

## The Importance of Breastfeeding in Holy Quran

Saeed Bayyenat<sup>1</sup>, Seyed Amirhosein Ghazizade Hashemi<sup>2</sup>, Abbasali Purbafrani<sup>3</sup>, Masumeh Saeidi<sup>4</sup>, \*Gholam Hasan Khodaee<sup>5</sup>

#### Abstract

Breastfeeding is the ideal and most natural way of nurturing infants. The importance of breastfeeding has been proved unequivocally, and the United Nations Children's Fund (UNICEF) and World Health Organization (WHO) have issued guidelines to ensure breastfeeding. More than 14 centuries is that in Islamic teachings with the most comprehensive, most beautiful and most powerful motivation, is raised important points in the form of advice and education about breastfeeding. Included in Islam recommended every mother to breastfeed her children up to the age of two years if the lactation period was to be completed. Aware of these recommendations and the usage of them, will lead to the most efficient and effective incentives to promote breast-feeding.

Keywords: Breastfeeding, Ouran, Infants.

Corresponding Author:

Gholam Hasan Khodaee, Mashhad University of Medical Sciences, Mashhad, Iran.

Email: Khodaeegh@mums.ac.ir

Received date: Sep 26, 2014; Accepted date: Sep 27, 2014

<sup>&</sup>lt;sup>1</sup>Assistant Professor of Anesthesiology , Department of Anesthesiology, Baqiyatallah University of Medical Sciences, Tehran, Iran.

<sup>&</sup>lt;sup>2</sup>Assistant Professor of Otorhinolaryngology, Shahid Beheshti University of Medical Sciences, Tehran, Iran.

<sup>&</sup>lt;sup>3</sup>Medical Education, Ministry of Health and Medical Education, Tehran, Iran.

<sup>&</sup>lt;sup>4</sup>Students Research Committee, Faculty of Medicine, Mashhad University of Medical Sciences, Mashhad, Iran.

<sup>&</sup>lt;sup>5</sup> Mashhad University of Medical Sciences, Mashhad, Iran.

#### Introduction

The History of Breastfeeding

- 1. Infants have been breast-fed since the beginning of humanity. Only since the 20th century have reasonable alternatives to breastfeeding become available.
- 2. Alternatives to breastfeeding include:
- a. Modified mammalian milk (cow's milk based formula became available only in the 20th century).
- b. Unmodified mammalian milk (such as cows milk or goat milk) can cause metabolic problems in the young infant.
- c. Grain or legume based beverages
- soy milk based formula (only available recently).
- other gruels based on carbohydrates are usually low in fat and protein and do not support adequate infant growth.
- d. Wet nurse a woman who nurses another's baby:
- many upper class women hired wet nurses during various periods of history.
- infants orphaned due to maternal death have been wet-nursed.
- women worked as wet nurses for pay.
- 3. Inability to keep non-human milk clean led to very high infant mortality rates until the 20th century. This is still true in many parts of the developing world.

# Human breast milk is uniquely composed to meet the needs of human infants

- 1. It has a high concentration of lactose (milk sugar). This is an excellent source of carbohydrates.
- 2. There are 3 different categories of proteins in human milk: whey proteins, casein proteins, and non-protein nitrogen. The predominant type of protein in cows milk is the casein protein (curds). The whey proteins which are predominant in human

- milk are much easier for infants to digest. Human milk protein is 40% casein and 60% whey compared to 80% casein and 20% whey protein in cows' milk.
- 3. Infants fed human milk tend to have stools that are less foul smelling and softer than those of infants who are fed cow's milk or soymilk based formula. This is due to the large number of Bifidobacterium and Lactobacillus bacteria, and the resulting lower PH in the gastrointestinal tract of infants who are solely breast fed. Constipation, defined as hard stools (not the absence of a daily stool), does not occur in healthy breast fed infants.
- 4. The composition of the milk of mothers who are breastfeeding varies during the time of the day and during the feeding. The hind milk (latter part of a breastfeeding) has a much higher fat content than milk produced during the beginning portion of the feeding.
- 5. The odor and/or taste of breast milk may change depending on the mother's diet. This may help infants get used to different tastes.
- 6. More information on nutritional factors in breast milk is found in the section on Mature Milk Components (1-3).

