Research Institute of Science and Strategic Evolution

JCSRS

Journal of Contemporary Studies on Religion and Science

Print ISSN 3041-9239 Online ISSN 3115-8692

Volume 1, Issue 2 (spring & summer 2026) Homepage: https://jcsrs.risse.ac.ir

An Ethical Critique of Jamshid Khodadadi's Interpretation of Traditional Medicine: With Particular Reference to *Fifteen Days to Health and The Gift of Well-Being*[*]

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Abstract

Contrary to initial appearances, Jamshid Khodadadi's "Traditional" and "Quranic" medical discourse raises serious ethical, methodological, and legal concerns. This critique examines his approach via medical ethics, philosophy of science, and Iranian law. Key issues, practicing without formal credentials, overgeneralizing personal observations, lacking validated research, exceeding expertise, exploiting vulnerable patients, and misusing "Quranic Medicine", demand scrutiny. This study does not assess traditional medicine's efficacy nor reject its potential. Its focus is methodological legitimacy and ethical accountability. Scientific validity depends on reliable methods, not merely possible truth. Khodadadi's methodology shows inconsistencies, and his practice conflicts with non-maleficence, competence, informed consent, and research ethics. Furthermore, "Quranic Medicine" is problematic methodologically, theologically, and epistemologically. Conflating religious authority with empirical claims risks undermining both science and faith. This critique may thus inform an emerging, culturally significant field in Iranian medical ethics and jurisprudence.

Keywords: Jamshid Khodadadi; Traditional Medicine; Quranic Medicine; Medical Ethics; Medical Law; Philosophy of Science

*** Received: 2026/3/10** **Accepted: 2026/4/28**

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Introduction

Traditional medicine, by virtue of its association with historical and cultural traditions, often evokes implicit feelings of respect, authenticity, and trust among its audiences. In many societies, including Iran, traditions are frequently regarded not merely as historical inheritances but also as repositories of cultural wisdom and, at times, as possessing a degree of sacred authority. Consequently, proponents and advocates of traditional therapeutic systems are often able to acquire considerable social legitimacy and public influence within relatively short periods of time.

At the same time, the concept of "traditional medicine" itself remains ambiguous and conceptually underdetermined. Its boundaries, methodologies, and epistemological foundations are often insufficiently specified, allowing individuals with widely divergent backgrounds and qualifications to present themselves as practitioners or experts in this field. One of the most influential contemporary promoters of a novel form of traditional medicine in Iran is Jamshid Khodadadi, who characterizes his own therapeutic approach as "Quranic Medicine." The present article seeks to demonstrate that, from a methodological and ethical perspective, many of Khodadadi's claims and practices raise serious concerns.

In addition, this study argues that although the adoption of the term "Quranic Medicine" has undoubtedly contributed to the popular acceptance and cultural authority of Khodadadi's views, such appeals to religious legitimacy are problematic not only methodologically but also from theological and doctrinal perspectives.

At the outset, however, two preliminary observations should be made. First, it is entirely possible that some of Khodadadi's empirical claims may prove to be factually correct. Nevertheless, within the context of scientific inquiry, the truth of a claim alone is not sufficient to establish its scientific legitimacy. What is of primary importance is the validity and reliability of the methods through which such claims are generated and justified. The attainment of truth, by itself, does not constitute an epistemic virtue; rather, truth must be achieved through methods that are rationally justified, methodologically sound, and publicly verifiable. As contemporary epistemology has long recognized, justified true belief requires not merely truth but also adequate justification. In scientific practice, such justification is obtained through adherence to valid methodological procedures.

Accordingly, the purpose of this article is not to deny the potential merits of traditional medicine, nor to assess its clinical effectiveness, tasks that properly belong to medical specialists. Rather, the aim is to demonstrate that the methodological foundations of one of the most prominent self-styled practitioners of traditional medicine in contemporary Iran, namely

Jamshid Khodadadi, exhibit substantial inconsistencies and raise serious ethical and legal concerns.

Second, many of the criticisms advanced in this article may equally apply to other proponents of alternative therapeutic paradigms and critics of contemporary medicine, since such individuals often share similar epistemological assumptions and methodological approaches. The reason for selecting Khodadadi as a case study is that his views have achieved greater public prominence and display a relatively coherent internal structure when compared with many other advocates of comparable therapeutic movements.

The ongoing controversy between defenders and critics of traditional medicine remains one of the most contentious public debates surrounding healthcare in contemporary Iran. Jamshid Khodadadi represents only one among numerous individuals who, in recent decades, have actively promoted their own distinctive interpretations of medicine and healing and have attracted substantial public support for reasons that lie beyond the scope of the present discussion. Ironically, many members of the public perceive such therapeutic approaches not only as ethically and legally unobjectionable but also as embodying profound spiritual, emotional, and humanitarian values. It is argued here, however, that this widespread perception rests upon a fundamental misunderstanding of the ethical and professional nature of medical practice.

Traditionally, medical ethics has focused on issues such as patient confidentiality, the rejection of medical paternalism, patients' rights to information, physician-assisted suicide, abortion, and related topics[1]. The issues examined in the present study, however, suggest the possibility of opening a new domain within medical ethics and medical jurisprudence, a domain that is to a considerable extent culturally specific and deeply intertwined with the social and religious context of contemporary Iranian society.

