

# Isolation, Quarantine and “Lockdown”: Between Science and Astrology

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**Pakistani Prime Minister, Imran Khan: No going back to another lockdown:**



**ISLAMABAD:** Prime Minister Imran Khan on Friday ruled out the imposition of another lockdown in the country...

“Pakistan cannot go back to another lockdown. We can’t afford it,” the premier said... adding that the lockdowns across the world had only exacerbated conditions for the poor.

The premier noted that the lockdown in the US had forced its residents to line up in queues for food. India, he observed, had opted for a strict lockdown, and now the poor there were paying the price for that. “Poverty has increased in India. The migrant workers there are dying of hunger and forced to walk as there is no public transport.”

The prime minister also defended the government’s decision to keep mosques open... “We were the first Muslim country which said we will not close our mosques and carry on Taraweeh prayers,” he said...<sup>1</sup>

Bismillāh wal-Ḥamdulillāh.

As we have repeatedly stated, it is obligatory for Muslims to obey the rulers in the guidelines, regulations and restrictions they have placed based upon their ijtihād in the matter, for they have not done this except due to desiring good for their populations. The scholars have enjoined such obedience **because it is a foundation of the Sunnah** and not because the “science” claimed by any particular individual or institution requires us to do so.

Whoever claimed that the rulers are obeyed because “lockdown”, “social distancing” and “contact tracing” **of perfectly healthy and disease free people** are valid in medicine, public health and/or are specifically legislated in

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<sup>1</sup> <https://tribune.com.pk/story/2236588/1-no-going-back-another-lockdown-pm>.

religion, then he is setting up the rulers and the scholars for attack and revilement at some point in the future.

But whoever said that the rulers are obeyed because **the Sunnah has ordered with obedience to them in whatever is not unlawful, even if it involves hardship and difficulty**, then this stance can never ever be attacked, and the scholars can only be praised for advising with the Sunnah. The claims of science can always be attacked, undermined, shown to be false and even fraudulent, years or decades later, if not weeks or months afterwards. This can lead to anger, resentment, distrust and the likes among people which can lead to undesirable behaviours and outcomes.

For this reason, when it is said that the Prophet (صَلَّى اللهُ عَلَيْهِ وَسَلَّمَ) said: *“Upon a Muslim man is to hear and obey in both what he likes and dislikes, unless he is commanded with disobedience [to Allāh]. Then, there is no hearing and obeying.”*<sup>2</sup> And that therefore, it is a foundation in our religion that we hear and obey the rulers in whatever is not unlawful, then no one can ever attack this position or find fault with it.

There is nothing but goodness in the implementation of this foundation of the Sunnah. The rulers are rewarded for their ijtihād, and the scholars are always praised for calling to adherence to the Sunnah.

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<sup>2</sup> Related by al-Bukhārī and Muslim.

Further, there is a great difference between the non-Muslim rulers and nations—they run upon social democracy which as a system, is a stepping stone for communism—and they have many secular ideologies and philosophies upon which they desire to manage or control their societies. Thus, they often have ulterior motives, and in many cases, they are beholden to private and corporate interests and hence do not really work for the interests of their subjects.

In contrast, the Muslim rulers—may Allāh protect them and grant them success—they are free of these ideologies and goals. They are simply acting for the genuine protection and benefit of their societies on the basis of what they believe to be credible science and appropriate regulations and measures.

As such, all of this, **upon the principle of the Sunnah**, requires compliance and obedience.

As for the aspect of hardship, difficulty, loss of employment, lack of provision and the likes, then each person should realise that all of this is a tribulation from Allāh (عَزَّوَجَلَّ), and Allāh (عَزَّوَجَلَّ) brings trials to His servants through a variety of means—such means that they cannot escape from, because they are all-encompassing. **Such is the reach of Allāh**. None of His servants can escape His reach. And hence, these trials can only be repelled with repentance, seeking forgiveness and making amends. In his commentary on the verse about

the appearance of mischief upon land and sea, “...**because of what the hands of men have earned so that He may make them taste a part of what they have done**” (30:41), Ibn Kathīr (رَحْمَةُ اللَّهِ) cites from Abū al-‘Āliyah (رَحْمَةُ اللَّهِ), the statement: “Whoever disobeyed Allāh has caused corruption upon the earth, because the rectification of the earth and the rectification of the heaven is through obedience.”

By keeping this in mind, the wider realities that relate to al-Qaḍā wal-Qadar, Allāh’s wisdom in His actions and His justice, the role of sins and disobedience in restriction of livelihood and removal of safety and so on are incorporated and not ignored. Thus, one moves away from being resentful and angry about the difficulties and hardships and avoids projecting that anger outwards in ways that are detrimental and can oppose the Sunnah, and instead turns back to his heart and soul and to rectification of his self, whilst relying upon Allāh and invoking him for relief, without at the same time neglecting the pursuit of his beneficial interests in the world and trying to minimise the tribulation, as this is part and parcel of placing reliance upon Allāh for relief.

Once all the above has been made clear, then this paper discusses the issues of isolation, quarantine, “lockdown” and the scientific method and relies upon some crucial statements and insights made by Shaykh al-Albānī (رَحْمَةُ اللَّهِ) on the subject matter.

## 1. LOCKDOWN AND HISTORY

No measure known as “lockdown” has ever been implemented in history, over thousands of years, wherein all social and economic activity is halted and entire populations are confined to their homes, the elderly are left to die, the poor are left to starve, food supply chains and business and industry are destroyed, family relations are cut, suspicion becomes widespread and society becomes distrustful. **This—a “lockdown” in medicine—is a heresy.** And in religion, it exceeds the bounds as indicated by Shaykh al-Albānī. We present some excerpts from one of his discourses on the subject of contagion:

سؤر الإنسان بصورة عامة طاهر لكنه لا يوصف لا بأنه شفاء من جنس ما ولا بأنه داء ، اللهم إلا في حالة خاصة إذا ثبت أن

As for a person’s leftovers (su’r)<sup>3</sup>, then it is pure in a general sense, however it is not described that it is a cure of any sort and nor that it is ailment. O Allāh, except in one specific situation, **when it is established** that:

You must pay attention to the very specific language of the scholars in that they always explain these types of situations that involve the sciences or matters of health and disease

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<sup>3</sup> The food on a plate one has eaten from with hands or the drink in a vessel one has drunk from, and it refers to whatever separates from the body (from the skin, saliva) that another person may then come into contact with by eating from the same food or drinking the same drink.

**with conditional statements.** Unfortunately, some people who make use of these statements ignore or are heedless of the preciseness in the speech of the scholars. Shaykh al-Albānī has referred this matter back to **the principle of verification** with respect to what is claimed to be an “infectious disease”. Just like in the science of ḥadīth there is a gold standard in terms of criteria for declaring a report to be authentic, there are likewise criteria for claiming that a microbe or virus is the actual root cause of a disease, and for claiming that the disease is actually “infectious” in the sense that casual, ordinary, routine mixing will lead to its spread. Every claim made without these criteria being fulfilled is invalid and rejected. It is the same for the one who claims to have an authentic ḥadīth but for which the criteria have not been verifiably fulfilled, then his claim is rejected.

هذا الإنسان مريض بالفعل

—**this person is actually ill**

This means that a person cannot be merely suspected of being ill, he must have **an actual illness** which has become manifest through **visible and identifiable symptoms**. As for “asymptomatic carrier” and all similar language, this comes from a germ theory of disease in which the role of viruses are misunderstood and are assumed to be the cause, when in reality they are the consequence of a disease state, we have discussed this at length elsewhere.

Further, disease is **multifactorial** and **multicausal**, and hence, accusing people of being “asymptomatic carriers” of disease is a misleading, inaccurate and potentially oppressive if this accusation leads to loss or harm to that individual. These terms are very vague, deceptive and misleading and that is because the science underlying them is also dubious and built upon flawed, inaccurate theories of disease.

ومصاب بمرض معدي

—that he is afflicted with a contagious disease

Many diseases are claimed to be contagious—in the ordinary, common sense of the word, which is everyday casual, routine mixing—when in reality they are not. Testing for microbes or viruses in people only gives the illusion that a disease is caused by them alone—instead of multiple factors being involved—and is therefore contagious in its own right. In reality, this cannot be proven by scientific experiments designed to test and verify the fulfilment of the criteria necessary for claiming that a disease is contagious.

