**Navigating Dermatology for Muslim Patients**

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Studies done on samples of Muslim women in the United States suggest that up to 53% of Muslim women delay seeking care due to a perceived lack of availability of female physicians [1]. Canadian South Asian Muslims with end-stage kidney disease are less likely to receive a kidney transplant compared to their Caucasian non-Muslim counterparts [2]. Muslim women in Ontario have significantly lower rates of breast cancer and cervical cancer screening [3-4]. Skin cancer screening rates are also likely low. Given that skin cancer represents a third of all new cancer cases in Canada, this poses a significant public health issue. These health disparities arise when cultural and religious needs are not expressed and addressed.

Dermatology, with its focus on the examination of traditionally covered areas such as the skin and the scalp, may be nerve-racking for a Muslim to navigate. We have created this guide to empower Muslims with the knowledge of what is acceptable to request, which religious practices have medical relevance, and potential treatment considerations.

**Addressing comfort during the medical encounter**

The impermissibility of *khalwa* (seclusion with a member of the opposite gender) may prompt Muslims to request a same-gendered physician or the presence of a chaperone. Both are reasonable requests. If neither are possible, inform the physician of what they can do to make the experience more comfortable. For instance:

* Ask to expose the least amount of skin possible
* Ask for time to adjust your clothing/hijab without the physician present in the room
* Ask to postpone your physical exam until a same-gendered physician is available

**Medically Relevant Details**

There are certain Islamic practices which are relevant to concerns brought up in dermatology.

* *Wudu* and xerosis (dry skin)

*Wudu* (ablution) involves repeatedly washing the hands, face, arms, and feet throughout the day. This frequent washing of the skin, particularly in the presence of a pre-existing skin condition, can worsen dryness [5–7]. If you are unable to perform wudu safely, *tayammum* is a water-free alternative [8].



Courtesy of Muslim patient with wudu-exacerbated xerosis

* *Hijab* and hair care

*Hijab* is the Arabic word for ‘partition’ and refers to the religious attire worn by Muslims. The term is often used colloquially to refer to the headscarf worn by Muslim women.  While *hijab* itself does not cause hair loss or thinning; improper hair care while wearing hijab can lead to hair thinning. This includes wearing synthetic fabrics that create friction leading to hair breakage [9], tying up hair tightly under your hijab leading to traction alopecia [10], or tying up hair while it is still wet [11]. Furthermore, women who observe hijab, particularly those living in northern climates, are at an increased risk of vitamin D deficiency which may impact your hair health [12-13]. Discussing your hair care practices with your dermatologist may help you recognize some possible reasons for hair thinning.

* The mark of *sujood* / “Devotion” sign

A small, darkened bump on the forehead of someone who regularly prostates on hard surfaces is usually benign. If unfamiliar with the practice, a dermatologist may wonder what created this sign.



Courtesy of Muslim patient with the ‘devotion’ sign

**Tailoring Treatment**

*Dietary Restrictions*

Muslims may have preferences for medications due to religious dietary restrictions. Within Islamic dietary laws, *halal* refers to ingredients and foods that are deemed religiously permissible for consumption and *haram* refers to ingredients that are deemed religiously impermissible for consumption. Things that are classified as *haram* can become permissible in extenuating circumstances, such as a lack of availability of an equally effective halal alternative, or a life-threatening emergency that requires prompt action. There are a variety of ingredients that may be included in medications which a Muslim may choose to avoid.

These include:

* Porcine-derived ingredients\*
* Non-*halal* animal-derived ingredients\*
* Alcohol when orally administered

\*For a full list of animal-derived medications, visit: [bit.ly/animal-derived-meds](https://bit.ly/animal-derived-meds)

*Treatment Regimens in Ramadan*

If you are fasting during Ramadan, you may want to ask your dermatologist if they can accommodate your treatment regimen around fasting hours. This may also apply for topical medications as a study in the UK showed that over a third of Muslim patients do not use topical dermatologic treatments while fasting [14]. Your dermatologist can work with you to find a treatment schedule that works.

Treatment plans work best when both patients and physicians are involved in the decision-making process. As a patient, this means being proactive by doing your own research and coming prepared to discuss your treatment preferences.

**Conclusion**

Empowering yourself with information about the intersection of your faith and health allows you to come to appointments equipped to ask the right questions. Sharing your religious needs and health preferences helps open-up a conversation to allow shared decision making and enhances not only your comfort, but your quality of care.

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