Breastfeeding is the act of milk transference from mother to baby (4) that is needed for the survival and healthy growth of the baby into an adult (5,6). Breastfeeding creates an inimitable psychosocial bond between the mother and baby (7,8), enhances modest cognitive development (9) and it is the underpinning of the infant's wellbeing in the first year of life (8,10) even into the second year of life with appropriate complementary foods from 6 months (11). Furthermore, breastfeeding reduces the risk of neonatal complications (15), respiratory and other varieties of illnesses (13-16).

Based on anecdotal and empirical evidence on the benefits of breastfeeding to the mother and baby, the World Health Organization (WHO) (11) has recommended 2 year breastfeeding; first 6 months exclusive breastfeeding; more than 8 times breastfeeding of the baby per day in the first 3 months of an infant's life. The WHO and the United Nations Children's Fund (UNICEF) global effort to implement practices that protect, promote and support breastfeeding through the Baby-Friendly Hospital Initiative has recorded attendant successes (17).

Results is shown that breastfeeding has numerous benefits both for infants and mothers. It provides all the nutrients that infants need for healthy development and protects children from common childhood illnesses such as diarrhea, asthma, lower respiratory infections, and ear infections. Furthermore, it is positively associated with children's cognitive development. Breastfeeding also benefits mothers by lowering the risks of breast cancer, ovarian cancer, and obesity, as well as by cutting back on household expenses (18-23).



# **Breastfeeding in Eastern Mediterranean Region**

Infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter, to meet their evolving nutritional requirements, infants should receive nutritionally-adequate and safe

complementary foods while breastfeeding continues for up to two years or beyond. Special attention and practical support is needed for feeding in exceptionally difficult circumstances. WHO regional policy for breastfeeding is to implement the Global Strategy for Infant and Young Child Feeding by protecting, promoting and supporting breastfeeding and timely, adequate and safe complementary feeding of infants and young children. The circumstances where specific recommendations apply include: infants less months of age who six malnourished, low birth-weight infants, infants and children in emergencies, infants born to HIV-positive women and children living in special circumstances, such as orphans and vulnerable children or infants born to adolescent mothers. Many countries in the WHO Eastern Mediterranean Region report high rates (>60%) of early initiation of breastfeeding of infants and more than 60% of infants continue to be breastfed at one year. However, rates of exclusive breastfeeding seem to have declined, with only 40% or less of infants under six months in countries of the Region being exclusively breastfed.

### **Breastfeeding in European Region**

The WHO European Region has one of the lowest average proportions in the world of children exclusively breastfed at 6 months of age. Strong evidence shows that exclusive breastfeeding is the natural and most efficient method to ensure optimal child growth and development. The theme of World Breastfeeding Week (1–7 August 2013) is supporting mothers through peer counselling. Although mothers may begin well, breastfeeding rates decline sharply over time. The proportion of children exclusively breastfed at 3 months of age was 50% or less in 24 out of 36 countries in the European Region that participated in

national surveys in 2005–2010. Only in 1 country in the Region were more than 50% of 6-month-olds exclusively breastfed.

## **Breastfeeding in Pacific Region**

• In the Western Pacific Region, breastfeeding initiation within the first hour of life is not yet optimal across several countries. The rates in the following countries are as follows: Samoa (88%), Nauru (76%), Solomon Islands (75%), Vanuatu (72%), the Marshall Islands (73%), Mongolia (71%), Cambodia (65%), Fiji (57%), the Philippines (54%), China (41%), Viet Nam (40%), the Lao People's Democratic Republic (30%) and Tuvalu (15%).

National surveys in 2005–2010. Only in 1 country in the Region were more than 50% of 6-month-olds exclusively breastfed.

## **Breastfeeding in Pacific Region**

• In the Western Pacific Region, breastfeeding initiation within the first hour of life is not yet optimal across several countries. The rates in the following countries are as follows: Samoa (88%), Nauru (76%), Solomon Islands (75%), Vanuatu (72%), the Marshall Islands (73%), Mongolia (71%), Cambodia (65%), Fiji (57%), the Philippines (54%), China (41%), Viet Nam (40%), the Lao People's Democratic Republic (30%) and Tuvalu (15%).