For example, it is commonly believed that the flu and flu-like illnesses are “infectious” when there is zero evidence for this claim. In reality, the opposite is true. This has been proven by actual scientific experiments that are based upon principles of the scientific method, and not the fraudulent “**indirect**



**detection of a virus<sup>4</sup> = presence = association = causation = proof of contagion**” that is rampant in microbiology and virology.

This is far away from the scientific method of proving cause and effect through controlled experiments and eliminating all confounding factors. As for the procedures and techniques that have been used in virology to “isolate” a virus and then prove that it is the actual cause of disease, then they are a mockery of a child’s intelligence, let alone a grown adult’s intelligence.

وهذا المرض المعدي سببه الجرثوم

**—that this contagious disease is caused by a microbe**

Since disease is **multifactorial** and **multicausal**, and since “disease-causing” microbes are already found in most people without causing disease —such as the bacteria alleged to cause leprosy, which just about everybody has<sup>5</sup>,

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<sup>4</sup> The method used, RT-PCR, according to its inventor Kary Mullis (d. 2019), cannot be used to detect viruses or diagnose disease. It is only a procedure for detecting and amplifying strands of DNA.

<sup>5</sup> According to the CDC—and notes and emphasis have been added to highlight statements that are of relevance to the subject of contagion—: “Leprosy was once feared as a highly contagious and devastating disease, but now we know it doesn’t spread easily and treatment is very effective... **It is not known exactly how Hansen’s disease [leprosy] spreads between people.** Scientists **currently think it may happen...**”—[**Note: No scientific proof, only mere conjecture**]— “...when a person with Hansen’s disease coughs or sneezes, and a

and the bacteria involved in a superinfection and so on— then this is proof that the microbe itself is not a sole causative agent of disease, and nor that it even plays a primary role in a disease state. Certainly, it is on the scene of

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healthy person breathes in the droplets containing the bacteria...”

**[Note: This statement has zero empirical, scientifically valid proof, and the same applies for influenza and other illnesses for which similar claims are made].** “Prolonged, close contact with someone with

untreated leprosy over many months is needed to catch the disease.

**You cannot get leprosy from a casual contact with a person who has Hansen’s disease like:** Shaking hands or hugging, sitting next to each other on the bus, sitting together at a meal. **Hansen’s disease is also not passed on from a mother to her unborn baby during pregnancy and it is also not spread through sexual contact...** Overall, the risk of getting Hansen’s disease for any adult around the world is very low.

**That’s because more than 95% of all people have natural immunity to the disease.”** This is clear admission that a bacteria is not the cause of this disease. Refer to the following page on the CDC website:

<https://www.cdc.gov/leprosy/index.html>.

In reality, leprosy is a disease of toxicity, it is not caused by bacteria.

Unfortunately, modern medicine is poisoned by the flawed, inaccurate germ theory of disease which does not account for, at least not in medical practice, for the multifactorial nature of disease. Bacteria come to the scene of disease and multiply where there is toxicity and morbid materials and waste caused by environmental and dietary factors. They play a role in recycling and cleaning up in the body. **Leprosy**

**disappeared from nations as soon as there were improvements in sanitation, diet, better housing and open spaces, clean water supply and so on, which shows that, like many other alleged contagious diseases, it is one of malnutrition and toxicity.** The above facts

support the view of those scholars from the Salaf and beyond who say that the Prophetic command to “*Flee from the leper...*” is from the angle of preservation of creed, to prevent people from being prone to believing in contagion upon the way of the pagans and disbelievers, and not because of fear of disease upon the principle of contagion.

disease, but there is more detail to this matter and there are different discussions for bacteria and viruses. A distinction must also be made for “inoculation” in all its various forms—through cuts, wounds, ingestion and so on—because this does not come under “contagion” and is a separate category.

وهذا الجرثوم قد ينتقل ليس فقط بطريق الشراب بل وبطريق مس ما قد يمسه

هذا الإنسان

**—and that this microbe may be transmitted not only through drink, but also by way of physical contact, the [sick] person may touch him...**

The previous point is repeated here. That the microbe itself is not the primary or sole agent of disease and that disease needs a suitable environment within which to arise, and this is also indicated by Ibn al-Qayyim, that there has to be **individual susceptibility** to disease in the first place, without which mixing will have no effect.

هنا الاحتياط لا بأس به لكن نجعله ديدنا في الحياة فمعنى هذه وسوسة تقضي على الرابطة الإنسان والعلاقات البشرية القائمة بين الناس فالأصل أن يحكم على سؤر كل إنسان وعلى معاملة كل إنسان أنه على الفطرة على الصحة والعافية.

So here, **there is no issue with taking precaution,<sup>6</sup> but we do not make it a habit in daily life.**

<sup>6</sup> Meaning, when all of these conditions are established and proven.

So the meaning [here] is that this is a whispering (waswasah) which destroys personal ties and human relations which are established between people. The foundation is that every person's leftovers and interaction with them is that he is upon fiṭrah (original disposition) and upon health and well-being.”<sup>7</sup>

So not only is a “lockdown” a heresy in medicine, it also exceeds the bounds in religion, upon what Shaykh al-Albānī has clearly stated, and that is given the fact that Shaykh al-Albānī affirms that mixing can be a means by which Allāh spreads disease in a population. May Allāh reward the Shaykh tremendously for providing such insightful, detailed observations, making conditional statements, for stipulating scientific principles and alluding to the **benefit-risk principle** which is known in medicine and public health.

This “lockdown” measure has only taken place once, in 2020. It was initiated in Communist China and then through the World Health Organisation (WHO) the Chinese model was **copied and pasted** in most nations who followed the advice and guidance of the WHO, which is being used as a tool of medical, social and economic imperialism upon nations. Refer to the Appendix on the WHO.

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<sup>7</sup> There is no title to this cassette, or series, and it is simply labelled as “Miscellaneous Issues”, no. 211. For the recording refer to:

<https://www.al-albany.com/audios/content/3378>

## 2. ISOLATION AND QUARANTINE

In outbreaks of disease which are said to be infectious, there are two known principles that are implemented for public health: **isolation** and **quarantine**. Thus, in an outbreak, there is:

—**Isolation**: This is when **all sick people with visible signs and symptoms of the disease are isolated**. This means that they are completely separated from the rest of the people and are given their own quarters, whether in hospitals or other specifically designated places. The disease is treated after investigation and study.

—**Quarantine**: This is when all **healthy people** who are known to have been **exposed to visibly sick people** are separated for a certain number of days and **monitored to see if they become sick or not**. Usually, this applies to people who have arrived in a country, region, city or town from the area of the disease outbreak.

These are the known measures in public health and medicine.

Despite all the disease outbreaks, plagues and pestilence that have taken place throughout history and taken millions of lives, no third measure of “lockdown” has ever been devised as part of public health and medicine.

Further, despite the seasonal flu each year that is said to kill hundreds of thousands, and despite diseases like pneumonia and tuberculosis that are said to kill millions every year, isolation and quarantine—let alone lockdown—are not even applied to these diseases, at least not fully.

Thus, the declaration of a pandemic for a seasonal flu, and locking down the entire world economy, causing it to implode and affect billions of people's livelihoods is a matter that justifiably raises suspicion.

### 3. 21ST CENTURY HERESY

The measure known as “lockdown” does not exist in public health and medicine and is a 21st century heresy. It is not found in medical literature and nor are there any scientific studies conducted upon the principles of the scientific method confirming that it is of benefit in limiting disease and death without causing harm that is much greater than the benefit. The word “lockdown” has usage in **prison** and **mental asylums**, when there are outbreaks of violence, suicide and the likes. The entire facility is placed under “lockdown” in these situations. A **confinement** is explained through the words: imprisonment, incarceration, lock, remand, restraint, rot in jail, prison. Confinements are used for raising animals, keeping them in restricted areas such as stables, barns, yards, pens, feedlots and the likes. “Locking down” an entire nation and “confining” its population has no place in public health or medicine, unlike isolation of the sick and quarantining of the healthy who are known to have had exposure to disease.