2. The Physician Who Is Not a Physician: Professional Legitimacy and the Ethics of Medical Practice

According to his own explicit statements, Jamshid Khodadadi has received no formal education or professional training in medicine. The only credential he publicly invokes in introducing himself is membership in an association of inventors and innovators, a designation that neither carries recognized scientific authority nor bears any direct relationship to the field of medicine. Nevertheless, Khodadadi explicitly categorizes medicine into theoretical and practical branches and defines practical medicine as consisting of methods employed either for the preservation of health or for the restoration of health. He further argues that therapeutic science itself consists

[1] Mohammad-Taqi Eslami, "Defining the Scope of Medical Ethics (Qalamro-shenāsī dar Akhlāq-e Pezeshkī)," *Ethics Research Journal (Pazhūheshnāmeh-ye Akhlāq)* 1, no. 4 (Summer 2009): 81–111.

of three principal domains: dietary management (nutritional therapy), pharmaceutical treatment, and manual interventions such as surgery, massage, cupping, and phlebotomy.[1] By his own definition, therefore, dietary prescriptions and nutritional interventions constitute forms of medical practice. Consequently, the activities in which he engages must be regarded, both conceptually and legally, as instances of medical practice.

This issue acquires particular significance when examined in light of Iranian medical law. According to Article 1 of the Iranian Medical Practice Act of 1911, which remains legally valid, no individual may engage in any form of medical or dental practice anywhere within the territory of Iran without obtaining official authorization from the competent governmental authorities and registering such authorization with the relevant institutions. Furthermore, Article 1 of the regulations concerning professions affiliated with medical practice specifies a wide range of recognized healthcare professions, including graduates in laboratory sciences, medical technology, radiology, pharmacy, nutrition, nursing, rehabilitation sciences, physiotherapy, medical engineering, public health, social work, and numerous related disciplines. Jamshid Khodadadi possesses none of the qualifications recognized under these legal provisions. Accordingly, from the standpoint of existing Iranian law, his activities appear to fall outside the legally sanctioned framework of medical practice.

In response to allegations of unauthorized medical practice, Khodadadi has argued that recommending the use of fresh lemon juice or olive oil in place of salad dressing cannot reasonably be considered medical intervention[2]. Such a defense, however, appears inadequate for at least two reasons. First, the scope of his recommendations extends far beyond ordinary dietary advice. Second, and more importantly, his recommendations are explicitly presented as therapeutic interventions intended to diagnose, treat, or cure disease rather than as merely general nutritional guidance. Indeed, even professional nutritional counseling itself constitutes a recognized branch of healthcare requiring specialized education and professional certification.

Khodadadi further justifies his approach by invoking the example of Avicenna (Ibn Sina), claiming that extensive personal study and experimentation can substitute for formal academic training. He states: "I have adopted the same method, conducted extensive studies, used my own body as a laboratory, and, more importantly, many of these findings have resulted from divine grace and providence"[3]. This statement reveals an epistemological position according to which personal experience, self-experimentation, and perceived divine inspiration may function as substitutes for institutional scientific training and systematic empirical research.

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[1] Jamshid Khodadadi, *Fifteen Days to Health (Pānzdah Rūz tā Salāmatī)* (Tehran: Nashr-e Shahr, 2013a), 22
[2] Khodadadi, *Fifteen Days to Health (Pānzdah Rūz tā Salāmatī)*, 63
[3] Khodadadi, *Fifteen Days to Health (Pānzdah Rūz tā Salāmatī)*, 70

From the perspective of medical ethics and medical jurisprudence, however, such a position raises serious concerns. Unauthorized engagement in medical practice may, under certain circumstances, constitute a medical offense. Abbasi defines medical crimes as the fraudulent assumption of medical professions without satisfying legally prescribed requirements, as well as negligence, professional misconduct, and violations of medical regulations in the execution of professional duties[1]. Admittedly, some legal scholars have argued that Iranian criminal legislation has not provided a fully comprehensive definition of unauthorized medical practice, thereby creating interpretative ambiguities concerning certain categories of practitioners. Nevertheless, such legal ambiguities do not eliminate the underlying ethical obligation that medical interventions should be performed only by individuals possessing appropriate scientific competence, professional training, and legal authorization.

More fundamentally, modern medical ethics is grounded upon the principle of professional competence. The ethical legitimacy of medical intervention depends not only upon good intentions or subjective conviction but also upon the possession of demonstrable expertise acquired through rigorous education, supervised clinical experience, and adherence to established professional standards. To intervene in matters of human health without satisfying these requirements risks undermining both patient welfare and public trust in medical institutions. Therefore, irrespective of the empirical validity of particular therapeutic claims, the absence of professional qualifications constitutes a serious ethical deficiency in itself.

3. The Ideal of Universal Wisdom and the Myth of Omniscient Healing

Carl Gustav Jung's theory of archetypes introduced the influential concept of the "Wise Old Man," a symbolic figure representing wisdom, guidance, authority, and insight. According to Jung, the wise old man appears in dreams and myths in the forms of a magician, physician, priest, teacher, grandfather, or other authoritative figure, especially in circumstances requiring exceptional wisdom, prudent judgment, and decisive action[2]. Psychologically speaking, human beings have long exhibited a profound attraction to individuals who appear to embody comprehensive knowledge and exceptional wisdom.

