral health related practices and outcomes, if at all, we may be better placed to develop a more culturally sensitive and diverse dental public health and oral health promotion which takes into account religious dimensions, mediating factors, HRB and salutogenic mechanisms.

Response to Reviewer Comments

Thank you for your input; the section on symbolism and the wording has been amended as requested and highlighted in red (apologies for the colour) so it stands out from the original amendments.

Title Page with Author Contact Information
The Role of the Qur'an and Sunnah in Oral Health
Dr Janine Owens: Academic Unit of Dental Public Health, University of Sheffield, S10 2 TA
Janine Owens BSc Hons, PhD, PGCHE, FHEA, Lecturer University of Sheffield, Academic Unit of Dental Public Health, Claremont Crescent, Sheffield S10 2TA. email; jan.owens@sheffield.ac.uk Jan is a
lecturer with numerous years' experience in the NHS, and 4 years working in Saudi Arabia before
entering academia. Her interests are disability, ethnography, narrative, health promotion, and
exploring people's participation in health.
Wesam Sami, MDPH. Academic Unit of Dental Public Health, University of Sheffield, Claremont
Crescent, Sheffield S10 2TA.

Introduction

The aim of this paper is to investigate the ways in which the main texts in Islam; Holy Qur'an, and the Sunnah of the Prophet Mohammed (pbuh) may contribute to understandings of oral health and oral health practices. Recently, there has been an integration of the influence of religion on health, with some research moving towards exploring the influence of religious practices on health and health promotion (Asgary et al., 2000, Al-Kandari, 2003, Aboul-Enien 2014). Religion is also beginning to become more predominant in medical studies, particularly in health psychology which uses religion and spirituality in the field of coping and resilience (Pargament, 1988, 1998, 2000), social psychological studies which explore the influence of religion on health (Miller and Thoresen, 2003), public health studies focusing on health inequalities (Padela and Curlin 2013) and medical sociology exploring religiosity and health related behaviour (Levin 1996).

The rise in studies that discuss religion and spirituality as an influence on health and well-being mark a move away from a more biomedical and somewhat negative perception of health; where health is merely an absence of disease and towards a broader and more positive conception (Wallace and Forman 1998). This links with the concept of salutogenesis which is a more holistic approach to health and focuses on factors that support human health and well-being, rather than on factors that cause disease (Antonovsky 1979, 1987a). One term that is often used to describe how religious a person is, rather than the ways; in terms of practicing rituals, retelling certain stories and accepting certain doctrines around life and death; is religiosity (Cornwall et al., 1986).

Although religiosity may be said to be multi-dimensional, it is often regarded as a protective factor for health (Ellison and Levin 1998; George et al. 2002), mental health (Levin and Chatters 1998; Samaan 2000) and reduced substance use (Wallace 1999). Religiosity has been positively associated with health related behaviour (HRB) (Wallace and Forman 1998) but it has also been argued that it is a barrier to utilising maternal health and child immunisation services for some faiths (Ha et al., 2014). One suggestion here may be that factors influencing moderators for HRB are not adequately controlled in many studies and this may account for contrasting views. Another suggestion may be that faith groups are not homogenous; many studies do not take into account the level of inequity in societies and the importance of the role of culture as a moderator is often overlooked.

For example, some studies in Slovakia argue that gender is a moderator of religiosity and some HRB, particularly substance misuse (Pitel et al 2010, 2011, 2012) whilst some American studies argue that there is no statistical significance regarding gender as a moderator for certain HRB (Zaleski and Schiaffino 2000). Furthermore, it is claimed that some HRB such as tooth brushing and oral health related practices are not associated with religiosity and other practices only carry a weak association at best (Pitel et al 2012). This is in contrast to a systematic review for the National Institute for Health and Care Excellence (NICE) on resilience and health which suggested that religiosity contributed towards a range of positive outcomes for health, particularly HRB and social relationships, but evidence of moderators was weak and the authors cautioned that the majority of studies were biased towards Christian denominations with little or no inclusion of other world religions such as Islam (Harrop et al 2007).

The Qur'an and Sunnah are the two main sources of Islam. The sayings, actions and the life of the Prophet Sallallahu Alaihi Wasallam (SAW), together with the train of their transmission are called AHadith. The strength of the hadith (singular) is dependent on the reliability of the source. For example, Sahih Bhukairi's collection of Ahadith is considered to be the most authentic because he included only strong testimonials from reliable and trustworthy testifiers. The Sunnah is the way of life based on the teachings and practices of the Prophet and exegesis of the Qur'an.