## **Breastfeeding in Region of the Americas**

The United Nations and governments set eight Millennium Development Goals (MDGs) to be reached by 2015. Protection, promotion and support of exclusive and continued breastfeeding can contribute to all eight. The WHO recommends that infants are exclusively breastfed for 6 months and that breastfeeding continue with

complementary foods for 2 years or more. However, in the Americas, practices are far from optimal as well as highly variable. Although virtually all babies initiate breastfeeding at birth, the proportion less than 6 months of age who are exclusively breastfed ranges from a low of 7.7% to a high of 68.3%. The median duration of breastfeeding is equally variable, ranging from a low of 6 months to a high of 21.7 months. Countries that have made tremendous progress are starting to show evidence of stagnation while in others no progress and sometimes deterioration has been observed.

## **U.S National** (%):

• Ever Breastfed: 76.5;

• Breastfeeding at 6 months: 49;

• Breastfeeding at 12 months: 27;

• Breastfeeding at 3 months: 37.7;

Exclusive Breastfeeding at 6 months: 16.4.

**Breastfeeding in African Region** 



Breastfeeding has a lifelong impact on health and survival of newborns, infants and young children. Breast milk is the ideal food for newborns and infants: it gives all the nutrients they need and contains antibodies that help protect them from common childhood illnesses, such as diarrhoea and pneumonia, two leading causes of mortality in children under 5 years old in the African Region. Proper infant and young child feeding is key to improving child survival

and promoting healthy growth and development, thus contributing to the attainment of Millennium Development Goal 4 of reducing by two thirds, between 1990 and 2015, the under-five mortality rate. WHO recommends that all infants should be exclusively breastfed starting within one hour of birth and for the first 6 months of life. Exclusive breastfeeding, according to the Innocenti Declaration, means that no other drink or food is given to the infant. Worldwide, the actual practice is low at months, 38%. after 6 nutritious complementary foods should be added while continuing to breastfeed for up to 2 years or beyond. Globally, only about half of children aged between 20 and 23 months are still breastfed. Data from the African Health Observatory shows that in the great majority of countries of the African Region the rate of children exclusively breastfed in the first six months is quite low, with an average of 35% for the 2007-2012 period. WHO global target is to increase exclusive breastfeeding in the first 6 months to at least 50% by 2025. Early initiation of breastfeeding in the Region shows a similar trend (48%) between 2006 and 2011. The percentage of children 6-8 months introduced to solid, semi-solid or soft foods is high, with a regional average of 71% in 2011.

### **Breastfeeding in South-East Asia Region**

Initiation of breastfeeding within one hour of birth and exclusive breastfeeding for the first six months of an infant's life is a key factor for the survival of a newborn. Ensuring optimal breastfeeding depends on the care and support a mother receives during pregnancy, child birth and immediately after delivery. Healthcare providers play a critical role in assisting mothers and their families to initiate and

promote breastfeeding and enable all infants to reach the goal of survival, optimum growth and development. In the Member States of WHO's South-East Asia Region an estimated 51% of the infants are exclusively breastfed, with a range varying from 15% to 85%. Sustained efforts are required to enhance the breastfeeding rates further in the countries. Nearly a million newborns die every year in WHO's South-East Asia Region, many of whom can be saved by early and exclusive breastfeeding. High newborn mortality in this Region is one of the reasons that the Millennium Development Goal's target of reducing child mortality by two-thirds by 2015 is unlikely to be achieved. In recognition of this constraint, WHO promotes a package of 'Essential Newborn Care Interventions' that includes breastfeeding as an important component (24).

## 10 facts on breastfeeding

- 1.WHO recommends exclusive breastfeeding for the first six months of life. At six months, solid foods, such as mashed fruits and vegetables, should be introduced to complement breastfeeding for up to two years or more. In addition:
- breastfeeding should begin within one hour of birth;
- breastfeeding should be "on demand", as often as the child wants day and night; and
- bottles or pacifiers should be avoided.
- 2. Breast milk is the ideal food for newborns and infants. It gives infants all the nutrients they need for healthy development. It is safe and contains antibodies that help protect infants from common childhood illnesses such as diarrhoea and pneumonia, the two primary causes of child mortality worldwide. Breast milk is readily available and affordable, which helps to ensure that infants get adequate nutrition.

