



**In the name of Allah, the beneficent, the merciful.  
May the peace and blessings of Allah be upon his final messenger  
Muhammad**

## **Guidance on the Use of Heparin for Muslim Patient Treatment**

This document comprises a response to a query about the use of heparin-based medications for emergency patient treatment. Heparin is most commonly of Porcine origin. The document will provide advice on whether its use is permissible for Muslim patients and whether it is appropriate to seek an alternative.

The medication Enoxaparin (A low molecular weight Heparin, or LMWH) is used by the Queensland Ambulance Service in circumstances where the patient is experiencing a life-threatening cardiac episode. As mentioned in the query, the ambulance service only administers it in case of necessity.

The default position regarding the use of Pork or its derivatives in food or medicine is its prohibition. Allah states in the Quran:

**He (Allah) has only forbidden you dead meat, and blood, and the flesh of swine, and any (food) over which the name of other than Allah has been invoked. But if one is forced by necessity, without wilful disobedience, nor transgressing due limits, - then Allah is Oft-Forgiving, Most Merciful – The Quran 16:115.**

This Quranic verse both makes clear the prohibition of its use and the exemption given during times of necessity. The consumption of Pork products is one of the more expressly prohibited matters in the Muslim faith. Any exemption requires considered due diligence. Before we can explore the provision for an exemption, we must first explore the possibility of an alternative to the above medication.

### **Australian Federation of Islamic Councils**

*The peak body for Australian Muslims representing State and Territory Islamic Councils and Societies*



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I consulted with a few medical professionals in the pursuit of an answer to this question. The following questions were explored:

### **Question 1: Are there any suitable alternatives to Enoxaparin?**

Synthetic alternatives are available (such as Bivalirudin and Fondaparinux) but the current expert opinion is they are not suitable replacements for the following reasons:

1. They are not widely available.
2. Many clinicians are not familiar with their use (this may result in improper administration, dosage and delivery).
3. They don't have the same level of efficacy as the animal-based medications<sup>1</sup>.

### **Question 2: Can Enoxaparin be derived from other animal sources?**

Although this may be a possibility, bovine derived Heparin may present other risks<sup>2</sup>.

Based on the above, it appears we do not presently have a suitable and readily available alternative to this medication.

### **Can an exemption be established for the use of Enoxaparin?**

The verse above makes a provision for times of necessity, and gives two criteria for this:

1. It must not be done out of willful disobedience to God's laws
2. Its use must be limited to the necessity. Once it is no longer necessary for the saving or preserving of life it should no longer be used.

Because these medications are often used to treat life-threatening, time-sensitive health episodes such as cardiac arrest the importance of their use

<sup>1</sup> <https://www.science.org/doi/10.1126/scitranslmed.aan5954>

<sup>2</sup> <https://aimamed.com.au/wp-content/uploads/2022/02/AIMA-Statement-on-Heparins.pdf>

cannot be ignored, and they can be administered to meet this end. The current view of experts in the field is that the porcine derived heparins are currently the best option for treating these conditions.

- In time-sensitive situations where the patient is not in a position to make an informed decision or give consent, we believe the necessity provision is appropriate for the use of the best available medication, which in this case appears to be Enoxaparin.
- In situations where the patient is conscious and not found to be in an immediately life-critical state, it is important they are given the information needed to make an informed decision about taking these medications<sup>3</sup>. This document can be used as reference if it will assist them with this decision.

### Additional considerations

It is also important to note that the porcine ingredients used in the Heparin has undergone a significant transformation process (*istihaalah*) to the degree that it no longer resembles Pork or its derivatives and has been shown to be negative for porcine DNA<sup>4</sup>. This would ease the ruling on its prohibition and forms part of the basis for the Egyptian Dar Al-Ifta ruling that Heparin is permissible for Muslim use<sup>5</sup>.

### Recommendations

Based on the above, this assessment has found two streams for the permissibility of Heparin use for Muslim patients:

1. It is permissible in situations of necessity.
2. It has undergone a significant transformative process and all observable traces of porcine ingredients have been removed.

<sup>3</sup> [https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0024/147507/qh-gdl-954.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0024/147507/qh-gdl-954.pdf)

<sup>4</sup> <https://oarep.usim.edu.my/jspui/bitstream/123456789/16095/1/Fiqh%20Pharmaceutical.pdf>

<sup>5</sup> <https://www.dar-alifta.org/ar/fatawa/13198/العلاج-بمادة-مستخلصة-من-الخنزير>



We recommend the relevant bodies stay apprised of updates in the field and update their recommendations as new developments are made which improve the efficacy and availability of synthetic alternatives. This includes medical regulatory bodies, Muslim Health Professional societies, and medication suppliers. We acknowledge that work continues to be done to discover high efficacy synthetic alternatives and commend these efforts<sup>67</sup>. We are looking forward to updating our advice when a non-porcine alternative does become viable.

#### **Islamic Bodies Which Endorse the Use of Heparins of Porcine nature in Case of necessity**

IMANA – Islamic Medical Association of North America

AIMA – Australian Islamic Medical Association

Egyptian Dar Al-Ifta

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<sup>6</sup> <https://onlinelibrary.wiley.com/doi/10.1111/jth.13312>

<sup>7</sup> <https://www.science.org/doi/10.1126/scitranslmed.aan5954>