**In addition, computer “models” for prediction of disease and death are not scientific studies.** They are in the same category as **astrology, soothsaying and fortune-telling**. Acting upon the predictions of a model is not the same as acting upon scientifically proven realities, verified cause and effect mechanisms involving tangible reality. We will discuss this further in what follows.

## 4. SCIENCE AND THE SCIENTIFIC METHOD

Science—(sciens, scio means “to know”)—is any system of knowledge that is concerned with the physical world and its phenomena and which entails **unbiased observations** and **systematic experimentation**.<sup>8</sup>

Computer or mathematic models cannot replace **empirical testing of hypotheses through systematic experimentation** in the real world.

In the scientific method, **cause-effect relationships** are determined and verified through the generation of hypotheses based on observation of phenomena. The phenomena being studied are **actions, processes, interactions**, and not just mere entities on their own. These hypotheses are rigorously and systematically tested through repeat experimentation. Over time, a more and more accurate working knowledge is gained of the phenomena being studied.

**For example:** If sea voyagers repeatedly fall sick on long sea journeys and show symptoms of bleeding gums, and impaired skin and hair, and frequently die, we can suspect numerous causes and generate hypothesis statements. We might say it is diet related and say: Vitamin C is vital for the production of collagen and its integrity in humans. Vitamin C deficiency, therefore, will cause this disease, scurvy. This

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<sup>8</sup> Britannica.com



is the hypothesis statement. **This is a testable statement.** To check whether this hypothesis is true or false, **we have to conduct an experiment** and then **repeat** it many times to get consistent and reliable data. Then we have to use **sound reasoning, logical analysis** to interpret the results correctly. We have all the ingredients of the scientific method: hypothesis, testability, empiricism, repetition, sound reasoning.

We create two hypotheses which are opposites to each other, they are mutually contradictory and mirror images of each other:

—**Null hypothesis:** The lack of Vitamin C during long sea voyages will not cause scurvy.

—**Alternative hypothesis:** The lack of Vitamin C during long sea voyages will cause scurvy.

In our experiment, our aim is to falsify the null hypothesis and to prove the alternative hypothesis. This is the goal of every experiment in the scientific method of inquiry.

Vitamin C is an **independent variable (cause)** in our experience which we will manipulate, meaning include it and exclude it. The disease called scurvy is the **dependent variable (effect)** whose connection to the cause is being tested. We also introduce **controls** into the experiment to make sure our results are reliable and are actually testing for the specific cause effect relationship we are interested in and not confounded by other factors.

So we will prepare two ships, each with 500 people **of**

**similar age, background and health status**, and this is the aspect of **control** in our experiment, we are making sure other factors are not at play in producing the effect, and that we are only isolating the thing that we are specifically testing for, the independent variable, the cause.

In one ship, they are given provisions which are devoid of Vitamin C or have extremely negligible amounts. They will go on a month's journey across the ocean to another continent. The second ship is given a very large supply of oranges, lemons, limes and the likes, or Vitamin C powder, sachets or tablets. They are told to consume a certain amount on a daily basis. The rest of the diet is the same on both ships. They will leave at the same time, through the same route, so that they experience the same conditions at sea. So here we are **controlling** all other factors to make sure that we are isolating the independent factor in the experiment, which is the Vitamin C. Then, our assistants on the other side of the ocean check the travellers on both ships for scurvy and its symptoms. From the data if there is a significant difference, such that on the first ship, 50% got scurvy and in the second ship, only 5% got scurvy, then we have falsified the null hypothesis and proven our alternative hypothesis. However, we would have to repeat this experiment a certain number of times to make sure we get consistent results and to account for other possible confounding factors.

From here, we can then establish a cause-effect relationship by making an “**if–then**” statement. “If there is Vitamin C deficiency, then scurvy will result.” So we have established a

cause-effect relationship in a phenomenon that was repeatedly observed. Now, further hypotheses can be generated to keep exploring and investigating more and more aspects of the phenomenon.

So this is real science, this method is the tool of science, which means to acquire real knowledge of the workings of the real world. The final determinant of truth in science is **the experiment**. No experiment in the real world involving real things and you do not have true science or knowledge.

**Note:** Through the above, we have given you an example and explained the basic terminology by which you can ask anyone who makes “scientific” claims. Ask them for the experimental evidence. Ask them: Where can I see or read about the **physical, real-world experiments** that were done to justify this claim. Ask them for the **independent** and **dependent** variables. Ask them what the **controls** were, if any, and how the **cause-effect relationship** was proven after **proper isolation** of the independent variable, and how all **confounding factors** were eliminated in the experiments. Likewise, whether it was **repeated** and confirmed, and if the **interpretation** of the data is subjective or objective, is based on sound reasoning and logical principles and so on. Likewise, you can ask for **all the assumptions** that have been made in the experiment and which have not been scientifically validated. A lot of the deception in the use of scientific studies and claims, in astronomy, or evolution, or other fields, is hidden right here, where lots of assumptions have been made, but not fully disclosed in reporting and interpretation.

**Once the above is clear, then computer and mathematical models<sup>9</sup> for predictions of disease and death are in the same category as astrology.** They can never be in the category of “science”. Science is knowledge of the real world, dealing with what is tangible, real, and it deals with cause effect relationships, and provides working knowledge and insight into processes in nature. As for “models” and “simulations” used for predictions, they are in the same category as palm-reading and crystal balls.



The claim that through them, one can acquire accurate knowledge of the real world as it is now, let alone of events and outcomes of the future, is the saying of an ignoramus, a feeble-minded idiot. It is akin to claiming knowledge of the unseen, and this is particularly so in the field of disease and death, since these are subject to the decree of Allāh (عَزَّوَجَلَّ). Knowledge of these affairs as it pertains to each individual, or each population, are with Him alone. It is not possible for anyone to account for all the multitude of complex factors under the will and power of Allāh (عَزَّوَجَلَّ) in any “model” such that he can make predictions of disease and death.

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<sup>9</sup> Computer models for predictions of disease and death are subjective and are simply the projections of what the modeller himself is feeding into the model. Models are under the whims of the modeller(s). They can never truthfully and accurately represent the real world as it is now, or as it will be in the future because of their subjective nature and because they rely upon assumptions that have not been proven and unknowns.

The astrologer, soothsayer of the past has today taken on a new dimension and new appearance as the “scientist”, one who peddles **fake science** which affects the welfare and livelihood of entire nations. Such “scientists” are imposters, liars and are prostituted by private interests. These prostituted soothsayers do not even believe their own predictions and warnings, establishing the greatness of their lies.



### **Neil Ferguson: UK coronavirus adviser resigns after**

**breaking lockdown rules:** Prof Neil Ferguson, the epidemiologist whose modelling helped shape Britain’s coronavirus lockdown strategy, has quit as a government adviser after flouting the rules by receiving visits from his lover at his home.<sup>10</sup>

Exclusive: Government scientist Neil Ferguson resigns after breaking lockdown rules to meet his married lover: **Prof Ferguson allowed the woman to visit him at home during the lockdown while lecturing the public on the need for strict social distancing**<sup>11</sup>

<sup>10</sup> <https://www.theguardian.com/uk-news/2020/may/05/uk-coronavirus-adviser-prof-neil-ferguson-resigns-after-breaking-lockdown-rules>

<sup>11</sup> <https://www.telegraph.co.uk/news/2020/05/05/exclusive-government-scientist-neil-ferguson-resigns-breaking/>

So when it is the case that soothsayers and fortune-tellers do not believe their own lies—because in their own souls, they know they are lies—and likewise, they do not act in accordance with their own lies for the same reason, then it is a sad situation for those who believe them and follow them.

Once all the above has been made clear, and the reader knows the difference between:<sup>12</sup>

—**science** and **astrology**,

—the **scientific method** and **palm-reading**, and

—**scientists** acting upon acquired knowledge of the real world and **soothsayers** upon whom the devils descend and who do not act in line with their own predictions because they know inwardly that they are lies and fabrications and that they themselves are liars and fabricators...

...then we are in a position to discuss the **benefit-risk principle** in what follows.