This archetypal tendency may partially explain the popularity of certain contemporary advocates of alternative medicine. However, one of the defining characteristics of modern scientific civilization has been the gradual disappearance of the ideal of universal expertise. In virtually every branch of knowledge, and particularly in medicine, the exponential expansion of

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[1] Mahmoud Abbasi, "The Impact of Social Factors on Interference in Medical Affairs (Taʾthīr-e ʿAwāmil-e Ijtimāʿī bar Dakhālat dar Omūr-e Pezeshkī)," *Journal of Legal Medicine (Majalleh-ye Pezeshkī-ye Qānūnī)* 1, no. 4 (July–August 1995), 10.

[2] Carl Gustav Jung, *Four Archetypes (Chahār Sūrat-e Mesālī)*, trans. Parvin Faramarzi (Mashhad: Āstān-e Qods-e Razavi, 1989), 113

scientific information has rendered comprehensive mastery by any single individual impossible. Modern medicine is founded upon specialization precisely because the complexity of human physiology, pathology, and therapeutics exceeds the cognitive capacities of any individual practitioner.

Nevertheless, according to Khodadadi's published works, a single individual appears capable not merely of preventing disease but of treating an extraordinarily broad range of medical conditions. In his writings, he claims to possess effective therapeutic protocols for at least seventeen categories of diseases[1]. Given the obvious impossibility of a single individual acquiring comprehensive expertise concerning all, or even a substantial proportion, of human diseases and their treatments, such claims raise serious ethical and professional concerns. A practitioner who represents himself as possessing universal therapeutic competence effectively operates beyond the legitimate boundaries of his knowledge and expertise, thereby violating fundamental principles of professional ethics.

Moreover, such approaches tend to present the physiology of the human body and the nature of disease in an excessively simplified manner. Contemporary biomedical science has demonstrated that the development of disease, the body's response to pathological processes, and the mechanisms of therapeutic intervention depend upon extraordinarily complex interactions among genetic, physiological, environmental, psychological, and social factors. The accurate explanation of these interactions requires extensive interdisciplinary knowledge and sophisticated scientific methodologies. Yet in Khodadadi's interpretative framework, these complexities often appear to be reduced to relatively simple causal relationships supposedly accessible through personal observation and individual study.

At the same time, responsibility for the popularity of such therapeutic systems cannot be attributed solely to their proponents. Patients themselves may contribute significantly to the emergence and persistence of these phenomena. The Jungian archetype of the wise healer reflects a widespread psychological desire to find a single authority figure capable of providing definitive answers to all forms of suffering. Many individuals appear to prefer an allegedly omniscient healer to a multiplicity of specialists, each possessing expertise limited to a narrowly defined domain.

This preference reflects a deeper psychological and cultural tendency: human beings often seek certainty, simplicity, and personal authority in situations characterized by uncertainty, complexity, and vulnerability. Consequently, the appeal of universal healers may reveal less about the actual effectiveness of their methods than about enduring psychological needs for certainty, authority, and existential reassurance. However, while such needs may be

[1] Khodadadi, *Fifteen Days to Health (Pānzdah Rūz tā Salāmatī)*, 68

psychologically understandable, they cannot serve as a legitimate foundation for ethical medical practice or for claims to scientific authority.

4. Physiological Differences Between Past and Present Human Populations: The Problem of Historical Context in Traditional Medicine

Within the humanities and social sciences, the concept of context occupies a central position in the interpretation and evaluation of human practices and texts. Hermeneutic philosophers have repeatedly emphasized that understanding never occurs in a historical vacuum; rather, meaning is always constituted within specific social, cultural, and historical contexts. Human beings understand phenomena not as abstract entities but as realities embedded within particular horizons of experience and interpretation. It may be argued that a similar principle applies, at least to some extent, in the domain of medicine as well.

The medical teachings and therapeutic prescriptions developed by the great physicians of classical Islamic and Persian medicine undoubtedly constitute an important intellectual and cultural heritage. Their observations and clinical experiences deserve careful scholarly attention and may, in certain instances, continue to possess therapeutic value. Nevertheless, it must be recognized that these medical systems emerged within social, environmental, nutritional, and biological contexts that differ substantially from those of contemporary societies. Most of the authorities upon whom contemporary advocates of traditional medicine rely lived approximately one thousand years ago, under conditions radically different from those experienced by modern populations.

This historical distance becomes particularly significant when one recalls that traditional medicine itself places extraordinary emphasis upon the individual characteristics and living conditions of the patient. Classical medical systems generally assume that successful treatment depends upon a careful consideration of factors such as temperament, climate, diet, occupation, lifestyle, and environmental circumstances. If such contextual factors are indeed central to diagnosis and treatment, then it follows that the profound transformations experienced by human societies over the last millennium must also be taken into account.

Contemporary human beings differ from their historical predecessors in numerous respects. Changes in nutrition, environmental exposure, patterns of physical activity, life expectancy, urbanization, industrialization, psychological stress, disease ecology, and even epigenetic adaptation have significantly altered the physiological and biological conditions under which health and disease occur. The emergence of industrial food systems, environmental pollutants, sedentary lifestyles, novel infectious diseases, and unprecedented levels of psychological stress have created physiological contexts substantially different from those assumed by premodern medical traditions.