- 3. Breastfeeding also benefits mothers. Exclusive breastfeeding is associated with a natural (though not fail-safe) method of birth control (98% protection in the first six months after birth). It reduces risks of breast and ovarian cancer later in life, helps women return to their pre-pregnancy weight faster, and lowers rates of obesity.
- 4. Beyond the immediate benefits for children, breastfeeding contributes to a lifetime of good health. Adolescents and adults who were breastfed as babies are less likely to be overweight or obese. They are less likely to have type-2 diabetes and perform better in intelligence tests.
- 5. Infant formula does not contain the antibodies found in breast milk. When infant formula is not properly prepared, there are risks arising from the use of unsafe water and unsterilized equipment or the potential presence of bacteria in powdered formula. Malnutrition can result from over-diluting formula to "stretch" supplies. While frequent feeding maintains breast milk supply, if formula is used but becomes unavailable, a return to breastfeeding may not be an option due to diminished breast milk production.
- 6. An the human immunodeficiency virus (HIV-infected) mother can pass the infection to her infant during pregnancy, delivery and through breastfeeding. Antiretroviral (ARV) drugs given to either the mother or HIVexposed infant reduces the risk of transmission. Together, breastfeeding and ARVs have the potential to significantly improve infants' chances of surviving while remaining HIV uninfected. **WHO** recommends that when **HIV-infected** mothers breastfeed, they should receive ARVs and follow WHO guidance for infant feeding.
- 7. An international code to regulate the marketing of breast-milk substitutes was adopted in 1981. It calls for:

- all formula labels and information to state the benefits of breastfeeding and the health risks of substitutes;
- no promotion of breast-milk substitutes;
- no free samples of substitutes to be given to pregnant women, mothers or their families:
- no distribution of free or subsidized substitutes to health workers or facilities.
- Breastfeeding has to be learned and many women encounter difficulties at the beginning. Nipple pain, and fear that there is not enough milk to sustain the baby are common. Health facilities that support breastfeeding by making trained breastfeeding counsellors available to new mothers encourage higher rates of the practice. To provide this support and improve care for mothers and newborns, there are "baby-friendly" facilities in about 152 countries thanks to the WHO-UNICEF Baby-friendly Hospital initiative.
- Many mothers who return to work abandon breastfeeding partially completely because they do not have sufficient time, or a place to breastfeed, express and store their milk. Mothers need a safe, clean and private place in or near their workplace continue breastfeeding. to Enabling conditions at work, such as paid maternity leave. part-time work arrangements, on-site crèches, facilities for expressing and storing breast milk, and breastfeeding breaks, can help.
- 10. To meet the growing needs of babies at six months of age, mashed solid foods should be introduced as a complement to continued breastfeeding. Foods for the baby can be specially prepared or modified from family meals. WHO notes that:
- breastfeeding should not be decreased when starting on solids;

- food should be given with a spoon or cup, not in a bottle;
- food should be clean, safe and locally available; and
- ample time is needed for young children to learn to eat solid foods (24-27).

#### **Results**

More than 14 centuries ago, before any medical knowledge on health values and the benefits of breastfeeding was available, Islam recommended every mother to breastfed her children up to the age of two years if the lactation period was to be completed.

Breastfeeding is very clearly encouraged in the Quran and breast feeding by the mother to her new born infant is greatly beneficial as science had proven, and it is mandatory in the Quran. Allah Almighty Commanded the mother to breast feed her child for two full years:

"The mothers shall give such to their offspring for two whole years, if the father desires to complete the term. But he shall bear the cost of their food and clothing on equitable terms. No soul shall have a burden laid on it greater than it can bear. No mother shall be treated unfairly on account of her child. Nor father on account of his child, an heir shall be chargeable in the same way. If they both decide on weaning, by mutual consent, and after due consultation, there is no blame on them. If ye decide on a fostermother for your offspring, there is no blame on you, provided ye pay (the mother) what ye offered, on equitable terms. But fear God and know that God sees well what ye do" (28).

"And We have commended unto man kindness toward parents. His mother beareth him with reluctance, and bringeth him forth with reluctance, and the bearing of him and the weaning of him is thirty months, till, when he attaineth full strength and reacheth forty years, he saith: My Lord! Arouse me that I may give thanks for the favour wherewith Thou hast favoured me and my parents, and that I may do right acceptable unto Thee. And be gracious unto me in the matter of my seed. Lo! I have turned unto Thee repentant, and lo! I am of those who surrender (unto Thee)" (29).

"And We have enjoined upon man concerning his partners - His mother beareth him in weakness upon weakness, and his weaning is in two years - Give thanks unto Me and unto thy parents. Unto Me is the journeying" (30).