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<sup>12</sup> Note: We are not denying that models and simulations can be of some use, but our discussion here is in the context of disease and death and of the repeated false predictions that are made by soothsayers—such as Ferguson and his likes—which never materialise.

## 5. SCIENTIFIC VALIDATION OF “LOCKDOWN”

Based upon the above, a truly scientific way of testing the hypothesis of a lockdown being a useful measure in public health is to take two or more cities which have the similar demographics and which have had similar cases of disease and death through the flu season for the past few years. Then in the current year, lock one of them down completely, and leave the other one to function as normal. Then you can see whether the lockdown had any effect by analysing the data on morbidity and mortality, which is sickness and death. This will also tell you whether the flu is truly contagious or not.<sup>13</sup>

The **benefit-risk principle** should also be applied to it, in that the effects and consequences of the lockdown should not entail greater harm. So even if sickness and death was reduced, for argument’s sake, this effect still has to be evaluated in light of the negative effects of the lockdown upon society in other ways.

Another way to do this is to take one city, place it in lockdown this year, and then compare the data from the past

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<sup>13</sup> It has already been established for over 200 years that the flu and flu-like illnesses are not contagious, are seasonal in nature, are multifactorial and are but healing mechanisms for the regeneration of impaired mucosal linings and expulsion of morbid, waste and toxic elements from the body. The symptoms of a flu are pre-programmed healing mechanisms in the body. For most healthy people, they are mild and manageable, but can be more serious in the elderly and chronically sick or those with impaired immune function.

few years in order to see if the lockdown had any effect in reducing disease and death. The **benefit-risk principle** should be applied thereafter.

The negative effects of “lockdown” and “confinement” include:

- destruction of industry, business and livelihood
- destruction of food supply chains
- economic crisis, leading to poverty, starvation
- increase in violent crime and rioting, theft and looting
- absence of essential care and treatment for the elderly, chronically sick, leading to unnecessary death
- psychological problems, social isolation, domestic violence, breakdown of families and households
- and much much more.

The Pakistani Prime Minister, having applied this benefit-risk principle, has observed, directly and empirically, that lockdown is harmful, and indeed this is what the data is showing from all across the world in this “live exercise”. Shaykh al-Albānī has alluded to the harmful effects of unfounded suspicion and actions which have no basis in factual reality and how they cut off and damage personal ties and human interaction.

This “lockdown experiment” and “live exercise” has been imposed upon nations through a combination of communist theatre, fake science, dubious tests, medical certificate fraud



and lying with statistics. Such “lockdowns” have never been implemented in history, not even for plagues and nor leprosy.

This is keeping in mind that the disease in question, which is brand marketed as “COVID-19”, is in the range of the seasonal flu in terms of morbidity and mortality.<sup>14</sup> It affects mostly the elderly and chronically ill, with an extremely high recovery rate of around 99% for its mild form, which itself occurs in 80-90% of those who show symptoms. Even if we go to the hardest hit locations, such as Northern Italy or New York, we have identical patterns being observed:

The recent Stanford University antibody study now estimates that the fatality rate if infected is likely 0.1 to 0.2 percent, a risk far lower than previous World Health Organization estimates that were 20 to 30 times higher and

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<sup>14</sup> This is if we accept and operate within the narrative that has been presented about an alleged new virus. However, no scientific evidence that meets the requirements of the scientific method exists or has been presented by any person or institution on the face of this earth for a “novel coronavirus”. Likewise, not one iota of proof has ever been presented that this alleged novel virus was the actual cause of disease or death in a single case of the disease. The RT-PCR test, which detects small fragments of genetic material, and antibody tests, cannot be used for diagnosis nor for detection of a virus. Rather, what seems more likely is that these people, mostly the elderly and chronically sick, are getting the seasonal flu symptoms and their immune systems are misfiring and overreacting because of other factors which can include vitamin D deficiency, recent repeat vaccinations, medication for other conditions and so on.

that motivated isolation policies.

In New York City, an epicenter of the pandemic with more than one-third of all U.S. deaths, the rate of death for people 18 to 45 years old is 0.01 percent, or 10 per 100,000 in the population. On the other hand, people aged 75 and over have a death rate 80 times that. For people under 18 years old, the rate of death is zero per 100,000.

Of all fatal cases in New York state, two-thirds were in patients over 70 years of age; more than 95 percent were over 50 years of age; and about 90 percent of all fatal cases had an underlying illness. Of 6,570 confirmed COVID-19 deaths fully investigated for underlying conditions to date, 6,520, or 99.2 percent, had an underlying illness. If you do not already have an underlying chronic condition, your chances of dying are small, regardless of age. And young adults and children in normal health have almost no risk of any serious illness from COVID-19.<sup>15</sup>

This—alongside a mountain of other data—is evidence that the claim of a “pandemic” and a “deadly new disease” is a blatant lie foisted upon the world for wider political, economic and social objectives.

Within the United Kingdom, the latest data shows that only around **1250 deaths** are directly attributable to the alleged

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<sup>15</sup> <https://thehill.com/opinion/healthcare/494034-the-data-are-in-stop-the-panic-and-end-the-total-isolation>

novel coronavirus and that over 95% of those who died had one or more pre-existing adverse health conditions.

It will become clear from the data—taken from the official UK bodies, NHS England and ONS—that:<sup>16</sup>

1. Only **1265 deaths are directly attributable** to “Covid-19” and that is keeping in mind that the RT-PCR test, or the antibody test cannot prove causation at all, as we have repeatedly cited from the FDA and other bodies, including test manufacturers.
2. It is the elderly and chronically sick who have died overwhelmingly, as is typically the case in each flu season.
3. A very large number deaths took place in care homes, and a very large number of those were because of the lockdown. Many of the elderly were forced to sign **Do Not Resuscitate (DNR) notices**, meaning that they would be left to die. And we also do not know how many were killed by medical prescriptions and procedures, known as iatrogenic deaths.

**Note that the specific symptoms observed in those who died can be explained by impaired immune function where the immune response misfires and overreacts. This has now been noted in studies on Vitamin D**

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<sup>16</sup> Refer to the following article for more details about the situation in the UK: <https://hectordrummond.com/2020/06/05/early-june-graphs-from-christopher-bowyer/>

**deficiency which leads to such misfiring and overreaction.<sup>17</sup> Other factors can also cause this same malfunction, such as repeat vaccination or long term medication.**

**4.** It is very clear that there is no pandemic, its all fake, it is a manufactured lie which involves lying with statistics, medical certificate fraud and many other types of shenanigans.

As for the high concentration of deaths, then they happen in **clusters in highly populated cities**. This may give the impression of an epidemic to the medical people directly involved, but when an entire country is observed, then it will be realised that aside from these clusters, the rest of the country's health services are very quiet and there is not much disease and death in general. Purpose built hospitals are not being used and have to be dismantled. Nurses are doing song and dance videos, doctors are sat at home, and many are losing their jobs. The overall picture is starkly different to what the subjective experience of any medical worker in a given location.

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<sup>17</sup> “Cytokine storm can severely damage lungs and lead to acute respiratory distress syndrome and death in patients,” Daneshkhah said. “This is what seems to kill a majority of COVID-19 patients, not the destruction of the lungs by the virus itself. It is the complications from the misdirected fire from the immune system.” Refer to: <https://www.sciencedaily.com/releases/2020/05/200507121353.htm> and also our previous article which looks at this in detail: “**Vitamin D, Immunomodulation, Respiratory Illness and ‘Cytokine Rush’**”.

## 6. “LOCKDOWN” MISCONCEPTIONS

To support the point that we are making, here is just one of many reports that are surfacing on this 21st century heresy of medicine known as the “lockdown”:

### **The lack of evidence lockdowns actually worked is a world scandal**

**There is still not a shred of real proof that the planet’s reckless stay-at-home experiment made any difference**

[Sherelle Jacobs](#)

Daily Telegraph Columnist

28 May 2020 • 7:00am

We have detonated the global economy to pursue [a lockdown experiment](#) that may not have worked, according to the latest evidence. This diabolical revelation should be a world scandal. It should also be a sobering moment of enlightenment for Britain, as we seek to salvage our economy while learning lessons on how to better protect the vulnerable. Instead the Covid narrative becomes ever more surreal.