For this reason, the contemporary application of historical medical knowledge requires careful methodological mediation. The value of classical medical insights cannot justify their uncritical transplantation into radically different historical and biological environments. Rather, any attempt to incorporate traditional therapeutic knowledge into contemporary medical practice requires systematic empirical validation and contextual reinterpretation. It is precisely this methodological sensitivity to historical and biological context that appears to be largely absent from Khodadadi's therapeutic discourse.

From the perspective of medical ethics and philosophy of medicine, therefore, the issue is not whether traditional medical knowledge possesses value, but rather whether such knowledge can be ethically and scientifically applied without adequate consideration of the profound physiological and environmental differences separating past and present human populations.

5. Premature Generalization and the Failure to Conduct Systematic Evaluation of Therapeutic Effects

Anyone possessing even a basic familiarity with contemporary medicine is aware that the general prescription of any therapeutic intervention requires extensive and carefully controlled empirical investigation. Modern pharmaceuticals and treatment protocols typically undergo years, and often decades, of rigorous testing involving large and diverse populations in order to identify both therapeutic efficacy and potential adverse effects. The fundamental ethical principle underlying this process is that no treatment should be widely prescribed before its safety and effectiveness have been adequately established.

In contrast, the therapeutic methodology advocated by Jamshid Khodadadi appears to bypass many of these essential procedures. For example, Khodadadi reports that his wife, who allegedly suffered from several illnesses, achieved complete recovery after only three days of adherence to a dietary regimen prescribed by him[1]. Even if the factual accuracy of this report is accepted, the successful treatment of a single individual within a limited period cannot provide sufficient justification for the universal application of such therapeutic recommendations.

Similarly, Khodadadi argues that sophisticated laboratory tests and diagnostic procedures are often unnecessary because the causes of many diseases can allegedly be identified through observation of the patient's tongue, facial appearance, palms, and dietary habits.[2] Such claims raise substantial concerns regarding both diagnostic accuracy and patient safety.

From the perspective of medical ethics and medical jurisprudence, these shortcomings cannot be dismissed as merely methodological disagreements. Rather, they involve fundamental ethical

[1] Khodadadi, *Fifteen Days to Health (Pānzdah Rūz tā Salāmatī)*, 60
[2] Khodadadi, *Fifteen Days to Health (Pānzdah Rūz tā Salāmatī)*, 69

obligations concerning patient welfare and professional responsibility. According to the *Medical Ethics Manual* of the World Medical Association, the development and approval of any therapeutic intervention require the completion of several distinct stages of investigation[1]. Initially, experimental interventions are tested on relatively small groups of healthy volunteers in order to assess safety. Subsequently, they are evaluated in limited groups of patients seeking treatment. The third phase consists of large-scale clinical trials in which the efficacy and safety of the intervention are systematically compared with existing therapies. Finally, after regulatory approval and introduction into clinical practice, long-term surveillance studies are conducted to identify delayed adverse effects and assess the treatment's broader consequences.

These requirements belong to the broader domain of research ethics. According to the principles governing biomedical research, no therapeutic intervention should be publicly recommended before completing appropriate stages of scientific evaluation, and the process of experimental investigation must never be conflated with the process of routine clinical treatment

The crucial question, therefore, is whether practitioners of the type represented by Khodadadi subject their nutritional therapies to comparable standards of empirical investigation before recommending them as medical treatments. The answer appears to be negative. Consequently, the ethical legitimacy of such therapeutic practices remains highly questionable. The issue here is not merely the efficacy of particular treatments but rather the absence of the methodological safeguards that contemporary medicine has developed precisely in order to protect patients from avoidable harm.

Moreover, premature generalization from isolated observations to universal therapeutic claims constitutes a well-known epistemological error. In medicine, such errors can have particularly serious consequences because they expose vulnerable individuals to interventions whose benefits and risks remain unknown. Accordingly, the failure to distinguish anecdotal evidence from scientifically validated evidence represents not only a methodological weakness but also a significant ethical deficiency.

6. Treating Others as Oneself: The Problem of Subjective Generalization and the Case of Freud

One of the criticisms frequently directed against classical psychoanalysis concerns Sigmund Freud's tendency to universalize aspects of his own subjective experience. According to critics such as Karl Popper, Freud often interpreted his personal psychological observations as universally applicable features of human psychology, thereby rendering psychoanalytic theory

[1] World Medical Association, *Medical Ethics Manual* (Ferney-Voltaire, France: World Medical Association, 2005).

resistant to empirical falsification[1]. A similar pattern of reasoning appears in many of Jamshid Khodadadi's writings and public statements.

As previously noted, Khodadadi repeatedly describes his own body as his principal laboratory. He frequently argues that the therapeutic efficacy of particular foods or dietary practices has been established because he has personally tested them on himself or on members of his family and obtained favorable outcomes. In this way, subjective experience and personal observation become the primary sources of therapeutic knowledge.