One issue about interpreting the AHadith is related to their age and the differences in knowledge about the mouth, healthcare, historical, cultural and soci-economic factors in the 21st Century compared to the time when they were written. What we may consider here is that the AHadith contain guidance and teaching about health which fail to be acknowledged by Western public health (Padeal and Curlin 2013). This is because Western public health is constructed within a biomedical model concentrating on health and disease identification, measurement, classification, explanation and so on, with the goals of clinical intervention and prevention, contributing to the medicalisation of daily life (Quirke and Gaudillière 2008). With the introduction of salutogenesis, the concept of health in the West is slowly evolving from disease-free biological functioning into something broader and more holistic (Miller and Thoresen 2003). We could also suggest that employing a more socio-cultural approach to health would involve the inclusion of the role of culture, its ways of preserving and maintaining health, how culture and religion shape practices and behaviours and the links with religious teachings and religiosity.

The Qur'an provides guidance through the provision of general rules to regulate and guide peoples' behaviour in their daily lives towards achieving better health and well-being (Elkadi

1985). Some research suggests that Islamic teachings may assist us in gaining more insight into the Islamic world and in 'narrowing the information gap that separates the West and Islam' (Ashy 1999, p. 241). We can argue here that they may further provide a space whereby discussion may foster increased knowledge production and enhance understandings around public and dental public health globally.

For example, oral health is also a part of general health and there are number of sayings and practices by the Prophet Mohammed [pbuh] which encourages Muslims to clean their mouths daily by using a small piece of tree called "Siwak" or "Miswak" which comes from the Arabic word 'Saka' literally meaning to clean the teeth (Nordin, 2012). Muslims can often be seen using Miswak during Ramadan because toothpaste and mouthwash are considered an offensive act- *makruh* (Sirios et al 2013).

We can suggest here that some oral health practices appear to have become a natural and integrated part of Islamic cultural practices, but have so far received little attention within Western dental public health. What is unclear is the degree to which the Sunnah may exert an influence on oral health behaviours and practices. Therefore, the aim of the research was to uncover the extent of the guidance on oral health within the Sunnah.

Methods

Ethnographic content analysis (ECA) was used to explore and analyse the Sunnah; this approach is related to many different research approaches concerned with analysing communication in different contexts (Plummer 2001). ECA may be used to discuss and interpret common or shared meanings (Altheide 1987). Common or shared meanings are usually transmitted by a system of symbols; the most often used being that of language

(Mead 1934). Language is about relationships and structures, but ECA goes deeper than the immediate relationship implied and is highly reflexive; exploring or uncovering different structures such as power and inequality, and from differing perspectives such as psychology, sociology, and ethnomethodology amongst others.

We explored the hadith for narratives around the mouth and oral health and focused on the relationship between religious knowledge and practices around the mouth and oral health.

We then divided the analysis into three areas:

- The repetition of the statements and the classification of what had been said
- The boundaries of the AHadith in relation to the mouth
- The possible facts/interpretations about the object described in the AHadith. A
 construction of the statements around/related to the object looks at the ways in
 which discourses are produced and the cultural and historical significance that they
 may have

We chose to focus on two books of Hadith; Sahih al- Bakhari and Sahih Muslim which are considered to be the most authentic books of hadith, and are called "Sahihain" (www.sunnah.com). For the research we used sunnah.com; a website with its own search engine for the AHadith which is translated into English. This made analysis easier for the non-Arabic speaking researcher, although we are aware that meaning may be lost during translation.

Results

A series of tables were constructed to inform the analysis:

The total number of Miswak or Siwak related AHadith in the Sahih al- Bukhari and Sahih Muslim was 51. See *Table 1* (Appendix) for examples.

The AHadith were read, analysed and classified into four main subtopics related to oral health which focused on:

- Time of use
- Method of use (practices)
- Advantage of use
- Emphasis of use

The total number of books of mouth rinsing related AHadith in the Sahih al- Bukhari and Sahih Muslim was 34. (*see Table 2*, Appendix). Similar to the the AHadith of Miswak, these were split into time of use, method, and importance (Fitra). Most have been narrated in the books of ablution and purification within Sahih al Bukhari and Sahih Muslim respectively. *Table 2* (See Appendix) shows the three main categories of the AHadith related to mouth

rinsing, which can positively affect oral health.

• Time of mouth rinsing; Prophet Mohammed (pbuh) commanded his companions to wash their mouths after each meal, especially meals containing a high amount of fatty substances; "milk" and sugars "Sawiq". Prolonged exposure to these substances inside the oral cavity may lead to bad breath (Halitosis) and dental caries (Moynihan 2003, Van Der Weijden, 2011). There are also other suitable times to perform this practice, such as during bathing and ablution and before contacting or speaking to people.

- Method of mouth rinsing shows how the Prophet Mohammed (pbuh) performed mouth rinsing by rinsing his mouth three times.
- Importance of mouth rinsing; this is considered to be an essential behaviour. This
 practice plays an important role in getting rid of sins and makes Muslims much closer
 to God, Allah (swt).