The broadcast media is more interested in scalping lockdown flouters than questioning whether shutdowns have served any useful purpose. World-class studies that suggest lockdown did not alter the pandemic’s course are mysteriously vanishing into internet obscurity on first contact with the official narrative. Our greatest minds have

resorted to unpicking the issue on offbeat YouTube webinars. No global NGO or lockdown country has launched an investigation into their impact....

<https://www.telegraph.co.uk/politics/2020/05/28/lack-evidence-lockdowns-actually-worked-world-scandal/>

There have been attempts to argue for “lockdown” and they return back to zeal and lack of comprehension. For example, this statement from al-Zāhabī’s Siyar<sup>18</sup> has been circulated:

وقال فقير فقد قلت ليلة لأبي وهب قم بنا لزيارة فلان قال وأين العلم ولي الأمر له  
طاعة وقد منع من المشي ليلا

And a faqīr said: I said one night to Abu Wahab, “Let us go and visit so and so.” He said: “And where is knowledge? The leader deserves obedience and he has prohibited from walking at night.”

**1.** There is a “faqīr” in the narration, the one reporting. That’s not a very credible report to say the least.

**2.** The reason as to why the ruler prohibited walking at night is not known and it could be for many reasons. Further, it is not clear whether this was for a particular town or the whole state. As that is not known, then this dubious report regarding Abu Wahab, an ascetic from Andalus in the 4th

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<sup>18</sup> Al-Siyar (15/507).

century hijrah, cannot be used as evidence for a “lockdown” as it relates to disease.

**3.** Accepting the report for argument’s sake, it supports what we have explained. That a ruler is obeyed from the angle that the Sunnah enjoins obedience in whatever is not unlawful. It has no connection to palm-reading based science of “lockdowns” and it cannot be twisted to try and argue for the validity of a “lockdown” in medicine or religion.

**4.** There is only **isolation** of the sick and **quarantine** of the exposed healthy in medicine. There is no such concept or measure of “lockdown” of whole nations, of the completely healthy, in medicine in the entire history of man. To try and make it appear that this narration supports such a thing is a lack of comprehension.

There are other narrations which have been used in order to argue for things that the Prophetic Sunnah did not come with such as “social distancing” between the perfectly healthy. Rather, they are affairs which have come from non-Muslims and their adoption is a matter of ijtiḥād after investigation and verification of all claims and underlying theories.

The intent here is to clear the Prophetic Sunnah from that things should be ascribed to it which are not from it, but rather, are affairs devised by non-Muslims, and which are simply matters of ijtiḥād for Muslims, they may choose to copy and implement them or they may not.

## 7. EXAGGERATION IN THE ASBĀB (CAUSES)

We have established that “lockdown” is a heresy in medicine. It has only ever been implemented once in the history of the world, in 2020.<sup>19</sup> Likewise, it has no basis in religious texts. Rather, what is in the texts is precaution taken on an individual basis—such as avoiding the leper—or not entering or leaving a land if the plague (ṭāʿūn) breaks out therein and the sick being isolated from the rest of the healthy population.

**Note:** None of these texts require the cessation of all social and economic activity just because of the plague, and this has never been known in history. Anything outside of these measures—personal precaution and not entering or leaving a land of plague—is from the ijtihād of a ruler with respect to the plague.

As for the wabāʿ, which is outbreak of any other disease in a land, besides the plague, then these recommendations of not entering or leaving the land do not apply to them. Al-Suyūṭī cited a consensus on this matter on the basis that fleeing from the causes of harm and destruction is permissible by consensus and because in the Sunnah, the plague is other than the wabāʿ.<sup>20</sup> Any measures put in place

<sup>19</sup> Locking down an entire nation, socially and economically, way beyond the boundaries of where the outbreak of disease has occurred, has never taken place in history and is not known in medicine.

<sup>20</sup> Refer to our articles: “**Shāfiʿite Jurists on the Difference Between Ṭāʿūn and Wabāʿ in Relation to Leaving a Land**” and also “**The**



here are purely from the ijtihād of the ruler, and they may be influenced and directed by whatever opinions and views are current at the time. As we have repeatedly mentioned, it is obligatory upon the subjects to obey the rulers in this respect, even if it causes hardship.

Scholars have only ever spoken on the basis of the principles contained in the ḥadīths, which are : personal precaution through avoidance of contact with the leper and keeping the sick isolated from healthy in the context of diseases of the skin. As for the healthy, then only those who have arrived from a land of an outbreak, or who have known exposure to visibly and symptomatically sick people are to enter into quarantine, if all the conditions by Shaykh al-Albānī mentioned earlier have been met through true and genuine scientific inquiry.

Anything outside of this is suspicion and exaggerating in this matter is following the ways of the disbelievers and resembling them in their behaviours which are based upon their particular belief in ‘adwā (contagion) as mentioned by Shaykh al-Albānī (رحمة الله). The Shaykh mentioned numerous times that there are to be found Muslim doctors in whose hearts the presumption of the disbelievers with respect to infectious disease has settled. The Shaykh said:

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**Difference Between the Plague (al-Ṭa‘ūn) and Common Death / Disease (al-Wabā’)**”.

وهي عقيدة يمكن أن نقول إنها رجعت اليوم في جاهلية القرن العشرين ذلك لأن الأطباء ولا أقول أطباء الكفار فقط بل وبعض الأطباء المسلمين الذين ليس عندهم الفقه الإسلامي الصحيح أصبخوا قد وقر في نفوسهم أن هيك طبيعة الداء أنه يعدي بذاته بطبيعته والأمر ليس كذلك

“This is a doctrine which has returned today in the 20th century Jāhiliyyah. This is because the doctors, and I do not say the doctors among the disbelievers only, but rather, some of the Muslim doctors who do not have sound comprehension of Islamic jurisprudence, **it has become established in their hearts that there is an intrinsic nature of the disease that makes it transitive, by its nature.** But the affair is not like that.

هناك فرق كبير جدا بين العدوى وبين أسباب أخرى جعلها الله عز وجل أسبابا مضطربة لا تختل إلا بصورة خارقة للعادة كالمعجزات والكرامات ونحو ذلك

There is a very great difference between contagion (‘adwā) and other causes which Allāh has made to be uniform, which are never disrupted, except in extraordinary situations such as [the occurrence of] miracles (mu‘jizāt, karāmāt) and their likes.

مثلا شخص جوعان يأكل يشبع ما نقدر نقول ما يشبع هكذا سنة الله في خلقه إنسان عطشان يشرب ماء بيرتوي إنتهى الأمر لكن ليس كذلك مجرد ما إنسان سليم يخالط شخصا آخر مريضا بمرض يعدي أنه لا بد أن هذا المرض ينتقل إلى

هذا السليم قد وقد قد وقد

For example, a person is hungry, he eats and is satiated. We cannot say that he is not satiated. This is the sunnah (way) of Allāh in His creation. A person is thirsty, he drinks water and is quenched, the affair has ended. However, it is not the case that a healthy person, merely by mixing with a person who has a transmissible disease, that this disease will necessarily transmit to this healthy person. Sometimes it may and sometimes it may not.

فحينما يقع المسلم في إفتراض أمر في شيء خلقه الله لحكمة بالغه فيبالغ في هذا المخلوق ويصفه بما خالف الواقع حينئذ يكون قد وقع في الخطأ وهذا ما كان عليه أهل الجاهلية الأولى وما عليه كثير من الأطباء في هذا العصر كما ذكرت آنفا

**So when a Muslim falls into a presumption with respect to something that Allāh has created for a far-reaching wisdom, and then he exaggerates in this created thing and describes it with what opposes the reality, then he has fallen into error. And this is what the people of the first Jāhiliyyah were upon, and what most of the doctors are upon in our time as I have just mentioned.**<sup>21</sup>

<sup>21</sup> Silsilah al-Hudā wal-Nūr (no. 696). This is the affair I have been explaining and warning against for months and for which I also wrote an article ten years ago after the **Swine Flu Scam of 2009**, which was an identical situation, but on a much smaller scale.