Contemporary medicine, however, rests upon a fundamentally different epistemological assumption. Modern biomedical science recognizes that individuals differ enormously in their genetic constitution, physiological responses, metabolic processes, environmental exposures, psychological characteristics, and susceptibility to disease. Consequently, what proves beneficial for one individual may be ineffective or even harmful for another.

The assumption that one's own physiological experiences may legitimately be generalized to others constitutes a serious methodological error. In ordinary life, such an error may merely result in misunderstanding; in medicine, however, it may produce irreversible consequences for patients. Clinical practice requires evidence derived from systematically studied populations rather than extrapolations from personal experience.

Furthermore, the ethical implications of such generalization are profound. Medical ethics requires practitioners to recognize the uniqueness and individuality of patients rather than to treat them as extensions of their own experience. To impose one's subjective physiological experience upon others without adequate empirical justification risks violating fundamental ethical principles, including professional competence, non-maleficence, and respect for patient welfare.

For these reasons, the use of personal experience as a primary source of therapeutic authority must be regarded not merely as scientifically problematic but also as ethically and legally questionable.

7. When Life Becomes Nothing but Eating: Traditional Medicine as a Total Lifestyle Project

Human beings today inhabit a historical condition characterized by an unprecedented diversity of social roles, obligations, and activities. Modern life requires individuals to negotiate a wide range of professional, familial, cultural, and social commitments. Against this background, the

[1] Karl Popper, *The Myth of the Framework: In Defence of Science and Rationality (Ostūreh-ye Chārchūb: Dar Defāʿ az ʿElm va ʿAqlāniyyat)*, trans. Ali Paya (Tehran: Tarh-e No, 2010), 328

version of traditional medicine advocated by Jamshid Khodadadi and some of his associates appears to function not merely as a therapeutic system but as a comprehensive way of life.

Indeed, the prescriptions advanced by Khodadadi extend far beyond ordinary medical recommendations and amount to the construction of an entire lifestyle organized around dietary discipline and nutritional vigilance. Adherence to such a lifestyle, however, may create substantial difficulties within the social realities of contemporary life. A significant portion of human social interaction revolves around shared practices of hospitality, communal eating, family gatherings, and cultural rituals surrounding food. Consequently, strict adherence to highly restrictive dietary systems may generate social isolation and interpersonal conflict.

Khodadadi himself implicitly acknowledges this difficulty when he writes that if meat, poultry, and fried foods are removed from household cooking, many homemakers become uncertain about how to prepare meals, particularly when entertaining guests.[1] This observation inadvertently illustrates the extent to which dietary practices are embedded within broader cultural and social structures.

Sociological theory has long emphasized that social norms and cultural values possess considerable authority and coercive power. Individuals cannot easily disregard these norms without incurring various forms of social sanction. Practices of eating, hospitality, and food preparation constitute important components of collective value systems and social identity. As Tavassoli observes, values derive their significance from the structured social systems within which individuals participate and through which social order is maintained.[2]

Consequently, even if one were to accept the proposition that failure to follow Khodadadi's dietary recommendations may result in certain physical harms, it remains plausible that the psychological and social harms resulting from strict adherence to such prescriptions could prove substantially greater. Social isolation, family conflict, anxiety, and the experience of cultural alienation may themselves become important determinants of diminished well-being.

Furthermore, compliance with the extensive dietary regulations recommended by Khodadadi appears to require considerable investments of time, energy, and psychological attention. The degree of vigilance demanded regarding food selection, preparation, cooking methods, and patterns of consumption may impose burdens that are difficult to reconcile with the practical realities of contemporary life.

For this reason, what Khodadadi presents under the rubric of traditional medicine ultimately transcends the boundaries of medicine itself and evolves into a comprehensive lifestyle doctrine.

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[1] Khodadadi, *The Gift of Well-Being (Armaghān-e Tandarostī)*, 76

[2] Gholam-Abbas Tavassoli, *Sociological Theories (Nazariyeh-hā-ye Jāmeʿeh-shenāsī)* (Tehran: SAMT, 2003), 229-230

According to this worldview, individuals must remain in a state of continual concern and vigilance regarding virtually everything they eat and drink. In this sense, the therapeutic system ceases to function merely as a medical practice and instead becomes a totalizing framework for organizing everyday existence.

8. Medical Totalitarianism and the Ethical Limits of Therapeutic Authority

At first glance, the lifestyle advocated by Jamshid Khodadadi appears to consist merely of compassionate medical advice intended to promote health and well-being. Upon closer examination, however, it exhibits characteristics that may be described as totalizing or even quasi-totalitarian in nature. This therapeutic framework seeks not merely to address illness but to exert comprehensive normative control over virtually all dimensions of an individual's daily life. Its recommendations extend beyond clinical intervention and become a pervasive system of behavioral regulation. Moreover, adherents are continually warned of the allegedly catastrophic consequences of deviating from prescribed dietary and lifestyle norms.

Such an approach to health produces two significant ethical consequences. First, it may generate a persistent state of anxiety in individuals who become convinced that minor deviations from prescribed behaviors will result in serious illness. Second, it substantially restricts personal autonomy by transforming ordinary choices concerning food, social interaction, and daily habits into morally and medically charged decisions. In this sense, health ceases to function as one value among many and instead becomes an all-encompassing organizing principle of human existence.