Table 3 (See Appendix) illustrates AHadith of other practices which could have an impact on the mouth, as narrated in the Sahih al-Bukhari and Sahih Muslim. The total number of AHadith are 14 and we included one; Hadith Qudsi; types of Hadith in which the real meaning comes from Allah (swt); while the text the punctuation from Prophet Mohammed (pbuh) are simultaneously narrated by Sahih al Bukhari and Muslim. What is apparent is that there are many AHadith that relate to care of the mouth and there may be many different ways that they can be interpreted.

Discussion

The mouth appears to be of importance in the AHadith because it is frequently mentioned in relation to oral health traditions, practices, and cultural perceptions. Using ethnographic content analysis enables us to decode how meaning may be encoded in a natural object such as water; leading us to firstly explore the symbolism of water, and relationship to oral health practices within Islam. We will then explore Miswak and the oral health practices recommended by the AHadith, and lastly other representations of the mouth that appear to construct the mouth as an area that requires monitoring and regulating.

Symbolism of water and its relationship to oral health practices

Water has an important and essential role in Islam, particularly in the process of ablution and washing, but its spiritual symbolism is especially important. It is necessary for the preparation of a Muslim to start his relationship with God. The parts of the body included in the ritual of washing during ablution have many physical activities every day, such as walking, speech, hearing and vision. These activities could be exposed to and produce different impurities upon the soul which consequently may pollute through contact, and this exemplifies the need for washing. When water comes into contact with body during ablution, Muslim people experience an inexplicable feeling. This emotion is thought to be a state of preparation and activation because ablution reminds Muslims about the prior status of the body because they believe that human beings were created from clay (water mixed with dust). Each time the water touches the body, it is a reminder of the primary resurrection when the first human being was created (Al Jabil 2013).

"It is He who created you from clay and then decreed a term and a specified time [known] to Him; then [still] you are in dispute" (Al-'An`ām, Qur'an,6: 2).

Symbolism has a broad and long standing literature, starting with the works of Durkheim and Weber who alongside Clifford Geertz suggests that man is an animal entangled in the webs of significance that he himself spins. Geertz in particular, suggests that religion itself is a system of symbols which acts to 'establish powerful, pervasive and long-lasting' effects on man by constructing a general order of existence which become established as facts and as such become 'uniquely realistic' (Geertz 1973, p. 90). 'Symbol' can refer to a variety of things; an object, an act, a quality, a conceptual meaning, or a dimension of an event. What appears important is the form a symbol may take at the time they are formulated.

For example, Islam emerged from the harsh deserts of Arabia where water was a precious commodity and essential to sustain life; it was seen as a gift from God. The symbolic example that appears in the Qur'an is when Hajjar, wife of the Prophet Ibrahim, was alone and worried her son would die from thirst. God allowed a well to spring up at Zam Zam. The well is a symbol of God's mercy and is visited today as a part of the pilgrimage called Hajj that all Muslims should undertake at least once in their lifetime.

For Islam, water combines a number of symbols; life, birth, death, purification, cleansing and healing. Qur'anic metaphors also use water as symbols of paradise, righteousness, God's mercy and moral integrity; "In the garden is no idle talk; there is a gushing fountain". (Qur'an 88:11-12). This is in opposition to Hell where the waters are stagnant. Here the form of the water because it is flowing symbolises purity (*mutlaq*) and is always provided at mosques for ablutions.

At the time much of the guidance for health was written in the Sunnah, Arabia was dominated by warring tribes and Islam related strongly to social organisation and cohesiveness; its aim was to unite and promote equality. Control of the religious life of the community was exerted through the uniformity of practices. The patterns and regularities of any religion, including Islam, provide a prototype for the relations between men and are highlighted by the system of symbols that it uses (Douglas 1970). One issue here is that there is no way of controlling for cultural differences that appear and the concordance between symbolic and social experience within a given social environment. Healthcare systems are but one example of how a social environment may differ from country to country. For example, Islam arose in 622AD (Holt et al., 1977) and the social systems in which the body as an organ of communication was used to reflect and enhance the

individual's experience of society would have been vastly different to the systems of today. We could suggest here that symbolism in some senses may become translated into a ritualistic act because the symbolic meaning may alter according to the situation, or be lost over time leaving behind the symbolic order. Much of this has yet to be explored with dental public health.

Purification is not the only use of water; there are other uses that are known and linked to areas such as health, particularly, oral health and the AHadith provide clear recommendations for rinsing the mouth with water after each meal. This behaviour is also suggested by medical research as an essential approach to possessing good oral health, and poor oral hygiene could be related to different types of oral health diseases, such as dental caries, periodontal inflammation and halitosis or bad breath (Van Der Weijden and Slot

Miswak and the mouth

The Prophet Mohammed (pbuh) recommended using Miswak (Siwak) on different occasions, detailing instructions how to and the number of times it needed to be used. He urged his companions to use Miswak at least five times per day after each prayer. The regularity of using Miswak and the emphasis of modern medical science in relation to toothbrush (Poureslami et al., 2008) are both essential factors in gaining more effective results and improved oral health (Loë 2000). Although, it could also be argued that at the historical time that this was written the use of Miswak may also be symbolic in the ritual of purification, and even though it had a mechanistic function the symbolism is still present. For example, this is amplified during the holy month of Ramadam when Muslims carry Miswak around with them, routinely cleansing the mouth during the fasting period and maintaining its purity.