"Forbidden unto you are your mothers, and your daughters, and your sisters, and your father's sisters, and your mother's sisters, and your brother's daughters and your sister's daughters, and your foster-mothers, and your foster-sisters, and your mothers-inlaw, and your step-daughters who are under your protection (born) of your women unto whom ye have gone in - but if ye have not gone in unto them, then it is no sin for you (to marry their daughters) - and the wives of your sons who (spring) from your own loins. And (it is forbidden unto you) that ye should have two sisters together, except what hath already happened (of that nature) in the past. Lo! Allah is ever Forgiving, Merciful. (This verse refers to foster the relationship)" (31).

"Lodge them where ye dwell, according to your wealth, and harass them not so as to straiten life for them. And if they are with child, then spend for them till they bring forth their burden. Then, if they give suck for you, give them their due payment and consult together in kindness; but if ye make difficulties for one another, then let some other woman give suck for him (the father of the child)" (32).

"On the day when ye behold it, every nursing mother will forget her nursling and every pregnant one will be delivered of her burden, and thou (Muhammad) wilt see mankind as drunken, yet they will not be drunken, but the Doom of Allah will be strong (upon them)" (33).

"And We inspired the mother of Moses, saying: Suckle him and, when thou fearest for him, then cast him into the river and fear not nor grieve. Lo! We shall bring him back unto thee and shall make him (one) of Our messengers" (34).

"And We had before forbidden fostermothers for him, so she said: Shall I show you a household who will rear him for you and take care of him?" (35).

#### **Conclusion**

Breastfeeding is the ideal and most natural way of nurturing infants. The importance of breastfeeding has been proved unequivocally, and UNICEF and WHO have issued guidelines to ensure breastfeeding. Breastfeeding is very clearly encouraged in the Quran. Breast feeding had been proven to be extremely important to the infant's health and body growth. It is so amazing that Allah Almighty's Divine Claims in the Noble Quran are always scientifically proven to be accurate and Greatly beneficial to humanity. It is now very evident why breastfeeding is to be done for two complete years, as illustrated in the Quran. Modern science has further highlighted miraculous recommendation of the Quran regarding this matter, that was revealed more than one thousand four hundred years ago. Allaah The Almighty Says (what means): "We will show them Our signs in the horizons and within themselves until it becomes clear to them that it is the truth. But is it not sufficient concerning your Lord that He is, over all things, a Witness?" (36).

#### References

- 1. Lawrence RA, Lawrence RM. Breastfeeding: A Guide for the Medical Profession, 7th Ed. Elsevier Mosby, Maryland Hts, Missouri; 2011.
- 2. Mennella JA, Beauchamp GK. Maternal diet alters the sensory qualities of human milk and the nursling's behavior. Pediatrics 1991: 88(4): 737-44.
- 3. Breastfeeding Basics. 2014. Available at: http://www.breastfeedingbasics.org/cgi-bin/deliver.cgi/content/Introduction/index.html . [accessed Sep 21, 2014].
- 4. Academy of Breastfeeding Medicine. Position on breastfeeding. 2008. Available at: http://www.bfmed.org. [assessed 12/07/2011]
- 5. United Nations Children's Fund (UNICEF) Tracking progress on child and maternal nutrition: a survival and development priority. 2009. Available at: http://www.unicef.org. [assessed 11/06/2012]
- 6. Heckman JJ. Factors influencing milk production in nursing mothers. 2011. Available at: http://child-encyclopedia.com. [assessed 12/04/12]
- 7. Singh K, Srivastava P. The effect of colostrums on infant mortality: urban rural differentials. Health and population. Perspect Issues1992; 6(3&4):94–100.
- 8. Okolo SN, Ogbonna C. Knowledge, attitude and practice of health workers in Keffi local government hospitals regarding baby-friendly hospital initiative (BFHI) practices. Eur J Clin Nutr 2002; 6(5):438–441.
- 9. Fergusson DM, Beautrais AL, Silva PA. Breast-feeding and cognitive development in the first seven years of life. Soc Sci Med 1982; 6:1705–1708.
- 10.United Nations Children's Fund (UNICEF)
  Breastfeeding: Foundation for a healthy future.
  1999. Available at:
  http://www.unicef.org/publications/files/pub\_b
  rochure\_en.pdf. [assessed 07/06/2012]
- 11. World Health Organization (WHO) The global strategy for infant and young child feeding. Geneva: WHO; 2003. Available at: http://whqlibdoc.who.int/publications/2003/92 41562218.pdf. [assessed 12/07/2011]

