

## Taking a religious perspective to contain Ebola

The Ebola epidemic in Guinea, Liberia, and Sierra Leone (three of the four states making up the Mano River Union) is unprecedented in its level and pace and "continues to be difficult to bring under control".<sup>1</sup> Since there is no drug or vaccine of proven efficacy, most of the efforts in controlling the disease are directed towards prevention and containment. However, these efforts are frustrated by false rumours, ignorance, and potentially harmful cultural practices. Addressing these frustrations calls for wisdom, pragmatism, and political will. One such example was the involvement of traditional healers in the fight against HIV/AIDS in Africa. The main drivers, operating from the biomedical perspective, were the ministries of health and WHO. Meanwhile, the traditional leaders were operating from a diametrically opposite perspective, yet, the reality called for their collaboration.<sup>2</sup> Borrowing from this example, religious leaders could be involved in the fight against the spread of Ebola. The Mano River Union states of Guinea, Liberia, and Sierra Leone, collectively have a Muslim majority (85% in Guinea, 60% in Sierra Leone, and about 20% in Liberia) of more than 13.5 million people. This majority gives room for Islamic-specific interventions targeting Muslims, in addition to other population-based efforts taking place.<sup>3</sup>

Islamic traditions are rich on teachings relevant to epidemics. According to the Hadith, the Prophet Mohammad said, "If you hear of a pestilence in a land, do not enter it; but if a pestilence breaks in a place while you are in it, do not leave that place". Another story reported that a person died at night and was buried immediately. In the morning,

when the Prophet was informed, he said: "What prevented you from informing me?" They replied, "We disliked troubling you." The Prophet went to the man's grave and offered the funeral prayer. Finally, based on the Principle of Injury and Harm, one of the five grand principles of Islamic Law,<sup>4</sup> it is permissible not to wash corpses if washing them would expose washers to harm.<sup>5</sup>

The following messages could therefore be conveyed in the affected Mano River Union states. First, residents in Ebola-affected areas should not leave them and those living outside these areas should not enter them. Second, it is acceptable to bury patients who died from Ebola without washing their bodies. Third, it is acceptable to pray for people who have died from Ebola and bury them quickly without waiting for a large gathering of relatives and friends. Fourth, Islam calls upon Muslims to obey the people of authority who live among them. If these messages are supported by reputable scholars and reach the millions of Muslims in the Mano River Union states of Guinea, Liberia, and Sierra Leone (through mass media and social media), there is hope that some will respond positively to it. With the amicable relationship between Muslims and non-Muslims in these three states, it is also possible that some non-Muslims will also take heed of these messages of general relevance to "show the collective responsibility and global solidarity absent at the start of this outbreak to bring it to an end".<sup>1</sup>

We declare no competing interests.

\**Sulaiman M Bah, Abdullah S Aljoudi sbah@ud.edu.sa*

University of Dammam, Dammam 31441, Saudi Arabia (SMB); and University of Dammam, Al Khobar 31952, Saudi Arabia (ASA)

- 1 The Lancet. Ebola: a failure of international collective action. *Lancet* 2014; **384**: 637.
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## Simvastatin in patients with progressive multiple sclerosis

We read with great interest the study by Jeremy Chataway and colleagues (June 28, p 2213)<sup>1</sup> who reported that in patients with secondary progressive multiple sclerosis, high-dose simvastatin might reduce the rate of whole-brain atrophy compared with placebo. In this phase 2 trial, treatment with high-dose simvastatin was well tolerated and safe.

Previous studies showed safety concerns with high-dose simvastatin up to 80 mg daily<sup>2,3</sup> and the US Food and Drug Administration has recommended safety label changes for simvastatin because the highest approved dose has been associated with an elevated risk of muscle injury or myopathy including rhabdomyolysis, particularly during the first 12 months of use.<sup>4</sup>

The small sample size of this phase 2 study seems not to be sufficient to assess safety issues with statin therapy that occur infrequently.<sup>5</sup> Thus, evaluation of the immunomodulatory and neuroprotective properties of high-potency statins like atorvastatin or rosuvastatin that might have more favourable relative dose-dependent safety profiles seems warranted before advancement of high-dose simvastatin treatment to phase 3 testing.

We declare no competing interests.

\**Johann Auer, Robert Berent Johann.Auer@khbr.at*

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