Furthermore, there are substantial grounds for questioning the empirical validity of some of Khodadadi's categorical dietary prohibitions. For example, his recommendations concerning the complete avoidance of dairy products and the absolute prohibition of yogurt consumption.[1] stand in direct opposition to the consensus views of contemporary nutritional science and clinical medicine. If such recommendations prove to be scientifically unfounded, then considerable numbers of individuals may have been deprived of important nutritional benefits as a consequence of following these prescriptions.

From an ethical perspective, exposing individuals to potentially harmful errors under the guise of medical authority are difficult to justify. The issue becomes even more significant when considered in the context of legal responsibility. Article 495 of the Islamic Penal Code stipulates that physicians who cause injury or bodily harm during treatment are legally liable unless their actions conform to accepted medical standards and technical regulations or unless valid informed consent has been obtained. The accompanying legal commentary further specifies that

[1] Khodadadi, *Fifteen Days to Health (Pānzdah Rūz tā Salāmatī)*, 93.

physicians are exempt from liability only when they have committed neither scientific nor professional negligence.

Although these legal provisions primarily concern licensed physicians, they reveal an important ethical principle: the greater the authority one claims in matters of health, the greater one's responsibility for the consequences of one's recommendations. It follows that individuals who engage in therapeutic interventions without recognized professional qualifications cannot plausibly be exempted from comparable moral responsibility.

More broadly, human beings possess limited cognitive, emotional, and practical capacities. Most individuals organize their lives according to socially shared norms and conventions rather than according to highly specialized and demanding personal disciplines. The version of traditional medicine advocated by Khodadadi appears to presuppose an idealized type of person possessing exceptional self-discipline, unlimited motivation, and the ability to sustain rigorous lifestyle restrictions indefinitely.

Ironically, Khodadadi himself presents these demands as relatively simple requirements requiring only modest willpower. Yet modern medicine generally formulates its recommendations with ordinary human capacities in mind rather than assuming exceptional levels of discipline or commitment. Significantly, Khodadadi himself acknowledges that even members of his own family initially resisted adopting his dietary practices because they differed substantially from ordinary patterns of eating and social interaction.[1]

One of the most fundamental principles of ethics is that unnecessary suffering should not be imposed upon others[2]. Since the primary ethical mission of medicine is to alleviate human suffering rather than increase it, the possibility that therapeutic recommendations may inadvertently intensify psychological, social, or physical suffering raises profound ethical concerns. For this reason, it may be argued that the form of medicine promoted by Khodadadi and similar practitioners diverges substantially from the fundamental ethical purposes of medical practice itself.

9. The Exploitation of Human Vulnerability and Therapeutic Desperation

Numerous factors have contributed to the emergence of widespread feelings of helplessness and vulnerability among patients in contemporary societies. The increasing prevalence of chronic and incurable diseases, the escalating costs of medical treatment, the risks associated with therapeutic interventions, and the uncertainties inherent in many medical conditions have all

[1] Khodadadi, *Fifteen Days to Health (Pānzdah Rūz tā Salāmatī)*, 59
[2] Shirzad Peik-e Herfeh, *The Boundaries of Ethics (Marzhā-ye Akhlāq)* (Tehran: Nashr-e Ney, 2011), 42

contributed to a growing sense of frustration and despair among substantial segments of the population.

In addition to these universal factors, certain cultural characteristics may further contribute to the popularity of alternative therapeutic movements. In the Iranian cultural context, for example, there often exists a strong preference for rapid, simple, and definitive solutions to complex problems. Many individuals seek a single remedy capable of resolving multiple forms of suffering simultaneously. Such cultural predispositions create fertile conditions for the expansion of therapeutic systems that promise comprehensive and immediate solutions.

Khodadadi and similar practitioners frequently claim that relatively simple interventions, for example, the combined use of honey and lemon juice, or the consumption of particular herbal extracts and infusions, possess extraordinary therapeutic powers capable of treating a wide variety of diseases and restoring complete health. Such claims inevitably appeal to individuals experiencing fear, uncertainty, and desperation.

This phenomenon raises important ethical questions concerning the exploitation of vulnerability. Whether intentionally or unintentionally, therapeutic claims presented with excessive certainty may function as forms of deception when they exploit the hopes and fears of vulnerable individuals. The cultural predispositions described above further facilitate the effectiveness of such appeals.

Statements of the following kind play a particularly important role in attracting public attention and generating trust: "The author decided to accomplish something unprecedented. After many years of rigorous and entirely scientific investigation into nutrition, he obtained extraordinary and unprecedented results in the field of nutritional science"[1] Such rhetoric invokes the authority of science while simultaneously avoiding the methodological standards that define scientific inquiry.

Even the title of one of Khodadadi's best-known books, *Fifteen Days to Health*, illustrates this phenomenon. From a psychological perspective, few promises are more appealing than the prospect of achieving complete health within a remarkably short period through adherence to a relatively simple set of dietary instructions. The attraction of such promises derives not primarily from their scientific plausibility but from their capacity to satisfy deep psychological desires for certainty, control, and hope.