The reality indicated by Shaykh al-Albānī—keeping in mind that he affirms the transmissibility of disease through mixing—can be readily observed today wherein the germ theory of disease has dominated medicine. The concept of contagion has been weaponised against individuals, societies and nations. A “virus” is spoken of with exaggeration and given qualities and properties it does not possess in reality, upon verification. It is made synonymous with the disease, thereby leading people to treat the disease as a noun-entity that can jump around as a squirrel does from tree to tree. Disease is not really considered to be multifactorial and multicausal, and if it is, it remains theoretical and does not translate into actual medical practice.

Likewise, diseases are given **intrinsic properties and abilities** to spread. What Shaykh al-Albānī stated about the exaggeration reaching Muslims, then you hear this from Muslims who speak with this type of language. This only stresses the truth in the various statements of the Prophet (صلى الله عليه وسلم) indicating the insidious, hidden nature of minor shirk against which one must always be on guard.

For example to say that : A contagious or infectious disease is one that can spread and “**has the ability and properties to do so.**” This statement is the very statement and type of thinking that the Shaykh is alluding to.

No disease has any ability and properties to spread at all because disease is not a noun-entity with its own properties. It is not like a squirrel that has the ability to jump from tree to tree. Allāh (ﷻ) did not make disease in individuals to have such properties and abilities that He gave to squirrels, frogs and other entities which are able to move and jump from place to place.

Rather it is **a description of a state** that has arisen in a body on account of **various factors**, all of which are under the control and power of Allāh. These are factors which are either **shared and common** to a population in a given region and time such as the air, environment, water and food chain supply, and factors of **individual susceptibility** returning to particulars such as individual diet, lifestyle, nutrition, immune status, genetic predisposition and so on. These two sets of factors interact with each other, controlled by Allāh, and they lead to disease in whomever Allāh wills to create disease.

As such, Allāh did not make any disease contagious by giving it abilities and properties to do so. **Rather Allāh is the one who spreads disease within a population by sometimes making mixing a means for its spread, upon the view of those who hold that there is contagion (‘adwā).** Putting the ability and property of spreading within the disease, instead of it being an action of Allāh (ﷻ) is to revert to the

ways of thinking of the people of the first Jāhiliyyah and of the nations prior to them.

Allāh placed the quality of quenching thirst into water and the quality of burning in fire as an inseparable quality, except what occurs in miracles. However Allāh did not make “infectiousness” an intrinsic property of any disease such that we have a classification of “infectious” and “non-infectious” disease. Rather, there is no such thing as an “infectious disease” which “has the abilities and properties” that make it so. Rather, disease spreads by Allāh’s will, by Allāh’s actions, and He may, sometimes, make mixing, a means to make the disease arise in another person, in the view of those who hold that. The “transmission” is not a property or quality or ability of the disease itself, it is an action of Allāh who controls all the asbāb (ways, means) and disease is not a noun-entity, it is a description of a state that arises in people on account of multiple causes and factors that Allāh controls.

This mistake, exaggeration in the asbāb, is the same mistake made by the Naturalists, and after them, the Mu‘tazilah. Al-Qurṭubī alluded to this centuries ago, in the context of contagion, and we have cited from him in a past article.<sup>22</sup> When **presence** of a virus through highly dubious and flawed testing methods, is considered **association**, and then

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<sup>22</sup> Refer to our article: “**The Pagan Arabs, Naturalists, Mu‘tazilah, Disease Causation, Contagion and ‘Novel Coronavirus’: Part 1**”

upgraded to **causation**, without any evidence through the actual scientific method or through the gold standard principles laid down for this field, then this is another manifestation of what Shaykh al-Albānī alluded to of exaggerating in the asbāb that Allāh created.

Once all the above is clear, we can now look at how evil eugenicists and those who desire to reduce populations of nations by sterilising them can use the ignorance of people in these affairs to push forward their harmful, long term agendas—doing so under the guise of “philanthropy”.

## 8. “NO END TO LOCKDOWN UNTIL 7 BILLION VACCINATED”

For someone like Bill Gates—a ruthless schemer and a frontman for the Malthusians, Eugenicists and Collectivists—to hold the world hostage through fake science and medical heresy (“lockdown”) and to blackmail them and make their livelihood dependent on a vaccine, and to boldly proclaim to millions of viewers as he did that “there is no end to the lockdown until we have a vaccine” or until 7 billion are vaccinated—then this is a blatant assault upon the lives and welfare of billions of people across the world. It is to hold individuals, businesses, whole societies and nations **hostage**, such nations that have trusted the organisation over which he has gained control—along with other private and corporate interests who share his ideology and vision. He says:<sup>23</sup>



One of the questions I get asked the most these days is when the world will be able to go back to the way things were in December before the coronavirus pandemic. My answer is always the same: when we have an almost perfect drug to treat COVID-19, or when almost every person on the planet has been vaccinated against coronavirus.

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<sup>23</sup> <https://www.gatesnotes.com/Health/What-you-need-to-know-about-the-COVID-19-vaccine>



He has repeated these statements over and over in many of his interviews.



The WHO has become a tool of Eugenicists and Collectivists who devise and implement population control measures on nations under the guise of controlling disease. They specifically target Africa, the Far East and South America, which are basically all the brown and black coloured nations because they have the highest rates of population growth. This is a threat to these developed nations whose reproduction rates have been in decline for decades due to sexual liberation philosophies and a variety of other factors.

From the 1990s an “infectious disease” model has been the main modus operandum, and the number of “infectious diseases” upon which to take action have been rapidly expanded since then. The WHO is used to **selectively** or **liberally** declare epidemics and pandemics—after the definitions of these terms have been diluted and rendered meaningless. Thus, declaration of an epidemic is no longer based upon the number of deaths per 100,000 of the population which far exceeds the usual average rate, but instead, upon the mere detection and spread of a virus. This allows the usage of terminology such as “infected”, “asymptomatic carrier”, “case” in order to create a sense of

emergency and to declare manufactured epidemics. This is not to say there are not genuine epidemics from time to time, but this provides a perfect cover for the use of manufactured epidemics to implement population control measures upon nations.

This is the arena Bill Gates has been working on for the Eugenicists, Collectivists and Communists for the past two decades and he has made tremendous inroads into the developing countries on their behalf. Often, the developing countries are used as testing grounds for the technologies being developed—vaccines, tracking, tracing, merging the concept of immunity with digital currency, economic and social activity rights and so on—and which they want to implement in the rest of the world. This has been achieved under the guise of philanthropy, by winning the trust of nations through the pretence that they want to improve people’s health. In reality, they have population control agendas, want people to remain reliant upon their medical interventions and want to keep nations indebted by making them take out loans to pay for the drugs or vaccines.<sup>24</sup>

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<sup>24</sup> For excellent in-depth research on this matter, please refer to <https://www.corbettreport.com/gatescontrol/>

## 9. SUMMARY

In closing, we highlight the following points:

1. The action of the Pakistani Prime Minister Imran Khan in ruling out further “lockdown”—a measure unknown in the history of medicine and public health—based upon the application of the **benefit-risk principle**. Risking the loss of hundreds of thousands, or even millions of lives due to poverty and starvation is not worth the cost of losing a few thousand lives to what is basically a mild flu for the overwhelming majority of the population. Those at greatest risk are the elderly and chronically sick, as they are with any acute illness in that stage of their lives. It makes sense that precautionary measures should be applied to them only while the rest of the population continues their activity as usual.

2. The necessity of obeying the rulers in whatever guidelines and regulations they have implemented—**upon the principle of the Sunnah**<sup>25</sup>—that the rulers are obeyed in whatever

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<sup>25</sup> And not because “lockdowns” of **entire nations** and “social distancing” between **perfectly healthy people** and the likes, both of which are innovations and heresies in medicine, are from Islām or from the Prophetic Sunnah as was implied by some who were very zealous and eager to speak in matters they do not comprehend, neither from the aspect of religion, nor from the aspect of the worldly sciences. Rather, the implementation of these affairs are from the ijtihāds of the rulers, following recommendations of international bodies, and they are additional to what has come in the Prophetic Sunnah, they are not from

does not entail disobedience to Allāh (عَزَّوَجَلَّ) and His Messenger (صَلَّى اللهُ عَلَيْهِ وَسَلَّمَ). This is what the scholars have advised, and we support that and advise with that, as we have from the very beginning of this affair, and repeated that emphatically at every stage.