- 12.Furman L, Minch NM, Hack M. Breastfeeding of very low birth weight. J-Hum-Lact 1998;6(1):29–34.
- 13. López-Alarcón M, Villalpando S, Fajardo A. Breast-feeding lowers the frequency and duration of acute respiratory infection and diarrhea in infants under six months of age. J Nutr 1997;6(3):436–43.
- 14. Cushing AH, Samet JM, Lambert WE, Skipper BJ, Hunt WC, Young SA, et al. Breastfeeding reduces risk of respiratory illness in infants. Am J Epidemiol 1998; 6(9):863–870.
- 15. Akobeng AK, Ramanan AV, Buchan I, Heller RF. Effect of breast feeding on risk of coeliac disease: a systematic review and meta-analysis of observational studies. Arch Dis Child 2006; 6:39–43.
- 16. Chantry CJ, Howard CR, Auinger P. Full breastfeeding duration and associated decrease in respiratory tract infection in US children. Pediatrics 2006; 6(2):425–32.
- 17.WHO/UNICEF. Innocenti declaration on the protection, promotion and support of breastfeeding. 1990. Available at: http://www.unicef.org/programme/breastfeeding/innocenti.htm. [accessed 12/08/2012]
- 18.Organisation for Economic Co-operation and Development. Family databse, child outcome(CO)1.5 breastfeeding rates. Available at:
  - http://www.oecd.org/els/soc/oecdfamilydatabase .htm. [accessed on 15 June 2013]
- 19. Organisation for Economic Co-operation and Development. Breastfeeding rate, family database OECD. Available at: http://www.oecd.org/els/family/43136964.pdf. [accessed on 15 June 2013].
- 20. Hoseini BL, Vakili R, Khakshour A, Saeidi M. Maternal Knowledge and Attitude toward Exclusive Breast Milk Feeding (BMF) in the First 6 Months of Infant Life in Mashhad. Int J Peditr 2014; 2(1):63-9.
- 21. Esfandiari R, Baghiani Moghadam MH, Faroughi F, Saeidi M. Study of Maternal

- Knowledge and Attitude toward Exclusive Breast Milk Feeding (BMF) in the First 6 Months of Infant in Yazd-Iran. Int J Peditr 2014;3-1(7):175-181.
- 22. Ghazizade Hashemi SA, Bayyenat S, Purbafrani A, Taghizade Moghaddam H, Saeidi M. Comparison of Immunization in Iran and Turkey between Years 1980- 2013. International J of Pediatrics 2014; 2(3.3): 75-83.
- 23. Saeidi M, Vakili R, Hoseini BL, Khakshour A, Zarif B, Nateghi S. Assessment the Relationship Between Parents' Literacy Level with Children Growth in Mashhad: An Analytic Descriptive Study. International J of Pediatrics 2013; 1(2): 39-43.
- 24. World Health Organization. Programs and projects, nutrition topics, exclusive breastfeeding. [accessed on 15 September 2014]. Available at: http://www.who.int/nutrition/topics/exclusive\_breastfeeding/en. [accessed on 15 Sep 2014]
- 25. American Academy of Pediatrics. Section on breastfeeding: policy statement: breastfeeding and the use of human milk. Pediatrics. 2012;129:e827–e841.
- 26. American Academy of Pediatrics. Executive summary, 2012 breastfeeding and the use of human milk. Available at: http://www2.aap.org/breastfeeding/files/pdf/Bre astfeeding2012ExecSum.pdf. [accessed on 15 June 2013]
  - 27. Eidelman AI. Breastfeeding and the use of human milk: an analysis of the American Academy of Pediatrics 2012 Breastfeeding Policy Statement. Breastfeed Med 2012;7:323–4.
    - 28. The Noble Quran, Chapter 2: Verse 233.
    - 29. The Noble Quran, Chapter 46: Verse 15.
    - 30. The Noble Quran, Chapter 31: Verse 14.
    - 31. The Noble Quran, Chapter 4: Verse 23.
    - 32. The Noble Quran, Chapter 65:Verse 6.
    - 33. The Noble Quran, Chapter 22: Verse 2.
    - 34. The Noble Quran, Chapter 28:Verse 7.
    - 35. The Noble Quran, Chapter 28:Verse 12.
  - 36. The Noble Quran, Chapter 41:Verse 53.