Medical ethics has long recognized that vulnerable patients require special protection precisely because their suffering may impair their ability to critically evaluate extraordinary

[1] Jamshid Khodadadi, *The Gift of Well-Being (Armaghān-e Tandarostī)* (Tehran: Nashr-e Shahr, 2013b), 75

therapeutic claims. Consequently, exploiting therapeutic desperation, whether deliberately or inadvertently, constitutes a serious ethical concern.

10. What Does "Quranic Medicine" Mean? Epistemological and Theological Problems

Khodadadi argues that "God Almighty has clearly specified in His Book the principal, beneficial, and necessary foods for human beings".[1] This claim raises several important methodological, theological, and epistemological questions.

The first question concerns the very meaning of the expression "Quranic Medicine." Does the mere mention of certain foods or substances in the Qur'an justify the conclusion that there exists a distinct medical system that may properly be designated as "Quranic Medicine"? If such a medical system truly exists, one might reasonably ask why the overwhelming majority of classical Islamic scholars, jurists, theologians, and Qur'anic commentators throughout Islamic intellectual history have not recognized or articulated such a category.

The second issue concerns methodological consistency. As noted previously, Khodadadi does not adhere to a single epistemological framework. At various points, he appeals to the Qur'an, to traditional medicine, and to contemporary biomedical findings. Strictly speaking, the designation "Quranic Medicine" could be justified only if the proposed therapeutic system were derived exclusively from scriptural sources. Instead, Khodadadi selectively invokes whichever source appears most compatible with his preexisting conclusions.

Indeed, he explicitly states that by combining modern medicine, traditional medicine, and the Qur'an, he has created an entirely new medical system called "Islamic Medicine" or "Quranic Medicine," of which he regards himself as the founder.[2] The principal difficulty with this claim is that these three sources derive from fundamentally different epistemological and methodological frameworks. Contemporary biomedical science is based upon empirical experimentation and falsifiability; traditional medicine relies primarily upon historical clinical experience and inherited theoretical systems; and religious texts operate within theological and moral frameworks. The uncritical synthesis of these heterogeneous sources presents serious methodological difficulties.

Moreover, Iranian medical law imposes strict regulations governing the practice of medicine and the dissemination of medical information. The Medical and Pharmaceutical Regulations Act of 1955 requires official authorization for all medical institutions and therapeutic activities. Article 5 of this legislation further prohibits misleading advertisements, false professional titles,

[1] Khodadadi, *Fifteen Days to Health (Pānzdah Rūz tā Salāmatī)*, 51
[2] Khodadadi, *Fifteen Days to Health (Pānzdah Rūz tā Salāmatī),* 62

deceptive promises, and any practices inconsistent with established medical standards and professional ethics.

These legal provisions illustrate an important ethical principle: individuals who claim therapeutic authority bear a responsibility to avoid misleading patients or making unsupported promises regarding health outcomes. The law recognizes that vulnerable individuals may be particularly susceptible to such claims and therefore requires rigorous standards of professional accountability.

Furthermore, Article 319 of the Islamic Penal Code establishes that even highly qualified physicians may incur legal liability when their interventions result in bodily harm. If licensed specialists practicing within established professional frameworks remain subject to such stringent legal obligations, it follows that individuals practicing medicine without formal qualifications cannot reasonably claim exemption from comparable ethical scrutiny.

Yet perhaps the most important issue raised by the concept of "Quranic Medicine" concerns the relationship between religious belief and empirical knowledge. Medical practice belongs fundamentally to the domain of natural causality and empirical investigation. When therapeutic claims are legitimized through appeals to divine inspiration, providence, or supernatural authority, an important question arises: what becomes of religious credibility if those empirical claims are subsequently shown to be false?[1]

History offers numerous examples demonstrating the dangers of conflating empirical claims with religious truth. Whenever human beings have elevated contingent scientific or empirical beliefs to the status of sacred truths, the eventual refutation of those beliefs has frequently damaged the credibility of religion itself. Perhaps the most famous historical example is the unfortunate alliance between Aristotelian cosmology and medieval Christian theology. When the geocentric worldview was eventually abandoned, the authority of religious institutions suffered significant consequences precisely because theological claims had become entangled with empirical assertions.

For this reason, the uncritical identification of particular medical theories with religious truth may pose risks not only to scientific integrity but also to the credibility of religion itself.

[1] Alireza Noubari and Mohammad-Reza Rezaei Esfahani, "A Pathological Analysis of Scientific Exegesis with Particular Reference to Partavi az Qur'an (Āsīb-shenāsī-ye Tafsīr-e ʿElmī bā Mehvariyyat-e Tafsīr-e Partavī az Qurʾān)," *Quarterly Journal of Qur'anic Exegetical Studies (Faslnameh-ye Motāleʿāt-e Tafsīrī)* 2, no. 8 (2011): 70.

Conclusion

The avoidance of unnecessary suffering constitutes one of the most fundamental principles of ethics and has often been regarded as a criterion for distinguishing ethical conduct from unethical conduct. Accordingly, one of the central principles of contemporary medical ethics is the principle of non-maleficence. According to this principle, physicians and medical researchers are obligated to avoid causing harm to patients and research participants. [1]

The preceding analysis has argued that several features of the therapeutic system promoted by Jamshid Khodadadi raise serious ethical and legal concerns. These concerns include the absence of recognized professional qualifications, the lack of systematic empirical validation, the premature generalization of therapeutic claims, the extension of medical authority beyond the limits of expertise, the exploitation of vulnerable patients, the promotion of excessively restrictive lifestyle prescriptions, and the problematic invocation of religious authority in support of empirical medical claims.