The Prophet Mohammed (pbuh) was aware that all Muslims may not be able to use Miswak and he acknowledges that everyone may not have the capacity and the skills to carry out the same level of mouth maintenance:

Allah's Messenger (pbuh) said, "Were I not afraid that it would be hard on my followers, I would order them to use the siwak" (al-Bukhari, book of wishes, Vol. 9, Book 90, and Hadith no. 346).

It is a possibility that the guidance given in the Hadith for oral hygiene is important for a Muslim to care for his mouth and be accountable for it on the Day of Judgement-Alternatively, it could be that water is a sign of renewal and that it is more about ritual cleansing rather than oral hygiene and we have interpreted it by employing todays' medical knowledge.

The mouth and Satan

Throughout history the mouth has been the site of good and evil. For example, in Japan pairs of stone Shisa (sort of lion dog) were placed at the gates of a house or on a roof; one with the mouth open to ward off evil spirits, the other with the mouth closed to keep good spirits in (Ouwehand 1985). This practice is now a tradition that is still observed today. There are reflections of the mouth being a place for wickedness and Satan to reside in the Hadiths;

Bukhari: Book 4: Volume 54: Hadith 509

"Narrated Abu Huraira: The Prophet said, "Yawning is from Satan and if anyone of you yawns, he should check his yawning as much as possible, for if anyone of you (during the act of yawning) should say: 'Ha', Satan will laugh at him."

Muslim: Book 42: Hadith 7130

"The son of Abu Said al-Khudri reported on the authority of his father that Allah's Messenger (pbuh) said: When one of you yawns, he should keep his mouth shut with the help of his hand, for it is the devil that enters therein."

Muslims may have been discussing social etiquette when considering covering the mouth with the hand when yawning, but yawning is also considered to be a sign of laziness and can happen when the stomach is overfull and people feel sleepy. Another interpretation is that yawning can release saliva that contaminates areas if the mouth is not covered. This is highlighted in the Zoroastrian religion where saliva may not contaminate fire, which is considered pure, and therefore a mask needs to be worn which covers the mouth when praying before the sacred flame (Boyce 1979). A more theological explanation could be that whilst someone is yawning they are not considering Allah and the guidance of his Prophet and this is where there is room for Satan to enter. Evil thoughts, sayings and deeds may occur as a result.

Evil and monsters are said to occupy liminal spaces (Gilmore 2002, p.95) which are frequently damp or moist, and therefore the mouth may also be considered as a liminal space where evil in the form of Satan can reside. This concept comes from Turner (1967) who expanded original ideas around liminality because anything liminal is in a stage of transition. It is 'betwixt and between' and 'liminality' is derived from the Latin word for threshold so the mouth can be a threshold for evil but it can also be good. Liminal individuals according to Douglas can also be polluting and impure and therefore dangerous to those not having been through a liminal period (Douglas, 1966, p. 98). We can see that

this may be important if we think about prayer and a spiritual state because if the mouth is impure then this pollutes the higher power.

The regulated mouth

Islam gives guidance concerning the mouth and oral hygiene and this appears to be based on health and hygiene and also the mouth as a symbolic representation of purity. How the mouth was viewed when the AHadith were written is very different from how we view the mouth today, and therefore the ideas around hygiene, whilst fulfilling similar aims to modern day, may have very different meanings. For example, our view of bacteria and germ transmission emerged from the nineteenth century and the work in medicine (Last 2007). Hygiene after this time acquired a different meaning because of the new understandings around germ theory. Prior to that dirt was seem as something that disrupted order; it was out of place so maintaining order would involve the physical or symbolic removal of dirt (Douglas 1966).

Another interpretation could be linked to Foucault and his work on disciplined bodies (Foucault 1977); Islam expects obedience from all Muslims and one aspect of obedience is conformity. All Muslims will perform the same rituals of mouth washing before praying and to some extent the mouth will become secondary to the ritual of washing and cleansing. So whereas modern dental health relies on dental professionals to regulate the mouth through surveillance, the AHadith survey and regulate the mouth through observances, teachings, and rituals.