**3.** The insightful speech of Shaykh al-Albānī (رَحِمَهُ اللهُ) showing that Muslims, and not just the common folk but even their doctors and physicians, can fall into the errors and presumptions of the disbelievers and pagans of Jāhiliyyah. This indicates the insidious nature of minor shirk and how one must be in constant guard against it in one’s speech. From the instances of this is to say that an “infectious disease” that is transmissible is transmissible because **“it has the ability and properties to do so”**. This is a misunderstanding of what disease is, and of its multifactorial nature, and confusing it with **the action of Allāh** in spreading disease through the combination of factors general, shared and common to a population and factors unique and specific to each individual in that population. Thus, it is said: “Disease spreads in a population through Allāh’s will and power”, and it is not said because **“it has the ability and**

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the Prophetic Sunnah. Not all the nations of the world implemented these recommendations, and not all Muslim countries implemented them to the same degree, indicating that this is a matter of ijtihād. These measures in turn return back to the views and opinions of individuals, or of bodies and organisations. They can be right and they can be wrong and they can be based on genuine science or they can be based upon fake or bought science.

**properties to do so**". This is still a mistake, even if one said, "Because Allāh made it like that", because that statement is itself not true, and returns back to the misunderstanding about the nature of disease. It is not a noun-entity like a squirrel, it is a description of a state in the body that arises due to multiple factors, all of which are under the will, power and control of Allāh (عَزَّوَجَلَّ).

This is like saying that a seed has the ability and the properties to turn into a plant, without requiring all of the other factors that the seed itself needs and depends upon, and then saying "Because Allāh made it like that". However, adding this statement at the end, "Because Allāh made it like that", does not change the fact that exaggeration is being made in Allāh's creation. If Allāh did not give the seed such abilities and properties, and you claim that it has them, then something or someone other than Allāh must have put them there—a corollary to your incorrect and exaggerated belief about the seed—because Allāh certainly did not put them there. So this now opens the door towards the way of the Naturalists and the Mu'tazilah with respect to the asbāb, and the avenue is opened for shirk, through exaggeration in the asbāb (causes) and a'yān (entities).

4. The difference between claims that have been rigorously proven to be true by the scientific method, established through the route of physical experimentation and verification of cause effect relationships and what is a disguised form of soothsaying known as "simulation" and "modelling". And the fact that the application of the

scientific method is largely absent from much of what is published and presented today as “scientific research” in various fields, inclusive of microbiology and virology and other disciplines. There is pseudoscience in these fields, and much of it was infused and embedded in the earlier stages when it was realised it can never be proven that “viruses” are disease causing agents in their own right. Hence, the “gold standard” principles and criteria were loosened and expanded so it could be claimed, falsely, that viruses are sole causative agents of disease.<sup>26</sup>

Thereafter, blind-following of procedures and methods built upon unproven assumptions and dubious science became the norm. This is aside from the fact that many disciplines are dominated by big money and are focused in particular directions for particular objectives.

Abu ‘Iyaad

16 Shawwāl 1441 / 8 June 2020—v.1.13

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<sup>26</sup> This would be similar to the innovators of Islām, loosening and redefining the criteria of ḥadīth authenticity, after they were unable to authenticate weak and fabricated ḥadīths in order to justify their innovations and misguidance. The same can happen in worldly sciences, It is strange to find that people can be so naive so as to dismiss this fact. It is as if there are two roles for the intellect. One that is used in religion, in ḥadīth sciences, in strict verification and so on, and then that intellect is discarded when it comes to worldly sciences, and strict blind-following of ideas, theories, and of individuals and institutions is enjoined, without thoroughly scrutinizing those individuals and institutions, and their theories and claims, and whether they have been validated by the established, original principles of the relevant discipline.

## APPENDIX: A NOTE ABOUT THE WHO

This organisation is mostly privately funded, **around 80% of its funds come from private interests**. Its programs and agendas are steered by pharmaceutical, technology, banking and other industries who use it as a tool for expanding markets for their products and services and pushing unproven, and sometimes detrimental health policies onto nations, alongside making them indebted to the International Monetary Fund, the IMF.

Likewise, this organisation, the WHO, is being used to to push nations further and further into “global governance” through the route of “public health” and a weaponised concept of contagion. The WHO is effectively used as a hound against nations once it has set up shop within them. It constantly barks in order to put pressure upon those nations so that the avenue can be opened for putting those nations on financial deals which last decades. Then other world organisations will come on to the scene, and the overall effect is that the country has been financially hijacked through the route of “public health”. There are also ideological agendas that this organisation pushes upon nations, such as population control measures, and likewise, sexual liberation philosophies including sexualisation of children under the age of four years. Nations that do not comply or do not implement the measures are continuously hounded and propaganda and scare tactics are launched against them through the media.

All of this is part and parcel of a wider agenda for the dissolution of morals, religion, private property, inheritance rights and so on. The major scholars of this era have spoken of the presence of such agendas.<sup>27</sup>

A fake pandemic was declared by its Marxist Communist head, Tedros Adhanom,<sup>28</sup> in early March 2020. This facilitated the implosion of the world economy and enabled the rollout of “the great reset”. The plans for this reset have been prepared in advance and are now being implemented under the cover of there being an “**invisible enemy**” which the world must unite against, similar to the enemy of “global warming”. This is simply a push towards global governance and destruction of the independence of nations.

The type of language being used of an “invisible enemy” to describe the alleged virus, this is nothing but promotion of the ways of the disbelievers and pagan Arabs of the first Jāhiliyyah where one factor of many in a disease state is

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<sup>27</sup> Refer to our article: “**The Permanent Committee, the Fiqh Council and the Major Scholars on Masonic Secretive Organizations and Their Globalist Agendas**” which cites relevant statements from Shaykh Ibn Bāz, Shaykh al-Albānī, Shaykh ‘Abd Allāh al-Ghudayān, Shaykh ‘Abd al-Azīz Āl al-Shaykh, Shaykh ‘Abd al-Razzāq al-‘Afīfī, Shaykh Aḥmad al-Najmī, Shaykh Rabī bin Hādī, Shaykh ‘Ubayd al-Jābirī, and others.

<sup>28</sup> Refer to the following links for further information:

<https://www.counterpunch.org/2020/04/17/the-gangster-head-of-the-who/> and also <https://www.corvelva.it/en/approfondimenti/sistema-sanita/oms/i-crimini-di-tedros-adhanom-direttore-generale-dell-oms.html> and also <https://www.greenleft.org.au/content/ethiopia-many-crimes-tplf> by way of example.



made synonymous with the disease state. The disease is then turned into a noun-entity, then given abilities, properties and qualities it does not possess. It is spoken of as if it has volition, will, inherent abilities and what is similar to this.

I warned against this same thing 10 years ago when the WHO was involved in the **Swine Flu Scam of 2009**, wherein similar language was being used to scare people and to make them engage in behaviours which are the behaviours of those people who harbour omens and the behaviours of those who believe in contagion upon the way of the disbelievers and pagans, in that a disease itself has the abilities and properties to be able to spread.<sup>29</sup>

A false pandemic was declared by the WHO, after influence from scientists who had ties to the pharmaceutical industry. Billions of pounds worth of vaccines were sold after countries entered into legal contracts while the scaremongering about doom and death was taking place. These vaccines caused neurological problems in people, lawsuits took place, millions had to be paid out by governments after legal battles, and millions of unused doses had to be destroyed because the alleged pandemic failed to play out.

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<sup>29</sup> Refer to the article from 2009: **“Principles Concerning ‘Infectious Disease’ (al-‘Adwā)”**

The scandal was later covered in major news outlets in mainstream media in various countries such as the UK, Germany and elsewhere.

For details refer to: Ventegodt S. **Why the Corruption of the World Health Organization (WHO) is the Biggest Threat to the World’s Public Health of Our Time.** J

Integrative Med Ther. 2015;2(1): 5.