The present study has not sought to deny the potential value of traditional medical knowledge or to evaluate the empirical efficacy of particular therapeutic interventions. Rather, its principal concern has been the ethical and methodological legitimacy of the procedures through which such claims are advanced and disseminated. From the perspective of contemporary medical ethics, scientific methodology, and medical jurisprudence, the probability of significant physical, psychological, social, and spiritual harms resulting from these practices appears sufficiently substantial to warrant serious concern.

Consequently, the ethical and legal legitimacy of the therapeutic system promoted under the title of "Quranic Medicine" by Jamshid Khodadadi remains highly contestable. More broadly, the issues examined in this article suggest the need for a new field of inquiry situated at the intersection of medical ethics, philosophy of medicine, religious studies, and medical law—particularly within cultural contexts where religious authority, traditional knowledge, and therapeutic practice intersect in complex and influential ways.

General Evaluation: Epistemic Authority, Medical Ethics, and the Social Construction of Therapeutic Legitimacy

The case of Jamshid Khodadadi is significant not merely because of the particular therapeutic claims that he advances, but because it illustrates a broader phenomenon at the intersection of medicine, religion, culture, and public trust. The principal ethical problem raised by this case is not simply whether particular dietary recommendations are empirically correct or incorrect.

[1] World Medical Association, *Medical Ethics Manual* (Ferney-Voltaire, France: World Medical Association, 2005).

Rather, the more fundamental issue concerns the legitimacy of epistemic authority in matters affecting human health and well-being.

Modern medicine is founded upon an important moral and epistemological principle: no individual is entitled to exercise therapeutic authority solely on the basis of personal experience, intuition, charisma, or subjective conviction. Instead, medical authority is socially and ethically justified only when it emerges from publicly verifiable procedures, systematic investigation, institutional accountability, and professional oversight. The ethical significance of scientific medicine lies not merely in its capacity to produce effective treatments but in its insistence that therapeutic claims remain continuously open to criticism, revision, and empirical refutation.

From this perspective, the most problematic aspect of Khodadadi's therapeutic discourse is its reliance upon a form of what contemporary philosophers call "epistemic exceptionalism." This occurs when an individual implicitly exempts himself from the methodological and institutional constraints that govern the production of legitimate knowledge. Personal experience, divine inspiration, historical authority, anecdotal evidence, and selective scientific findings become combined into an epistemological framework that is largely insulated from ordinary standards of scientific criticism and professional accountability.

Furthermore, the popularity of such therapeutic systems cannot be adequately explained solely by reference to their empirical claims. Their social appeal appears to derive from several deeper cultural and psychological factors. First, they offer certainty in contexts characterized by uncertainty. Second, they provide simplicity in response to complexity. Third, they restore a sense of personal agency to individuals who often experience modern healthcare systems as bureaucratic, impersonal, and inaccessible. In this respect, alternative therapeutic movements frequently function not only as medical systems but also as responses to existential, psychological, and social needs.

This observation leads to an important ethical insight. The widespread appeal of therapeutic movements such as those represented by Khodadadi may reveal not merely the shortcomings of scientific literacy but also certain deficiencies within contemporary healthcare institutions themselves. Patients who seek alternative therapeutic authorities are often motivated by experiences of fear, alienation, distrust, or dissatisfaction. Consequently, the ethical response to such phenomena cannot consist solely of condemnation or legal prohibition; it must also involve critical reflection on the ways in which contemporary medicine communicates authority, uncertainty, empathy, and hope.

Nevertheless, recognition of these social and psychological realities cannot justify the abandonment of fundamental ethical principles governing medical practice. Human vulnerability imposes heightened moral obligations upon those who claim therapeutic authority.

Because illness places individuals in situations of dependency, uncertainty, and existential anxiety, medical practitioners bear a special responsibility to avoid exaggeration, overconfidence, and unsupported promises. The greater the vulnerability of patients, the stronger the ethical obligation to exercise epistemic humility.

In this regard, perhaps the most important ethical deficiency of the therapeutic model advanced by Khodadadi is the absence of epistemic humility. Modern medicine, despite its extraordinary achievements, has gradually learned to acknowledge its own limitations, uncertainties, and fallibilities. By contrast, therapeutic systems that present themselves as possessing comprehensive solutions to diverse human illnesses risk transforming medicine from a practice of careful inquiry into a form of intellectual and moral certainty. Such certainty may provide sychological comfort, but it does so at the potential cost of scientific integrity, patient autonomy, and public trust.

Finally, the present case illustrates the necessity of developing a culturally informed framework of medical ethics capable of addressing phenomena that arise at the intersection of traditional knowledge, religious authority, and therapeutic practice. In societies where religious discourse and medical discourse possess overlapping forms of social legitimacy, the ethical evaluation of therapeutic claims requires not only biomedical expertise but also philosophical, legal, theological, and sociological analysis. The emergence of such interdisciplinary approaches may constitute one of the most important future directions for medical ethics in contemporary societies.

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