Ashy (1999) suggests that some Muslims interpret health through physical, social and spiritual domains, this means that engaging with healthcare guidance and professionals may

depend on where Muslims perceive their condition has come from. For some Muslims it may be that health is perceived as emanating from God and it becomes a barrier to seeking any professional guidance or care (DeShaw 2006). The religious aspect of seeking guidance for oral health related problems is described in more depth in a study of a rural population in Sudan (Owens and Saeed 2008). Islam also provides an ethico-legal framework to guide treatment decision-making (Padela and Curlin 2013). For example, if we are trying to promote oral health then Western dental public health perhaps needs to be aware of the complexity of the Muslim belief system and the ways it may conflict with or complement oral health promotion. This is where more challenges may occur because, as existing studies indicate in the introduction, it is easy to measure religious affiliation, but measuring religious practices and the ways these are implemented may not be as straightforward. In response, Western dental public health may wish to consider developing Islam specific measures of religiosity. This would involve a close ethnographic exploration of the ways in which a Muslim may embrace a God centred framework for oral health, to promote or evaluate their own oral health, as well as the extent to which a Muslim may live within existing Islamic traditions and guidance for HRBs.

Conclusion

The AHadith do appear to provide a great deal of guidance for oral HRB, but the issue is that at the time they were written the symbolic reason for the guidance was perhaps vastly different to that which is understood today. Within Western dental public health there are no studies which explore the aspect of religiosity and the positive or negative impact this may have on oral health, or the extent to which a Muslim may live within existing Islamic traditions and guidance for HRB. Developing Islam specific measures of religiosity may

enable us to understand the ways in which religion acts as a protective factor or contributes to oral health disparities where they exist. It may also help us to understand the oral health decision-making processes for Muslims and whether or not the processes relate to a shared religious understanding.

In gaining more insight into the ways Islamic HRB shape oral health related practices and outcomes, if at all, we may be better placed to develop a more culturally sensitive and diverse dental public health and oral health promotion which takes into account religious dimensions, mediating factors, HRB and salutogenic mechanisms.

References

Aboul-Enien, B, H., (2014). Health Promoting Verses as mentioned in the Holy Quran.

Journal of Religion and Health. Published online 27th March 2014. DOI 10.1007/s10943-014-9857-8.

Al-Jabil, A. (2013) Spiritual characteristics of water and the philosophy purification in Islam

Available online: http://www.hbiby.com/vb/t81257.html . Accessed 30th of July 2013.

Al-Kandari, Y.Y. '(2003). Religiosity and its relation to blood pressure among selected Kuwaitis.' *Journal of Biosocial Science*. Vol. 35: 463-472.

Altheide, D, L., (1987). Ethnographic Content Analysis. *Qualitative Sociology*. Vol. 10(1): 65-77.

Antonovsky, A. (1979). Health, Stress and Coping. San Francisco: Jossey-Bass.

Antonovsky, A., (1987a). Unravelling the Mystery of Health. San Francisco: Jossey-Bass.

Asgary, S., Aghaei, F., Naderi, G.A., Kelishadi, R., Gharipour, M. and Azali, S. (2000) 'Effects of Ramadan fasting on lipid peroxidation, serum lipoproteins, and fasting blood sugar.' *Medical Journal of Islamic Academy of Sciences*. Vol.13: 35-38.

Ashy, M, A., (1999). Health and Illness from an Islamic Perspective. *Journal of Religion and Health*. Vol. 38(3): 241-257.

Boyce, M. (1979). Zoroastrians: Their Religious Beliefs and Practices. London: Routledge.

Cornwall, M., Albrecht, S.L., Cunningham, P.H., and Pitcher, B.L., (1986). The dimensions of religiosity: A conceptual model with an empirical test. *Review of Religious Research*. Vol. 27(3):226-244.

DeShaw, P. (2006). Use of the emergency department by Somali immigrants and refugees. *Minnesota Medicine*. Vol. 89(8): 42–45.

Douglas, M. (1966). *Purity and danger: an analysis of the concepts of pollution and taboo*. London: Routledge and Kegan Paul.

Douglas, M., (1970). Natural Symbols. London; New York: Routledge.

Elkadi, A. (1985) 'Health and Healing in the Qur'an.' *American Journal of Islamic Social Sciences*, 2(2): 291-296.

Ellison, C. G. and Levin, J. S. (1998). The Religion-Health Connection: Evidence, Theory, and Future Directions. *Health Education & Behavior. Vol. 25(6), pp. 700-720.*

Foucault, M. (1977). Discipline and Punishment: The Birth of the Prison. London: Penguin.

Geertz, C., (1973). The Interpretation of Cultures. New York: Basic Books.

George, L. K. et al. (2002). Explaining the relationships between religious involvement and health. *Psychological Inquiry*. Vol. 13(3), pp. 190-200.

Gilmore, D. (2002). *Monsters: Evil Beings, Mythical Beasts, and All Manners of Imaginary Terrors*. Philadelphia: University of Pennsylvania Press.

Ha, W., Salama, P., Gwavuya, S., and Kanjala, C., (2014). Is religion the forgotten variable in maternal and child health? Evidence from Zimbabwe. *Social Science and Medicine*. Vol. 118: 80-88.