<https://www.researchgate.net/publication/281876323>

However, over 10 years later, much tighter control over media reporting has been put in place, and thus, exposures are much more difficult to come across in mainstream media. Likewise, tech organisations such as Google, Facebook, Twitter and Youtube are heavily involved in censorship. As such, it is very difficult for the average person who thinks that privately owned major news media outlets give them news and objective facts to see the realities.

## **ENGINEERING AN EPIDEMIC**

The art and craft of engineering “epidemics”<sup>30</sup> has now been mastered. **It is done through the use of dubious**

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<sup>30</sup> This is not to deny that genuine epidemics do take place from time to time in various places and nor to deny that disease and death do take place in excess amounts in certain years or in specific locations. However, the issue relates to the explanations for such disease and death, what are the true underlying causes, whether it is correct for a new disease label to be manufactured for it, and whether the gold standard principles and criteria in various related fields have been

**testing procedures across populations.** These procedures were not originally devised or invented for diagnosing for disease and nor for identifying viruses. However they have been co-opted for that purpose and can be abused for pursuing wider economic, social and political agendas.

It is very easy to create an illusion of an epidemic through:

- a flawed, inaccurate germ theory of disease operating in the background,
- the claim of a new disease caused by a new virus,
- the use of dubious testing procedures for the alleged virus which cannot be used for identifying viruses nor for diagnosing with disease, such as the RT-PCR or antibody tests,
- a new umbrella label for the disease,
- placing other known diseases and common symptoms under this label through “association”, but without ever being able to prove direct causation, and
- labelling all deaths with the new disease label merely because of a positive result from the dubious test which cannot say anything about causation.

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rigorously applied before any claims are made regarding it. In the absence of all of this, fake epidemics and pandemics can be manufactured wherein advantage is taken of known causes and seasonal patterns of disease and death. For example, the winter season, post-vaccination events in children and the elderly, pollution, effects of particular types of medication in particular categories of people, immunopathologies and so on. An epidemic can be engineered on top of patterns of known causes of disease and death through dubious testing procedures. Coupled with lies with statistics and a colluding media, it is not difficult for fear, hype and hysteria to be created and nations to be coerced into certain measures and purchase of drugs and vaccines.

For more details, refer to our paper: **“The Reliability And Diagnostic Value Of “Covid-19” RT-PCR Tests”** in which it is made clear from the explicit statements of the FDA, test manufacturers and University institutions, that this test is effectively useless for diagnosing infection or disease. To give some examples: The FDA states: **“Positive results are indicative of active infection with 2019-nCoV but do not rule out bacterial infection or co-infection with other viruses. The agent detected may not be the definite cause of disease.”** And also: **“Detection of viral RNA may not indicate the presence of infectious virus or that 2019-nCoV is the causative agent for clinical symptoms.”** And also: **“This test cannot rule out diseases caused by other bacterial or viral pathogens.”** Refer to the paper for many more statements of a similar nature. This shows that even the tests used in investigative procedures are not reliable and hence all claims made with respect to the virus, infection and disease amount to pure speculation.

Source: CDC 2019-Novel Coronavirus (2019-nCoV)  
Real-Time RT-PCR Diagnostic Panel  
<https://www.fda.gov/media/134922/download>

Unfortunately, the world is full of naive people who have forgotten all the evil schemes that imperialists and colonialists and eugenicists, some of them in the form of racial supremacists, have used over the past centuries in order to subdue and subjugate entire nations. They think that such evil people have disappeared from the earth and

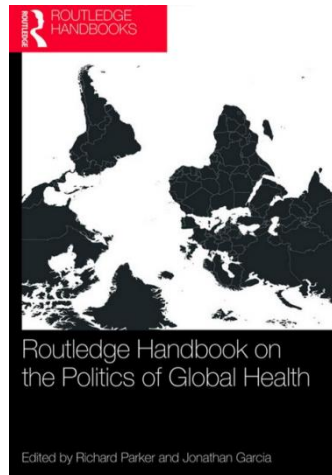
no longer exist and could never exist. This naivety can be a fatal disease.

**The new form of colonialism and imperialism is “global health governance” through technocratic means upon a weaponised concept of contagion.**

We leave with you with a glimpse of how this takes place, and how countries are targeted by these organisations that fund, control or work alongside the WHO, such as the Bill and Melinda Gates Foundation (BMGF), the Gavi and others.

Jacob Levich, “**The Gates Foundation and the Vaccine Business**”, in “Routledge Handbook on the Politics of Global Health” (edited by Richard Parker, Jonathan García) 2018.

Gavi, meanwhile, had demonstrated “proof of concept” of an elaborate neoliberal scheme that transferred public funds to private coffers. A more recent addition to Gavi’s array of services is “innovative development financing,” a debt-based mechanism that taps capital markets to subsidize vaccine buyers and manufacturers.



Through an intermediary, the International Finance Facility for Immunisation (IFFIm), Gavi floats bonds on the Japanese uridashi market. The bonds are secured by the promise of government donors to buy millions of doses of vaccines at a set price over periods as long as 20 years. The system is hailed in development circles as a neoliberal “win-win”: although capitalists take a cut at every stage of the value chain, poor countries are said to benefit from access to vaccines that might not otherwise be affordable. Bondholders receive a tax-free guaranteed return on investment, suited to an era of ultra-low interest rates.

For Gavi, this “organizational form without country presence” offers a powerful means of steering peripheral vaccine markets from the core while outflanking the political inconveniences of traditional development aid. Hence, IFFIm now annually supplies as much as 39% of Gavi’s cash (Atun et al. 2012). Pharmaceutical firms, meanwhile, are able to peddle expensive vaccines at subsidized prices in a cash-poor but vast and risk-free market: By creating a predictable demand pull, IFFIm addresses a major constraint to immunisation scale-up: the scarcity of stable, predictable, and coordinated cash flows for an extended period. (Atun et al. 2012).

Although Gavi’s involvement in vaccine pricing is typically praised as though the organization is dedicated to setting price ceilings, in fact it acts invariably to raise the floor. Recent BMGF/Gavi activities in Sri Lanka offer a virtual case study in what has been called “pharmaceutical colonialism.” Gavi targeted the country in 2002, offering to

subsidize a high-priced vaccine supplied by Crucell, a subsidiary of Johnson & Johnson. The vaccine, known as pentavalent Hib, was a cocktail adding Haemophilus influenzae type b immunity to the traditional DTwP shot; it was this new formula that made the drug patentable and thus profitable. In exchange for Gavi's support, the country agreed to add the vaccine to its national immunization schedule. (The agreement was reached; it should be noted, against the backdrop of a genocidal civil war that left Sri Lanka's health ministry in desperate need of funds.)

Within 3 months of the vaccine's introduction, 24 adverse reactions including 4 deaths were reported, leading Sri Lanka to suspend use of the vaccine. Subsequently, 21 infants died from adverse reactions in India. Critics pointed out that Hib is a minor public health issue in South Asia and that adverse reactions could be projected to cause the deaths of 3125 children for every 350 lives saved by the vaccine (Kalyanam 2013).

Thus the customary argument in favor of new vaccines — that the significance of a few drug-related deaths is far outweighed by the number of lives saved — was flipped on its head. Nevertheless, WHO, a Gavi partner, promptly stepped in to declare the vaccine safe, whereupon Sri Lanka reversed the suspension.

Presumably pressures were brought to bear both on WHO and the Sri Lankan government. Once pentavalent vaccine was firmly ensconced in Sri Lanka's national immunization program, Gavi began to phase out its financial support. Sri

Lanka continued to buy the Gates-prescribed vaccines, presumably diverting money from other areas of the public health budget. In effect, Gavi secured Sri Lanka's legal commitment to buy patented vaccines on an ongoing basis, using subsidized prices as a loss leader, and then left the country on the hook with a perpetual obligation to buy. Gavi calls this process "graduation."

In a write-up appearing on Gavi's promotional website, Sri Lankan health minister Ananda Amarasinghe purported to reveal "the secrets behind the country's immunisation success story." Collaboration with the consortium has been effective, Dr. Anand suggests, because "*our colonial masters established a good foundation*" (Endean 2015; emphasis added).

Should financial schemes fail to create the markets required by pharmaceutical capital, imperialism may resort to more forceful methods. Actual or threatened military aggression is a reliable strategy.