Harrop, E., Addis, S., Elliott, E., and Williams, G., (2007). *Resilience, Coping and Salutogenic Approaches to Maintaining and Generating Health: A Review.* Cardiff Institute of Society, Health and Ethics. Available online:

https://www.nice.org.uk/guidance/ph6/resources/behaviour-change-review-on-resilence-coping-and-salutogenic-approaches-to-health2 Accessed 10/07/2015.

Holt, P, M., Lambton, A, K, S., and Lewis, B., (1977). *The Cambridge History of Islam*. Cambridge: Cambridge University Press.

Last, J. M. (2007) 'Miasma Theory.' In: *A Dictionary of Public Health*. Westminster College, Pennsylvania: Oxford University Press.

Levin, J, S., (1996). How Religion Influences Morbidity and Health: Reflections on Natural History, Salutogenesis and Host Resistance. *Social Science and Medicine*. Vol. 43(5):849-864.

Levin, J. S., and Chatters, L. M., (1998). Research on religion and mental health: An overview of empirical findings and theoretical issues. In: Koenig, H.G.E. (ed). *Handbook of Religion and Mental Health*. p. 408

Löe, H. (2000). 'Oral hygiene in the prevention of caries and periodontal disease.'

International Dental Journal. Vol. 50(3): 129-139.

Mead, G, H. (1934). Mind, Self, and Society. Chicago: G, W, Morris.

Miller, W. R., and Thoresen, C. E. (2003). 'Spirituality, religion, and health: An emerging field.' *American Psychologist*, Vol. 58: 24-35.

Moynihan, P. (2003). 'Diet and Dental Caries'. In: Murray J., Nunn J., Steele J, G., (eds). *The prevention of oral disease*. Oxford: Oxford University Press.

Nordin, F. N., (2012). 'A review on the sunnah of miswak (Salvadora Persica) and its potential to improve oral health', *Revelation and Science*, Vol. 2(01): 33-41.

Ouwehand, C. (1985). *Hateruma: socio-religious aspects of a South-Ryukyuan island culture*. Leiden: E.J. Brill.

Owens, J., and Saeed, S, M., (2008). 'Exploring the oral health experiences of a rural population in Sudan'. *International Dental Journal*. Vol.58 (5), pp.258-264.

Padela, A, I., and Curlin, F, I., (2013). Religion and Disparities: Considering the Influences of Islam on the Health of American Muslims. *Journal of Religion and Health*. Vol. 52: 1333-1345.

Pargament, K.I., Kennell, J., Hathaway, W., Grevengoed, N., Newman, J., and Jones, W. (1988). 'Religion and the problem-solving process: Three styles of coping'. *Journal for the Scientific Study of Religion*. Vol. 27(1): 90–104.

Pargament, K.I., Koenig, H.G., and Perez, L. (2000). 'The many methods of religious coping: Development and initial validation of the RCOPE'. *Journal of Clinical Psychology*. Vol. 56(4): 519–543.

Pargament, K.I., Smith, B.W., Koenig, H.G., & Perez, L. (1998). 'Patterns of positive and negative religious coping with major life stressors'. *Journal for the Scientific Study of Religion*. Vol. 37(4): 710–724.

Pitel L., Madarasova Geckova, A., van Dijk, J, P., et al. (2010). Gender differences in adolescent health-related behaviour diminished between 1998 and 2006. *Public Health*. Vol. 124:512e18.

Pitel L., Madarasova Geckova A., van Dijk J,P., et al. (2011). Degree of urbanization and gender differences in substance use among Slovak adolescents. *International Journal of Public Health*. Vol. 56:645e51.

Pitel, L., Madarasova Geckova A., Kolarcik, P., Halama, P., Reijneveld, S, A., and van Dijk J,P., (2012). Gender differences in the relationship between religiosity and health-related behaviour among adolescents. *Journal of Epidemiology and Community Health*. Vol. 66: 1122–1128.

Plummer, K., (2001). *Documents of Life: an invitation to a critical humanism*. London; California; New Delhi: Sage.

Poureslami, H. R., Makarem, A. and Mojab, F. (2008). 'Paraclinical effects of Miswak extract on dental plaque', *Dental Research Journal*, Vol. 4(2): 106-110.

Quirke, V., and Gaudillière, J-P., (2008). The Era of Biomedicine: Science, Medicine, and Public Health in Britain and France after the Second World War. *Medical History*. Vol 52(4):441-452.

Samaan, R. A., (2000). The influences of race, ethnicity, and poverty on the mental health of children. *Journal of Health Care for the Poor and Underserved*. Vol. 11(1): 100-110.

Sirios, M, L., Darby, M., and Tolle, S., (2013). Understanding Muslim patients: cross-cultural dental hygiene care. *International Journal of Dental Hygiene*. Vol. 11(2): 105–114.

Sunnah.com. Available from: http://sunnah.com/ Accessed 20th July 2013.

Turner, V. (1967). [Ed]. "Betwixt and Between: The Liminal Period in Rites de Passage", in *The Forest of Symbols*. Ithaca, NY: Cornell University Press.

Van Der Weijden, F., Slot, D. E. (2011). 'Oral hygiene in the prevention of periodontal diseases: the evidence.' *Periodontology 2000*. Vol. 55(1):104-123.

Wallace, J, M., and Forman, T., A., (1998). Religion's role in promoting health and reducing risk among American Youth. *Health Education and Behavior*. Vol. 25(6):721-741.

Wallace, J. M., Jr. (1999). The social ecology of addiction: race, risk, and resilience. *Pediatrics.* Vol. 103(5 Pt 2):1122-1127.

Zaleski, E, H., and Schiaffino, K, M., (2000). Religiosity and sexual risk-taking behavior during the transition to college. *Journal of Adolescence*. Vol. 23:223e7

Appendix

Table 1: Four subtopics around the AHadith of Miswak

Miswak subtopic	Name of Hadith	Book	Examples
Method of Use	Sahih al-Bukhari	Book of Ablution, Vol. 1, Book 4, Hadith 245	"I came to the Prophet (pbuh) and I saw him carrying a siwak in his hand and cleaning his teeth, saying, "u' u', as if he was retching while the siwak was in his mouth".
	Sahih al-Bukhari and Sahih Muslim	Riyad as-Salihin, The Book of Virtues, Hadith, Book 9, Hadith 1201	Abu Musa Al-Ash'ari (May Allah be pleased with him) reported: "I came to the Prophet (pbuh) once and noticed the tip of Miswak (tooth-stick) on his tongue"
Recommended time	Sahih al-Bukhari	Book of Prayer at Night (Tahajjud), (Vol. 2, Book 21, Hadith 237).	Narrated Hudhaifa(May Allah be pleased with him): "Whenever the Prophet (pbuh) got up for Tahajjud (at night) prayer he used to clean his mouth (and teeth) with Siwak"
	Sahih al-Bukhari	Book of Friday Prayer, Vol. 2, Book 13, Hadith 12	Allah's Messenger (pbuh) said, "If I had not found it hard for my followers or the people, I would have ordered them to clean their teeth with Siwak for every prayer"
	Sahih Muslim	Book of Purification, Pertaining to tooth- stick,Hadith No. 488 & 489	"I asked Aisyah: what the Prophet did first when he entered his house, and she replied: He used siwak (first of all)"
	Sahih Muslim	The Book of Prayer Friday, Book 4, Hadith 1841	Messenger of Allah (pbuh) said: "Bathing on Friday for every adult, using of Miswak []".
Advantage	Sahih Muslim	Book of Purification, Characteristics of Fitra, Hadith No. 502	"Ten are the acts according to fitrah; clipping the mustache, letting the beard grow, using the siwak, snuffing up water in the nose, cutting the nails, washing the finger joints, plucking the hair under the

			armpits, shaving the pubes, and cleaning one's private parts with water. The narrator said: I have forgotten the tenth, but it may have been rinsing the mouth"
	Sahih al-Bukhari	Book of Fasting, Chapter dry or green siwak for fasting person	"The Prophet (pbuh) said, It (i.e siwak) is purification for the mouth and it is a way of seeking Allah's pleasures.".
Emphasis on use	Sahih al-Bukhari	Book Friday Prayer, Vol. 2, Book 13, Hadith 13	Allah's Messenger (pbuh) said, "I have told you repeatedly to use the Siwak (The Prophet (pbuh) put emphasis on the use of the Siwak)"
	Sahih al-Bukhari	Book of wishes, Vol. 9, Book 90, and Hadith no. 346	Allah's Messenger (pbuh) said, "Were I not afraid that it would be hard on my followers, I would order them to use the siwak" (as obligatory, for cleaning the mouth and the teeth)
	Sahih al-Bukhari	Book of Military Expeditions led by the Prophet (pbuh) (Al- Maghaazi), Vol. 5, Book 59, Hadith 722	Narrated `Aisha (May Allah be pleased with her): "Abdur Rahman bin Abu Bakr entered upon the Prophet (pbuh) while I was supporting the Prophet (pbuh) on my chest. AbdurRahman had a fresh Siwak then and he was cleaning his teeth with it. Allah's Messenger (pbuh) looked at it, so I took the Siwak, cut it (chewed it with my teeth), shook it and made it soft (with water), and then gave it to the Prophet (pbuh) who cleaned his teeth with it. I had never seen Allah's Messenger (pbuh) cleaning his teeth in a better way. After finishing the brushing of his teeth, he lifted his hand or his finger and said thrice, O Allah! Let me be with the highest companions, and then died. `Aisha used to say, He died while his head was resting between my chest and chin."

Table 2: Three subtopics around the AHadith of mouth rinsing

Subtopic	Name	Book	Examples
Recommended time for mouth rinse	Sahih al- Bukhari	Book of Ablutions (Wudu), Vol. 1, Book 4, Hadith 210	Narrated Ibn `Abbas (May Allah be pleased with him): "Allah's Messenger (pbuh) drank milk, rinsed his mouth and said, "It has fat"
	Sahih al- Bukhari	Book of food and meals, Vol. 1, Book 65, Hadith 365	Narrated Suwaid bin An Nu`man (May Allah be pleased with him): "We went out with Allah's Messenger (pbuh) to Khaibar, and when we reached As-Sahba', the Prophet (pbuh) asked for food, and he was offered nothing but Sawiq (meal made of wheat, rice and barely). We ate, and then Allah's Messenger (pbuh) stood up for the prayer. He rinsed his mouth with water, and we too, rinsed our mouths"
	Sahih Muslim	Book of Purification, Book 2, Hadith 457	'Abdullah b. Zaid b. 'Asim al-Mazini reported: "He saw Allah's Messenger (pbuh) perform the ablution. He rinsed his mouth then cleaned his nose []"
	Sahih al- Bukhari	Book of Bathing (Ghusl), Book 5, Hadith 12	Narrated Maimuna (prophet's wife): "I placed water for the bath of the Prophet (pbuh) and he poured water with his right hand on his left and washed them. Then he washed his private parts and rubbed his hands on the ground, washed them with water, rinsed his mouth and washed his nose []"
	Sahih al- Bukhari	Book of Fighting for the Cause of Allah (Jihaad) ,Vol. 4, Book 52, Hadith 167).	Narrated Al-Mughira bin Shu`ba: "Allah's Messenger (pbuh) went out to answer the call of nature and on his return I brought some water to him. He performed the ablution while he was wearing a Sha'mi cloak. He rinsed his mouth and washed his nose []"
Method of mouth rinse	Sahih al- Bukhari	Book Ablutions, Hadith No. 190)	Narrated `Amr bin Yahya:(on the authority of his father) `Abdullah bin Zaid poured water on his hands from a utensil containing water and

			washed them and then with one handful of water he rinsed his mouth and cleaned his nose[]"
Importance of mouth rinse (Fitra)	Sahih Muslim	Book of Purification, Book 2, and Hadith 502	The Messenger of Allah (may peace be upon him) said: "Ten are the acts according to fitra: clipping the moustache, letting the beard grow, using the tooth-stick, snuffing water in the nose, cutting the nails, washing the finger joints, plucking the hair under the armpits, shaving the pubes and cleaning one's private parts with water. The narrator said: I have forgotten the tenth, but it may have been rinsing the mouth"
	Sahih Musim	The Book of Prayer - Travellers, Book 4, Hadith 1812	'Amr b. 'Abasa Sulami reported said: Apostle of Allah (pbuh), tell me about ablution also. He said: "None of you who uses water for ablution and rinses his mouth, snuffs up water and blows it, but the sins of his face, and his mouth and his nostrils fall out. When he washes his face, as Allah has commanded him, the sins of his face fallout from the end of his beard with water. []"

Table 3: AHadith related to other practices concerning the mouth

Type of practice	Name of Hadith	Book	Examples	Total number of AHadith
Covering the mouth while yawning	Sahih Muslim	The Book of Zuhd and Softening of Hearts: Book 56, Hadith 7683	The son of Abu Said al-Khudri reported on the authority of his father that Allah's Messenger (pbuh) said: "When one of you yawns, he should keep his mouth shut with the help of his hand, for it is the devil that enters therein"	1
Prohibition of Drinking directly from the mouth of water skins	Sahih al- Bukhari	Book of Drinks: Vol. 7, Book 69, Hadith 530	Narrated Abu Sa`id Al-Khudri: "I heard Allah's Messenger (pbuh) forbidding the drinking of water by bending the mouths of water skins, i.e., drinking from the	5

			mouths directly"	
	Sahih Muslim	Book of Drinks: Book 23, Hadith 5015	"Abu Sa'id Khudri reported that Allah's, Messenger (pbuh) forbade from turning the waterskins upside down and drinking from their mouths"	2
The odour of mouth during fasting	Sahih al- Bukhari	Book of Dress, Oneness, Uniqueness of Allah (Tawheed), book of Fasting: Vol. 7, Book 72, Hadith 811	Narrated Abu Huraira: The Prophet (pbuh) said, "(Allah said), 'Every good deed of Adam's son is for him except fasting; it is for Me. and I shall reward (the fasting person) for it.' Verily, the smell of the mouth of a fasting person is better to Allah than the smell of musk"	5
		Hadith 10	"On the authority of Abu Hurayrah (may Allah be pleased with him) from the Prophet (pbuh), who said: Allah (mighty and sublime be He) says: Fasting is Mine and it is I who give reward for it. [A man] gives up his sexual passion, his food and his drink for my sake. Fasting is like a shield, and he who fasts has two joys: a joy when he breaks his fast and a joy when he meets his Lord. The change in the breath of the mouth of him who fasts is better in Allah's estimation than the smell of musk"	1